Graduate Medical Education

Resident Handbook
2014-2015

This manual contains the policies and procedures for the The Institute for Education and Research residency programs at Regions Hospital.

The Institute is licensed as a private career school with the Minnesota Office of Higher Education pursuant to Minnesota Statues, sections 141.21 to 141.32. Licensure is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.
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ANESTHESIOLOGY

LOCATION
Regions Hospital – Third Floor
Immediately Outside the Operating Room Suites

DEPT PHONE
Sue Biwer (651-254-0043)

CONTACTS
Monica Knack (651) 254-0098, Administrative Secretary to:
Matthew Layman, M.D., Medical Director of Perioperative Services

HOURS
24 Hours Per Day, 7 Days Per Week

FACULTY
George Bojanov, M.D.
Richard Carr, M.D.
Sarah Castaneda, M.D.
George Caucutt, M.D.
Glenn Haller, M.D.
Karla Larson, M.D.

Matt Layman, M.D. Residency Program
Site Director
Timothy Lindsay, M.D.
Allison Lozano, M.D.
Anton Rohan, M.D.
Jay Schantzen, M.D.

Deanna Siliciano, M.D.
Karrin Stoehr, M.D.
Charles Torbert, M.D.
Steven Waller, M.D.
Steve Wen, M.D.
Paul Yochim, M.D.

DESCRIPTION OF DEPARTMENT/SERVICE

The Department of Anesthesiology is staffed by 17 Regions based anesthesiologists with augmentation by other Twin Cities Anesthesia Associates anesthesiologists. Nurse anesthetists are also part of the anesthesia team, and work under the supervision of the attending anesthesiologist. Coverage is provided for all surgical subspecialties, labor and delivery, acute pain, hospital-wide airway management and resuscitations. Because of Level I Trauma Center certification, an anesthesiologist is on the premises 24 hours a day, seven days a week.

Surgical cases are scheduled through the Operating Room Scheduling Office. Patients are usually seen by a member of the department on the day of surgery. If specific concerns need to be addressed on either Inpatient or Outpatient Surgery, the patient should be brought to the attention of the Charge Anesthesiologist who can be reached via the OR main desk at 254-5003. Arrangements can then be made for an Anesthesia consult, or call 952-967-7479 to make an appointment at the Hospitalist/Anesthesia Pre-Op Clinic.

Patients scheduled for surgery during the off-shifts are booked through the Operating Room Charge Nurse. If a patient has unusual circumstances or special anesthetic needs (i.e., invasive monitoring, awake fiberoptic intubation, post-operative pain control, etc.) the in-house anesthesiologist should be contacted, and the request should be made directly to him or her. The Operating Room Charge Nurse can provide the proper telephone extension at the time of booking the surgery.

Due to limitations of resources at this time, the Department of Anesthesiology only participates in formal resident education for the Department of Emergency Medicine, and the University Of Minnesota Department Of Anesthesia.
CENTER FOR INTERNATIONAL HEALTH

LOCATION: 451 N. Dunlap Street
             St. Paul, MN 55104

DEPT PHONE 651-647-2100

STAFF
Mikhail Perelman, MD
Ann Settgast, MD, DTM&H
Patricia Walker, MD, DTM&H
Michael Westerhaus, MD

Rob Carlson, PA-C
Cherisse Sardon Garrity, NP
Shary Vang, MD

BEHAVIORAL HEALTH:
Karen Ta, MD
Georgi Kroupin, PhD, LP

Kathy Lytle, LICSW
Chhabilall Sharma, MD

HOURS Monday – Friday 8:00-4:30 pm

DESCRIPTION OF DEPARTMENT/SERVICE
The Center for International Health was established in 1980 in response to the influx of Southeast Asians to Minnesota after the end of the Vietnam War. Initially called “The Hmong Clinic”, or the “Southeast Asian Clinic”, the clinic now additionally sees many Russian, Somali, Oromo, Nepali and Karen patients as immigration trends change Minnesota’s demographics. Since 1980, the program has expanded to include patients from more than 30 countries, with a staff of providers experienced in International Health, Tropical and Travel Medicine, and with extensive experience practicing both internationally and in the United States. Our International Mental Health program was established in 1984.

KEY COMPONENTS This care delivery model is nationally recognized.

*Multidisciplinary care
Adult primary care; mental health program (psychiatry, psychology, and social work); specialty care (new arrival screenings, INS adjustment of status examinations)

*Bilingual staff
Front-line staff, medical assistants, nursing and medical staff who are bilingual and bicultural.

*Providers with expertise
Providers who are bilingual and bicultural, from the countries of origin of our patients, – or with advanced degrees in tropical and travel medicine, public health and international health.

*Professionally trained
Staff interpreters available on site for nine languages. Agency interpreters contracted for all other languages. Telephone interpreters available for all languages.

PROGRAM ACTIVITIES
Primary Care
• Primary care for foreign-born patients: non-English speaking, limited-English speaking, and English-proficient patients (adults only)

Consultative/Subspecialty Care
• International Mental Health
• Psychiatry
• Psychology
• Group therapy (Vietnamese political prisoner’s men’s group)
• Cross cultural health care consults
• New arrival screening examinations for refugees and immigrants
• INS adjustment of status examinations for families (Civil Surgeons on staff)
Teaching

- Continuity Clinic – IM and Med-Peds: (13 residents)
- PA students
- Nursing students
- School of social work interns
- Foreign medical graduate observerships

Educational activities

- National, state and local lectures and day-long symposia on refugee health
- LEARN Video on ERIC at Equitable Care Web site
- My Heart It is Delicious by Billie Young, 2007
- Chris Newberry Video “If We Knew Their Stories” with TPT Television
- Immigrant Medicine textbook co-edited by Pat Walker, 2007
- “American Heart” – award-winning documentary film 2013 featuring CIH

Research

- multiple peer-reviewed publications (original research, case studies, review articles) and posters by CIH faculty and residents

Consulting

- site visits and discussion of our care delivery model with Mayo, Maine Medical Center, HCMC, PNMC, New Hampshire and others
COMPLIANCE OPERATIONS

LOCATION  US Bank  DEPT PHONE  651-265-1702
CONTACTS  Derin Muchow, Director  PHONE  651-265-1867
April Howie, Manager  651-265-1840
HOURS  8:00 a.m. to 5:00 p.m.

DESCRIPTION OF DEPARTMENT/SERVICE

Care Systems/Compliance Operations

Our mission is to provide information or tools that allow our customers to make the right decision 100% of the time. We work side-by-side with our customers to deliver innovative, yet practical solutions that will give HealthPartners Medical Group and Clinics a competitive advantage. Our team approach integrates industry knowledge with functional specialists to solve our customers’ business issues.

We offer customers in-depth expertise in:

- Strategic planning
- Business process re-engineering
- Systems design and development
- Organizational development
- Change management
- Coding and documentation integrity
- Health information management
- Reimbursement analysis

Compliance Operations supports the medical group through educational activities focused on documentation, coding, compliance and third party reimbursement requirements. Compliance Operations also participates in ongoing monitoring programs designed to enhance the overall performance of the medical group in coding and compliance areas.
COMPLIANT DOCUMENTATION MANAGEMENT PROGRAM (CDMP)

LOCATION       Regions Hospital

CONTACT PERSON  Mona Olson, Director, Care Management       651-254-3780
                Laurie Engeldinger Interim Manager, Care Management 651-254-4808
                Laura Anderson, CDMP Lead                           651-254-5063

DESCRIPTION OF DEPARTMENT

The Compliant Documentation Management Program (CDMP) is a group of registered nurses who concurrently review medical records, via Epic, to ensure accurate documentation of the care provided. Using “queries” the team may ask providers for clarification about clinical documentation in charts related to under (and over) coding and around key quality measures. Additionally, CDMP staff may use Epic In-Basketing, text pages, e-mail, or in-person communication during interdisciplinary rounds to connect with providers. The compliant documentation specialists (CDSs) use a software package developed by J.A. Thomas and strong clinical experience to guide their work.

CDMP concurrently follows all Medicare and HealthPartners patients along with many other commercial payers on the medical and surgical units. CDMP does not review documentation of patients in the ED, Mental Health, Rehab, Labor & Delivery, or outpatients.

KEY ROLES

• Act as translators between Medicare/payers documentation requirements and providers
• Ensure accurate documentation will support reimbursement for the level of care provided
• Ensure accurate documentation of patient acuity
• Facilitate questions and processes between providers and coders
• Active in education and preparation for ICD-10 conversion
EMERGENCY MEDICINE

LOCATION
2nd Floor, Central Section, Room C2587
Regions Hospital

DEPT PHONE 651-254-4788

CONTACTS
Pat Anderson, Residency Coordinator 651-254-5091
Lori Barrett, EM Residency Manager 651-254-3666
Katie Glasrud, MD Chief Resident
Samantha Kealey, MD Chief Resident
Josh Peltier, MD Chief Resident
Matt Morgan, MD, Rotation Director 651-254-5298

HOURS 24 Hours Per Day, 7 Days Per Week

FACULTY
Kurt Isenberger, MD, Dept. Head
Felix Ankel, MD, Residency Director
Kelly Barringer, MD
Bradley Barth, MD
Emily Binstadt, MD
Aaron Burnett, MD
Mary Carr, MD
Won Chung, MD
Eric Dahl, MD
Rachel Dahms, MD
R.J. Frascone, MD
Bradley Gordon, MD
Paul Haller, MD
Cullen Hegarty, MD
Keith Henry, MD
Bradley Hernandez, MD
Joel Holger, MD
Koren Kaye, MD
Kevin Kilgore, MD
Kara Kim, MD
Peter Kumasaka, MD
Robert LeFevere, MD
Eric Ling, MD
Matthew Morgan, MD
Mark Newman, MD
Levon O’hAodha, MD
Bjorn Peterson, MD
Jessie Nelson, MD
Karen Quaday, MD
Martin Richards, Jr., MD
Stephen Stanfield, MD
Samuel Stellpflug, MD
Stephanie Taft, MD
Bjorn Westgard, MD
Casey Woster, MD
Wendy Woster, MD
Andrew Zinkel, MD
Michael Zwank, MD

DESCRIPTION OF DEPARTMENT/SERVICE
The Emergency Medicine Department at Regions Hospital Emergency Center is a Level I Trauma Center and Level I Pediatric Trauma Center as certified by the American College of Surgeons. An average of 220 patients per day is evaluated on an emergent/urgent basis covering a wide spectrum of medical, pediatric and traumatic illnesses. The department is staffed 24 hours per day by senior staff physicians who have faculty appointments in Emergency Medicine at the University of Minnesota Medical School. The staff directly supervises each resident physician in the care of each patient.

The rotation consists of 18 or 19, 10-hour shifts per 4-week block, depending on clinic assignments. All residents will have, on average, one day off in 7 and time off for clinic obligations.

Conference Schedule
Two sets of conferences on a weekly basis are mandatory for successful completion of the rotation. Thursday morning consists of a 2.5-hour block, with a weekly critical case conference and an alternating hour of trauma conference or didactic lecture topic in emergency medicine. On Wednesdays, a 1-1/2 hour workshop is held consisting of ophthalmologic evaluation and procedures, orthopedic injuries/splinting, and toxicology. A fourth 4 hour workshop on medical and trauma resuscitation is also conducted. Reading material pertinent to these topics is available online for viewing.

Purpose/Goals
1. Develop an ability to assess acute medical and/or surgical problems in an efficient manner.
2. Develop an ability to stabilize acute medical or surgical problems in a logical manner when appropriate.
3. Develop an ability to perform a focused history and physical examination based on presenting acute complaints and physical signs.
4. Develop an ability to outline appropriate interventions, differential diagnosis and treatment plans on an individual patient basis.
Teaching Methods
1. All resident physicians will see patients primarily, under direct supervision of emergency medicine staff physicians in conjunction with senior emergency medicine residents.
2. The resident will have the responsibility to implement stabilizing treatments or procedures, and order and evaluate initial laboratory and radiological studies.
3. The resident will have the responsibility to develop a rationale for the admission/discharge decision for each patient.
4. The resident will have the responsibility to develop treatment and follow-up plans for discharged patients.
5. The resident will have the responsibility to complete patient documentation in a timely manner. All charts must be complete within one week of completion of the rotation.

Patient Characteristics
The resident physician will have the opportunity to see all of the types of patients who present to the Emergency Department. These include: pediatric, psychiatric crisis, acute and urgent traumatic patients. The spectrum of patients includes those with orthopedic, eye, ENT, neurological, urologic and gynecological problems.

Procedures
The resident physician will have the opportunity to perform necessary procedures on their patients including wound repair, stabilization of fractures, lumbar puncture, and other procedures as appropriate situations may allow.

Supervision
Resident physicians will be supervised by the regular staff physicians in conjunction with the senior emergency medicine residents. They will present the details of the initial evaluation, and discuss diagnostic and treatment modalities. Procedures will also be directly supervised by the staff physicians.

Other Resources
Consultation from specialty services is available and is obtained when appropriate, and provides immediate feedback on patient problems. Follow-up of admitted patients is at the discretion of each resident physician and provides valuable information on clinical course and outcomes. An extensive quality improvement program is in place and, when appropriate, the resident physician is included in this process.

Evaluation
Resident physicians are informally evaluated during their clinical shifts. A written evaluation is completed at the conclusion of the rotation by several staff members. An evaluation of the rotation by the resident is encouraged.
FOOD AND NUTRITION SERVICES

LOCATION
2nd Floor, Main Building
Regions Hospital

DEPT PHONE 651-254-2705

CONTACTS
Steve Kroeker, Director 651-254-5180
Doug Klunk, Operations Manager 651-254-2700
Carla Maldonado, Patient Services Manager 651-254-5598
Sarah Johnson, MPH, RD, LD, Clinical Nutrition Manager 651-254-3368
Ken McDonald, Retail Manager 651-254-2258
Michael White, Executive Chef 651-254-2794

HOURS
Patient Services:
The kitchen is open for patient services from 6:30am-7:00pm.

Clinical Nutrition:
Registered Dietitians are available for patient care with full staff weekdays (Monday through Friday) and on the weekends with limited coverage.

Café:
The weekday serving hours in the main café are:
Monday through Friday: 6:30 am to 10:30 am and 11:00 am to 7:00 pm;
closed 10:30 am to 11:00 am

Weekend café hours are:
Breakfast: 7:00 am to 9:45 am
Closed: 10:00 am to 11:00 am
Lunch: 11:00 am to 1:30 pm
Closed: 2:00 pm to 4:30 pm
Dinner: 4:30 pm to 7:00 pm

Hours for the café will change while we are remodeling, watch for updates
The temporary Café will be re-located to the Atrium in July of 2014

Overlook Coffee & Deli:
The weekday serving hours for Overlook Coffee & Deli:
Monday through Sunday: 6:30 am – 9:00 pm
### CLINICAL NUTRITION STAFF and CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Pager</th>
<th>Vocera</th>
<th>General Coverage Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katie Krejci, MS, RD, LD</td>
<td>651-629-0098</td>
<td>Dietitian 1</td>
<td>floor TPN, S11, C63</td>
</tr>
<tr>
<td>Pam Scullin, RD, LD</td>
<td>651-629-0099</td>
<td>Dietitian 2</td>
<td>S6500-S6600</td>
</tr>
<tr>
<td>Julie Jasken, MS, RD, LD, CNSC</td>
<td>651-629-0101</td>
<td>Dietitian 3</td>
<td>W3, W2, W1</td>
</tr>
<tr>
<td>Stephanie Wetzel, MS, RD, LD</td>
<td>651-629-0448</td>
<td>Dietitian 4</td>
<td>5400, C91</td>
</tr>
<tr>
<td>Carrie Abrams, RD, LD</td>
<td>651-629-0980</td>
<td>Dietitian 5</td>
<td>C93, S6400, Cancer Center</td>
</tr>
<tr>
<td>Susan Lundy, MS, RD, LD, CNSC</td>
<td>651-629-1876</td>
<td>Dietitian 6</td>
<td>Renal, S7, S8</td>
</tr>
<tr>
<td>varies</td>
<td>651-629-0303</td>
<td>Dietitian 7</td>
<td>S9, S10</td>
</tr>
<tr>
<td>Wendy Gamme, RD, LD</td>
<td>651-629-1951</td>
<td>Dietitian 8</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Sarah Johnson, MPH, RD, LD</td>
<td>651-629-0100</td>
<td>Dietitian 10</td>
<td>Clinical Nutrition Manager</td>
</tr>
<tr>
<td>Megan Turner, MS, RD, LD</td>
<td></td>
<td></td>
<td>*varies</td>
</tr>
<tr>
<td>Ashley Oswald, RD, LD</td>
<td></td>
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<td>*varies</td>
</tr>
<tr>
<td>Emily Seidl, MS, RD, LD</td>
<td></td>
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<td>*varies</td>
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<tr>
<td>Diane Schumacher, RD, LD</td>
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<td>*varies</td>
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<tr>
<td>Kim Duffy, RD, LD</td>
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<td>*varies</td>
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<tr>
<td>Kim Kraly, RD, LD</td>
<td></td>
<td></td>
<td>*varies</td>
</tr>
<tr>
<td>Nancy Bauman, diet tech</td>
<td>651-629-0097</td>
<td>Dietitian 9</td>
<td>W1, W2, S7, S8, S9</td>
</tr>
<tr>
<td>Virginia Coller, diet tech</td>
<td>651-629-0097</td>
<td>Dietitian 9</td>
<td>W1, W2, S7, S8, S9</td>
</tr>
<tr>
<td>Andrea Bye, diet tech</td>
<td>651-629-0097</td>
<td>Dietitian 9</td>
<td>W1, W2, S7, S8, S9</td>
</tr>
<tr>
<td>Brianna Wipperfurth, diet tech</td>
<td>651-629-0097</td>
<td>Dietitian 9</td>
<td>W1, W2, S7, S8, S9</td>
</tr>
</tbody>
</table>

RD all page 651-629-1161
Weekend/Holiday pager 651-629-2260
NJ feeding tube placement team 651-629-3102

*Note: Relief RDs/DTs will carry the pager of the person they are covering.

### DESCRIPTION OF DEPARTMENT/SERVICE

#### A. Food Service

1. **Physician's Diet Orders**

   The type of diet a patient will be served is ordered by the physician in the patient's chart. Dietitians may adjust the diet order according to the patient's physical and therapeutic needs. The electronic Nutrition Care Manual, from the Academy of Nutrition and Dietetics is the guide used for prescribing diets and for the foods served on the various diets. It is available to all professional staff via the Medical Library “Database” – both adult and pediatric manuals are available – Follow this flow to find the Nutrition Care Manual: MyPartner (hospitals intranet site) ➔ Departments ➔ Medical Library (Regions) ➔ Databases ➔ Adult and/or Pediatric Nutrition Care Manual

   Refer to the Meal Plan Crosswalk in the online Nutrition Care Manual for a description of commonly served diets.
2. Policy on Nutritional Screening and Assessment

Nutritional screening is done on admission for nutrition risk factors such as significant weight loss (^10# in 3 mo.), decreased intake (>2 weeks), and significant open wounds via Nursing Admission Navigator for all patients. A referral is sent to Food and Nutrition Services for early nutrition assessment of the patient with a positive response to the nutrition risk questions. Other medical/surgical and pediatric patients are screened/assessed by a diet technician or clinical dietitian within 72 hours of admission according to specific risk criteria. All nutrition notes are documented in the electronic medical record as an Initial Assessment, Consult or Progress note.

3. Patient Meal Times

Patients are served three meals a day in the patient care areas by Nutrition Services Associates. Mental Health receives their meals from a centralized tray service in the main kitchen. Food carts are brought to the floors beginning at 6:30am for breakfast, 11:00am for lunch and 4:15pm for dinner.

B. Written Orders to Food & Nutrition Department

1. Use of Diet Order

Written electronic diet orders are required for accuracy and documentation. A diet list is printed (via computer) in the Patient Service Office prior to each meal. All diet order changes, including new admits, test diets, consistency changes are received via computerized order notices. In the adult medical/surgical units, patients are asked for their meal choice and served by Nutrition Services Associates.

a. All aspects of the physician's diet order must be included such as food textures, between meal feedings, dietary fluid restrictions, isolation trays, calorie checks, NPOs, hold trays, tube feedings, supplements, infant formula, test diets, etc.

b. All diet orders must be in by 6:15am, 10:15am, and 3:45pm. All orders received after these times will take effect the next meal.

2. Caloric - Protein Checks and Nutrient Analysis

Caloric - Protein Checks and nutrient analysis are conducted for individual patients and are done upon written order by the attending physician and/or the request of the Clinical Dietitian caring for the patient. The standard time frame per order is for 2 days.

a. Nutrient calculation will be recorded on the nursing flow sheet of the patient's chart daily. Intake records with only 1 meal recorded and no other explanation (i.e., NPO) are considered incomplete and are not calculated. When only 2 meals are recorded, the caloric and protein intake will be calculated with the notation made of only 2 meals being received.

b. If nutrients other than protein and calories need to be calculated, this must be stated in the written order.

3. Tube Feedings and Oral Supplements

Available products are listed under Tube Feedings in the EHR Order section or a copy of the Regions Enteral Formulary can be obtained from a clinical dietitian. Tube Feedings are to be physician or dietitian ordered using the Enteral Nutrition Orderset for the initial order.
Additional products can be obtained should specific patient needs warrant them. A minimum of three business days may be required to obtain such products from vendors.

Orders for individual patients must include the following:

a. The complete name of the product.
b. The total amount of the product to be given in a specified time (cc/hr or cc per feeding and frequency).
c. The strength of the product must be indicated when products are ordered. Unless otherwise stated, the strength of the product will be assumed to be full strength.
d. The floor dietitian must be contacted for any special order products other than those listed on the Regions Enteral Feeding Formulary.
e. When absolutely necessary, to not delay discharge, a limited supply (1-2 days worth) of commercially packaged tube feedings or supplements can be sent home with patients being discharged or going out on pass. Contact the dietitian in that area for approval and assistance in processing the order.

4. Infant Formulas

Disposable, ready-to-feed formulas are generally fed to hospitalized infants and are supplied through Materials Management. Special infant formulas can be ordered through the Department of Food and Nutrition when necessary. A minimum of three days may be required to obtain special formulas from vendors if it is not in stock.

a. Nursing is responsible for ordering ready-to-feed infant formula(s) from Materials Management.
b. The Department of Food and Nutrition will prepare special infant formulas not available in the ready-to-feed form if ordered through the Dietitian or indicated on the computerized diet order.

1) Formula orders must include the name of the formulas, the number calories/ounce, the total number of ounces per ccs per day.
2) Unless the formula is ordered for the first time or change is necessary, formulas are routinely sent at 1:30pm.

5. Isolation Trays

Isolation trays are used only for patients on radioactive precautions. This is ordered along with the diet order.

6. Security Trays

Security trays are served to individual patients when ordered. Security trays are routinely served to patients in the in-hospital Security Unit and to Mental Health areas if ordered.

a. The diet order sheet lists the patient's diet order and also reads: SECURITY TRAY.
b. Unless specified all security trays receive plastic dishes to include plates, cups, bowls, two white plastic spoons, no straws or hot liquids. All meat must be pre-cut.

C. Nutrition Consults and Teaching

1. Nutrition Consults

a. Consultation to the Clinical Dietitian can be ordered via electronic health record orders and should include the specific question. Unless other arrangements are made, consults will be scheduled within 24 hours; Consults for education will be completed when the patient is ready.
2. Diet Instructions

Diet instructions are provided for our patients after a physician or nursing order, patient request, disease specific order set, or dietitian evaluation. In-depth diet instructions for self-care nutritional management should be referred to an out-patient dietitian at HealthPartners or at the patient’s primary clinic.

Nutrition videos regarding low cholesterol, sodium restricted and weight management run daily on our closed circuit TV.

a. Consults for diet instruction that are received less than 24 hours in advance may not be able to be completed. An out-patient referral to a HealthPartners dietitian or to a dietitian at the patient’s primary clinic is recommended on discharge.

b. Documentation of the diet education is done in the patient education section of the electronic medical record.

3. Patient Visits

Patients are visited on a regular basis by a member of the Clinical Dietetics Patient Care Team. Such visiting occurs at mealtime, during nutritional assessment interviews, or while teaching the patient and/or significant other(s) regarding nutrition and/or diet modification for disease.

4. Nutrition Support

Dietitians will consult and monitor daily all adult patients receiving parenteral nutrition support and on those receiving enteral support in the ICU’s. Stable enteral nutrition support patients are evaluated initially with periodic follow-up as needed. The consult will include recommendations and orders (upon request) for appropriate feeding route, formula selection and revisions, and patient nutrition monitoring. Consults for nutrition support can be ordered via the EHR or by contacting a team member.

5. Feeding Tube Placement

Dietitians, trained to use the cortrak machine, are available to place post-pyloric Nasojejunal feeding tubes and nasal bridles at the bedside on W3, S7, S6, and the Burn Unit Weekdays (Monday – Friday) with a consult. Consults will need to be placed by 3:00 pm to guarantee same day placement. Dietitians are not available to place feeding tubes or nasal bridles on the weekends. Tubes that need placement on the weekend will need to be placed by nursing or fluoroscopy.

D. Special Services

1. Birthday Cakes for Patients

Decorated birthday cupcakes may be ordered for patients from the Food and Nutrition Department.

2. Café Privileges for In-Patients

a. In-patients may eat in the café when approved or ordered by the physician or clinical dietitian. The issuance of café meal passes is limited to patients who would benefit nutritionally and are able to select a Café meal and the passes can be obtained from the floor dietitian. Usually this is limited to long-term patients.

b. The patient is issued a meal permit slip, which he/she must present to the café cashier.
3. **Coffee Service for Families of Critically Ill Patients**

   Beverage Service machines are available for families of critically ill patients in the Surgery waiting area on 3rd floor of the Crescent Main Building.

4. **Food Service for Visitors**
   The Food and Nutrition Services Department provides café meal service in the main hospital café and at the Overlook Coffee and Deli. Disposable containers are available at both locations for take-out in the café. (See first page for Food and Nutrition Services for Café and Overlook Coffee and Deli hours.)

5. **Vending Services are provided throughout the facility and are maintained by ARAMARK Refreshment Services.**

6. **Guest Trays for Families**
   Guest trays for families will be provided at a cost payable in advance. The patient's account cannot be billed for guest trays.
FOOT AND ANKLE SURGERY / PODIATRY

LOCATION
2nd Floor, North Section, Suite N2001
Regions Hospital

DEPT PHONE  651-254-8333

CONTACTS
Willie Braziel, Manager
Barb Thompson, Coordinator

PHONE
651-254-1530
651-254-3074

HOURS  24 Hours per Day, 7 Days per Week. Please check AMION.com for the on-call resident.

STAFF
Troy Boffeli, DPM, Residency Program Director
Ryan Pfannenstein, DPM, Externship Director
John Donohue, DPM
William Kuglar, DPM
Long Le, DPM
Audra Mintz, DPM
Michael Reid, DPM
Gina Ruesch, DPM
Bryan Russell, DPM
Matthew Sorensen, DPM

RESIDENTS
Shelby Hyllengren, DPM, PGY3
Jessica Tabatt, DPM, PGY3
Kevin Mahoney, DPM, PGY2
Brett Waverly, DPM, PGY2
Samuel Gervais, DPM, PGY1
Steven Smith, DPM, PGY1

DESCRIPTION OF DEPARTMENT / SERVICE
The Foot and Ankle Surgery/Podiatry Service provides care for foot and ankle infections, wounds, fractures, trauma, tendon injuries, etc. Inpatient consultation is available 7 days per week. Please contact the on-call resident for questions or acute concerns. Non-infected decubitus wounds requiring dressing changes and toenail care consults should be directed to the inpatient Wound Care service.

Outpatient Foot and Ankle Surgery/Podiatry services are available at the following sites: HealthPartners Specialty Center, HealthPartners Riverside Clinic, HealthPartners West Clinic, HealthPartners Anoka/Riverway and HealthPartners Bloomington Clinic.

The Foot and Ankle Surgical Residency Program is an accredited 3-year, postgraduate program. This program currently consists of two residents per year with a total of six residents. Residents rotate through a variety of departments including: Anesthesia, Behavioral Science, Biomechanics and Podiatric Orthopedics, Endocrinology, General Surgery, Internal Medicine, Emergency Medicine, Infectious Disease, Medical Imaging, Neurology, Orthopaedics, Pathology, Interventional Pain Management, Plastic Surgery, Vascular Surgery, and Wound Care. The Foot and Ankle Surgery/Podiatry Service also provides rotations for Medicine Residents who rotate through the Adult Health Care Clinic.
HAND SURGERY FELLOWSHIP PROGRAM

LOCATION
North Building, 2nd Floor, N273
Regions Hospital

DEPT PHONE 651-254-4870

CONTACT
Willie Braziel, Manager
Cecily Spencer, Senior Program Associate

PHONE 651-254-1530

651-254-2864

STAFF: Regions

| Loree Kalliainen, MD Program Director | Ned Bruce, PA-C |
| James Fletcher, MD, Chief of Hand and Wrist | JoAnne Eller, PA-C |
| Cherrie Heinrich, MD | Sarah Jorgensen, PA-C |
| Martin Lacey, MD | Tara Olson, PA-C |
| Ashish Mahajan, MD (to start summer 2014) | Naomi Zeiss, RN; Julie King, RN |
| Dean Mann, MD | AnnMarie Fox, NP |
| Kate Pico, MD | James Johanning, PA-C |
| Warren Schubert, MD | Brooke Hovick, PA-C |
| Sue Mi Tuttle, MD | LuAnn Zeilinger, Admin |
| Christina Ward, MD | Val Rousseau, Admin |
| | Jesi Woodford, Admin |
| | Kathy Cherry, Admin |

University of Minnesota Medical Center, Fairview

| Matthew D. Putnam, MD | Ann VanHeest, MD |
| James H. House, MD (emeritus) | |

Hennepin County Medical Center

| Thomas F. Varecka, MD | Jacqueline Geissler, MD |

Gillette Children’s Specialty Healthcare

| Deb Bohn, MD | Ann VanHeest, MD |

Tria Orthopaedic Center

| Deb Bohn, MD | Yvonne Grierson, MD |

DESCRIPTION OF DEPARTMENT/SERVICE

The Hand Surgery Fellowship Program began in 1991 as a collaboration between Dr. James H. House at the University of Minnesota, Dr. Edward C. McElfresh at the Veterans Affairs Medical Center, and Dr. Matthew D. Putnam at Park Nicollet Medical Center and the University of Minnesota. Dr. Loree K. Kalliainen assumed the role of Program Director in 2009, as Dr. Putnam pursued other challenges at the University. In 2010, the program funding lines were moved to the HealthPartners Institute for Education and Research at Regions Hospital. The fellowship is ACGME certified, and fellows enter through the NRMP match program.

The primary faculty in the Hand Surgery Fellowship Program are from both orthopaedic and plastic surgery backgrounds. Points of pride of the faculty are the Twin Cities-wide breadth of the fellowship and the collegiality between surgeons. All forms of practice are encountered by our fellows, allowing them to choose the optimal career path for themselves. The hand surgery fellows take night call only at Regions Hospital, a Level I Adult and Pediatric Trauma Center. They work with all Plastic and Hand faculty and participate in the education of Plastic Surgery residents and of interns rotating on the Plastic and Hand service. The surgical and clinical experiences cover the spectrum of hand and microsurgery, and the interested fellow also has the opportunity to participate in the care of patients with elbow and shoulder disease. Orthopaedic oncology exposure is available at the University. Acute and subacute trauma patients are primarily seen at Regions and HCMC. Elective surgery is performed at Regions and Tria. Pediatric cases are seen at Gillette, Tria, and Regions.
Our Hand Fellowship Program has been highly competitive since its inception, and our fellows have gone on to practice hand surgery in academic and private-practice settings in the United States and in England, India, and Lebanon.

Regions Hand Conference is at 6:30 am on the second & fourth Wednesdays of the month. At 7:00 am on the first and third Thursdays of the month, there is a Hand Conference at the University. Both conferences cover selected patient cases, didactics, and journal club. Fellows are expected to work with Bonnie Olson at the University and with Dr. Christina Ward and Dr. James Fletcher at Regions to coordinate conferences. Didactics relevant to the upper extremity are also offered at Tria. Fellows have the opportunity to perform anatomic dissections at the University on a cadaver purchased for their use. The hand fellows participate in the Regions Hospital Plastic and Hand Surgery Upper Extremity Anatomy Lab day as well as the Department of Orthopaedic Surgery’s annual Competency Assessment and James House Visiting Lectureship Day.

Each fellow must perform a QI and/or a research project each year. Limited funds are available for research support. Fellows are funded to attend a national meeting and an instructional course. Most fellows have chosen a week-long microsurgery course, but if the fellow has had adequate exposure to and experience in microsurgery, another course may be substituted.

The Plastic & Hand Surgery and Orthopaedic offices at Regions Hospital are located on the 2nd floor of the North Building N273 off of the North Building elevator. The specific daily schedules of the attendings, clinics and OR schedules can be obtained from LuAnn Zeilinger (651-254-3792) for Drs. Schubert and Tuttle, Valery Rousseau (651-254-0883) for Drs. Mann, Lacey, Heinrich, and Mahajan; Jesi Woodford (651-254-4870) for Drs. Fletcher and Kallainen; Kathy Cherry (651-254-1513) for Drs. Ward and Pico.

AFFILIATE TRAINING LOCATION CONTACTS

**University of Minnesota - Betsy Wehrwein**  
Education Coordinator/Program Assoc  
Department of Orthopaedic Surgery  
2450 Riverside Ave S  R200  
Minneapolis, MN  55454  
Phone: 612.273.8043

**TRIA Orthopaedics - Erica J. Maas**  
Education & Orthopaedic Sports Medicine Fellowship Coordinator  
TRIA Research & Education Institute  
8100 Northland Drive, Bloomington, MN  55431  
Main Phone: 952-831-8742  Direct Line: 952-806-5362  Fax: 952-806-5469

**Hennepin County Medical Center – Claudia Miller**  
Department of Orthopaedics  
701 Park Avenue  
Mail Stop G2  
Minneapolis, MN 55415  
Phone: 612-873-4220  Fax: 612-904-4280
HEALTH INFORMATION MANAGEMENT

LOCATION  1st Floor of the North Building  DEPT PHONE  651-254-2468
            INCOMPLETE CHART ROOM  651-254-2433

CONTACTS  Leah Buermann, Director  651-254-2825
            Jaclyn Falkenstein, Manager File Room and Release of Info  651-254-3827
            Denise Kramer, Manager, Transcription  651-254-3026
            Gina Hale, Manager, Coding  651-254-2457
            Jill Mohnk, Supervisor, Chart Processing  651-254-2823

HOURS  24 Hours Per Day, Seven Days Per Week

WHAT DO I NEED TO KNOW ABOUT HEALTH INFORMATION MANAGEMENT?

1. **Chart completion requirements and timeframes.** All chart completion (a.k.a. chart deficiencies, incomplete charts) is performed electronically through your Epic In-basket folders. If you have not received Epic training, please sign up. You are expected to complete your charts before you leave for another rotation. Chart completion timeframes are also found in the Medical Staff Rules and Regulations, as well as this section of your manual:

   - H&P – within 24 hours of admission
   - Operative Report – immediately following surgery (timeframe currently under discussion)
   - Discharge Summary – day of discharge, particularly when patient is going to another facility
   - Verbal orders – within 48 hours of being placed

2. **Dictation instructions.** You are expected to identify the staff you are dictating for, as well as the date of service, your name, and other details. Please read the dictation guidelines found in this section.

3. **Required elements of reports (H&P, Discharge Summary, etc.)** Whether you are using dictation, Dragon, or Epic templates, you are required to capture certain elements depending on the document type. The elements/templates are included in this section.

4. **Viewing charts for research/studies.** You must have approval from the IRB to perform a study, even if the information is electronic. Patients are counting on us as an organization to protect their information. If you are viewing their information without IRB approval, you are breaching their information. If the information you need is in hard copy, we will need your list at least 48 hours in advance along with IRB approval.

5. **Patient Lists.** We do not have a listing of the patients you have seen. This is something you need to keep track of.

6. **Care Everywhere.** Everyone who uses Care Everywhere is responsible for obtaining patient consent. If no consent is obtained, it is considered a breach, which can result in disciplinary measures up to, and including, termination.
USE OF MEDICAL RECORDS
Medical records are to be used within the department except in the areas of direct patient care, ancillary patient care and conferences. When a record is checked out, it must be returned by 8pm on the day requested. Arrangements may be made with the Health Information Management Department staff to reserve a record for use for the following day.

COMPLETION OF MEDICAL RECORDS
The paper record portions of discharged patients are brought directly to the Health Information Management Department on the evening of discharge for scanning into the electronic medical record (Epic).

The Medical Staff Rules and Regulations state the following chart completion schedule:

1. All entries into the medical record must be dated, authenticated, and preferably timed.
2. An admitting note will be documented at once. History and Physical Examination completed within 24 hours of admission.
3. Progress notes should be documented at least:
   a. Daily on all patients in the intensive cardiac and special care units.
   b. Five days weekly in acute care areas.
   c. Approximately every other day for areas such as rehab, alcohol/drug abuse or psychiatry.
4. Operative reports must be documented immediately.
5. Verbal orders must be signed within 48 hours.
6. Discharge summary following approved format including principal diagnosis should be completed at time of discharge. Do not use abbreviations or symbols in the discharge summary. A final diagnosis must be listed.
7. All portions of the record including any required signatures must be completed within 30 days.

Chart Deficiencies are tracked in Epic. You will receive and complete chart deficiencies through your Epic in-basket folders. Our Incomplete Chart Room staff is available at 651-254-2433 during the day if you need assistance.
MEDICAL RECORD DOCUMENTATION REQUIREMENTS

As required by:
- REGIONS HOSPITAL MEDICAL STAFF BYLAWS
- THE JOINT COMMISSION REQUIREMENTS
- UNIVERSAL HOSPITAL DISCHARGE DATA SET (UHDDS) REQUIREMENTS
- MEDICARE CONDITIONS OF PARTICIPATION
- APPLICABLE MN STATUTES OR RULES

The hospital shall maintain medical records that are documented accurately and in a timely manner, that are readily accessible, and that permit prompt retrieval of information, including statistical data.

An adequate medical record shall be maintained for every individual who is evaluated or treated as an inpatient, observation status, same day surgery, ambulatory care patient, or emergency patient, or who receives patient services in a hospital-administered home care program.

The medical record shall contain sufficient information to identify the patient, to support the diagnosis, to justify the treatment and to document the results accurately.

All records should contain:
- identification data
- medical history and physical examination
- diagnostic and therapeutic orders
- evidence of appropriate informed consent
- clinical observations, including results of therapy reports of procedures, tests, and the results
- conclusions at termination of hospitalization or evaluation/treatment

The medical records shall be confidential, secure, current, authenticated, legible, and complete.

The attending physician to whom a case is assigned is responsible for the completion of the medical record. The attending physician may delegate portions of the work to those supervised by the attending physician.

The Health Record Committee will determine when a record is complete for filing of the case.

All records of all kinds are the property of Regions Hospital and may not be removed from the premises without permission of the Medical Director and then only by court order, subpoena or statute.

MEDICAL RECORD CONTENT

1. Identification data shall contain:
   - Patient's name
   - Address
   - Date of birth
   - Next of kin
   - Patient medical record number
2. History and physical examination

An admitting note with a working diagnosis will be written at once and a history and physical examination (dictated or written) will be completed within twenty four (24) hours of admission. When dictating a history and physical, please follow the approved format.

Except in an emergency, no surgery will be performed on a patient without a signed history, physical examination and indicated laboratory tests.

If a complete history has been obtained and a complete physical examination performed within 30 days prior to admission, a durable, legible copy of this report may be used in the patient's medical record. The H&P must be updated within 24 hours of admission.

When a patient is readmitted within seven (7) days for the same or related problem, an interval history and physical examination reflecting any subsequent changes may be used in the medical record.

Obstetrical records should include all prenatal information. A durable, legible original or reproduction of an office or clinic prenatal record is acceptable with any updates since the last examination noted if greater than 1 week prior the admission.

3. Diagnostic and Therapeutic Orders

Orders by LIPs will be entered plainly and legibly in the manner approved by the Executive Committee.

Abbreviations and symbols approved by the Patient Care Committee may be used in orders. DO NOT utilize abbreviations when documenting the final diagnosis(es) and procedure(s). There is also a list of "Do Not Use" abbreviations which must be strictly followed for patient safety. The Approved Abbreviation List and Do Not use Abbreviation List are accessible through a direct link found in the Medical Record Policy on Compliance 360. This list is updated each time an abbreviation is added or deleted from the list.

4. Appropriate Informed Consent

No surgical operations will be performed without the written consent of the patient or the patient's legally qualified representative if the patient is a minor, incompetent or otherwise unable to act. This informed consent must provide at least the following information: who specifically will perform the procedure; what the procedure is; the possibility of risks and complications; provisions for anesthesia as required; and disposal of any tissue removed in the course of the procedure. The Informed Consent must be signed, dated and timed by both the provider and the patient.

5. Clinical Observations

Progress notes should give a pertinent chronological report of the patient's course in the hospital and should reflect any change in the condition and the results of treatment.

- any change in patient's condition in specific terms
- test results
- therapy results
- procedures done
- complications
- consultants' assessment and recommendations
- assessment of treatment results
- any change in plan

Progress notes should be documented immediately on admission and according to Medical Staff Bylaws thereafter.
A satisfactory consultation includes examination of the patient and the record, followed by a signed report including diagnosis and recommendations that becomes a part of the permanent record. When dictating a consultation, please follow the approved format.

6. Reports of Procedures, Tests and the Results

All diagnostic and therapeutic procedures should have an order entered and authenticated in the electronic record. This may also include any reports from facilities outside of the hospital, in which case the source facility shall be identified on the report.

Reports of pathology and clinical laboratory examinations, radiology, and nuclear medicine examinations or treatment, anesthesia records, and any other diagnostic or therapeutic procedure should be promptly completed and filed in the record within twenty four (24) hours of report generation. The responsible practitioner should record and authenticate a preoperative diagnosis prior to surgery.

Operative reports should contain:

- Preoperative diagnosis
- Postoperative diagnosis
- Complete title of surgery
- Name of primary surgeon and assistants (spell name of assistants and their title: (e.g. PA, M.D., etc)
- Indication for procedure
- Technical procedures used
- Specimens removed
- Intraoperative complications
- Description of findings
- Date of surgery

A postoperative progress note should be entered in the medical record immediately and should include: name of primary surgeon and assistants, findings, procedure, estimated blood loss, specimens removed, and postoperative diagnosis.

All operative reports will be documented by the attending surgeon or an assistant immediately following surgery. The dictation of the operative report should follow the approved format.

7. Discharge Requirements:

Conclusions at termination of hospitalization should include the diagnosis or reasons(s) for admission, the principal and additional or associated diagnosis; significant findings; procedures performed; care, treatment and services provided; condition on discharge; and information provided to the patient and family, as appropriate. When dictating the discharge summary, please follow the approved format.

All relevant diagnoses established by the time of discharge should be recorded within the discharge summary without abbreviations or symbols.

The discharge summary should concisely recapitulate:

- The reason for hospitalization. This should include a brief description and short history of the patient’s illness and pertinent findings or the physical examination.
- The patient's response to any medical or surgical treatment; any complications, as well as visits by consultants.
- Pertinent laboratory and x-ray findings. It is important that all laboratory reports be specific and described in quantitative rather than qualitative terms.
The condition of the patient on discharge. This information should be stated in terms that permit a specific measurable comparison with the condition on admission.

Any specific instructions given to the patient, and/or family as pertinent.

Consideration should be given to physical activity, medication, diet and follow-up.

Completed within the time frame specified by staff bylaws, rules and regulations.

To improve the accuracy of reports as well as facilitate turn-around time, please note the following guidelines when dictating:

- If you are a resident, medical student, nurse clinician, physician assistant, nurse practitioner, etc., please identify staff you are dictating for at the beginning of your dictation.
- Always dictate the Date of Service.
- Enter the correct patient identification number and report type. This information allows Transcription to quickly identify a specific report when necessary (and ensures proper placement in the electronic record).
- State and spell your name at the beginning of your dictation.
- Spell patient names.
- If dictating on a patient who has not yet been admitted, please identify the admitted or surgery date. Please dictate preoperative history and physicals 24 hours prior to patient's admission whenever possible.
- Speak clearly and slowly.
- Give the surgery date when dictating an operative report and admission and discharge dates for discharge summaries.
- Dictating discharge summaries at the time of discharge helps facilitate continuity of care and assures timely, accurate reimbursement.
- Give date patient seen in ER reports.
- If a correction or deletion needs to be made on a report, please follow the guidance provided in the Edits and Addenda hospital policy.

Dictating Edits or Addenda in the Regions Dictaphone Text System
For dictated/transcribed reports, edits can be made at the time of electronic signature. Dictated edits/addenda will be transcribed as separate notes.

History and physicals are transcribed within three hours, consultations and inpatient operative reports within six hours, and Discharge Summaries within 24 hours. Please do not hesitate to contact the Transcription Manager at 651-254-3026, if you have any questions or concerns regarding the dictation system.

RESEARCH

Records may be requested for research studies. Approval must be received from the IRB and provided to the Department Manager prior to requesting the records to be pulled for review. The request should be in writing stating topic, number of years to be studied, requester's name, service and extension. Requests should be submitted a minimum of five business days in advance of starting date of the review. All studies/research should be completed within the Health Information Management Department. All study records not used within a 14-day period will be automatically re-filed. A list of records re-filed will be returned to you. Charges for pulling medical records will be billed back to the study.
**UNIFORM HOSPITAL DISCHARGE DATA SET (UHDDS DEFINITIONS):**

**Diagnosis:** All diagnoses that affect the current hospital stay.

**Principal Diagnosis:** is designated and defined as the condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

**Other Diagnoses:** are designated and defined as all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode which have no bearing on the current hospital stay are to be excluded.

**Procedure and Date:** All significant procedures are to be reported. A significant procedure is one that is: surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or requires specialized training. For significant procedures, the identity of the person performing the procedure and the date must be reported.

**Principal Procedure:** is one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. If there are two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure.

**Surgery:** includes incision, excision, amputation, introduction, endoscopy, repair, destruction, suture and manipulation.

**Procedural Risk:** This term refers to professionally recognized risk that a procedure may induce some functional impairment, injury, morbidity, or even death. This risk may arise from indirect trauma, physiologic disturbances, interference with natural defense mechanisms, or exposure of the body to infection or other harmful agents.

**Traumatic Procedures:** are those that are invasive, including non-surgical procedures that utilize cut downs, that cause tissue damage (e.g. irradiation) or introduce some toxic or noxious substance (e.g. caustic test).

**Physiologic Risk:** is associated with the use of virtually any pharmacological or physical agent that can affect homeostasis (e.g. those that alter fluid distribution, electrolyte balance, blood pressure levels, and stress or tolerance tests).

Any procedure in which it is obligatory (or usual) to utilize pre-or post-medications that are associated with physiologic or pharmacological risk should be considered as having a "procedural risk", for example, those that require heavy sedation or drugs selected for systemic effects used as alteration of metabolism, blood pressure or cardiac function.

Some of the procedures include harmful exposure risk to other persons as well as to the patient, thus, these requiring special precautionary measures.

**Anesthetic Risk:** Any procedure that either requires or is regularly performed under general anesthesia carries anesthetic risk, as do procedures under local, regional, or other forms of anesthesia that induce sufficient functional impairment necessitating special precautions to protect the patient from harm.

**Specialized Training:** This criterion is important for procedures that are exclusively or appropriately performed by specialized professionals, qualified technicians, or clinical teams that are either specifically trained for this purpose or whose services are principally dedicated to carrying them out. Whenever specially trained staff resources are necessary or any customarily employed in the performance of a procedure, it is considered significant.
BYLAWS: Time schedule of record completion:

- All medical records must be completed within **14 days** of discharge.
- All final diagnoses and procedures shall be completed using UHDDS definitions.

Progress Notes:

- Progress notes must be documented at least daily on all patients in the intensive, cardiac and special care units.
- All acute care areas should have progress notes documented at least five (5) times weekly.
- Areas such as Rehabilitation, Alcohol & Drug Abuse, or Psychiatry approximately every other day.
DIC TATION AND TRANSCRIPTION:

To have your Epic ID number activated for dictation, please email the Regions Transcription Leads @ RegTransLead@healthpartners.com or call the Support Center at 952.967.6600 and ask to have a Lead Transcriptionist paged. Dictation instructions are copied below.

To improve accuracy as well as facilitate turnaround times of your reports, please note the following guidelines when dictating:

- If you are a resident, medical student, nurse clinician, physician assistance, nurse practitioner, etc., please be sure to identify the staff attending physician you are dictating for at the beginning of your dictation.
- Always dictate the Date of Service.
- Carefully enter the 8-digit Medical Record Number of the patient and the report work type. This information allows the report to route appropriately and quickly identifies the correct patient.
- Speak clearly and slowly.
- Give the surgery date when dictating an operative report and give admission and discharge dates for discharge summaries.
- Dictate Discharge Summaries at the time of discharge to help facilitate continuity of care and ensure accurate and timely reimbursement.
- If a correction or addenda needs to be made on a previous dictation, just call the dictation system up again and dictate the details of the addenda and the transcriptionists will transcribe that accordingly.
- Turnaround Times: History and Physicals are transcribed within 3 hours, Inpatient Consultations and Inpatient Operative Reports are transcribed within 6 hours, and Discharge Summaries are transcribed within 24 hours. If you make a report STAT it will be transcribed next available.

Please do not hesitate to contact the Transcription Manager at 651.254.3026 if you have any questions or concerns regarding the dictation system.
DICTAPHONE DICTATION GUIDE
HEALTHPARTNERS FAMILY OF CARE
HEALTHPARTNERS
REGIONS HOSPITAL
HUDSON HOSPITAL
WESTFIELDS HOSPITAL / NEW RICHMOND CLINIC
AMERY REGIONAL MEDICAL CENTER / LUCK MEDICAL CLINIC
LAKEVIEW HOSPITAL / STILLWATER MEDICAL GROUP

DICTATION INSTRUCTIONS:
2. Enter 5 digit Epic user ID, followed by the # key
3. Enter 1 digit facility ID where the patient was seen, 1 Regions, 2 Hudson, 3 Westfields/New Richmond Clinic, 4 HealthPartners, 5 St Cloud, 6 Amery/Luck, 7 Lakeview/SMG.
4. Enter worktype, followed by the # key
5. Enter patient 8 digit MRN # followed by the # key (found at the top of the Epic screen)
6. Press 2 to begin dictation

WORKTYPES

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>History and Physical Inpatient</td>
<td>28</td>
<td>Dr. Helm Letters - Hudson</td>
<td>69</td>
<td>Luck Letter</td>
<td></td>
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<tr>
<td>3</td>
<td>Consultation - Inpatient</td>
<td>36</td>
<td>Peer Review</td>
<td>70</td>
<td>Hospice Care – St. Cloud</td>
<td></td>
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<tr>
<td>4</td>
<td>Operative Report Inpatient</td>
<td>37</td>
<td>Care Plan</td>
<td>71</td>
<td>BH Clinic Note</td>
<td></td>
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<tr>
<td>5</td>
<td>Discharge Summary Inpatient</td>
<td>40</td>
<td>Colonoscopy – Amery &amp; Westfields</td>
<td>72</td>
<td>Neuropsychological Test</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Emergency Medicine Note</td>
<td>42</td>
<td>Cardiac Catheterization</td>
<td>73</td>
<td>Psychological Test</td>
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<td>7</td>
<td>Interim Summary/Progress Note Inpatient</td>
<td>43</td>
<td>Electrophysiology</td>
<td>74</td>
<td>Lakeview Letter</td>
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<tr>
<td>8</td>
<td>Radiology - Amery</td>
<td>44</td>
<td>Cardioversion</td>
<td>75</td>
<td>Chart Note</td>
<td></td>
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<tr>
<td>9</td>
<td>Referral Discharge Summary Inpatient</td>
<td>45</td>
<td>Cardiac Devices</td>
<td>76</td>
<td>Therapy Note</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Critical Care Note ER</td>
<td>46</td>
<td>Holter Monitor - Hudson</td>
<td>77</td>
<td>New Richmond Clinic Letter</td>
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<tr>
<td>11</td>
<td>Operative Report Outpatient</td>
<td>47</td>
<td>Transitional Care - HealthPartners</td>
<td>80</td>
<td>Hospice Care - HealthPartners</td>
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<tr>
<td>12</td>
<td>Delivery Summary Inpatient</td>
<td>54</td>
<td>Third Party</td>
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<td>Neonatology/Newborn - Inpatient</td>
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<td>13</td>
<td>Wound Clinic</td>
<td>56</td>
<td>Luck Clinic Note</td>
<td>85</td>
<td>New Richmond Clinic Note</td>
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<td>15</td>
<td>Phone Message</td>
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<td>Social Services - Luck</td>
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<td>Stillwater Medical Group Letter</td>
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<td>16</td>
<td>Contracted Specialist Report - Westfields</td>
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<td>BH Psych Eval - Amery</td>
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<td>Lakeview/SMG Clinic Note</td>
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<td>17</td>
<td>Research - Regions</td>
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<td>BH Discharge Summary - Amery</td>
<td>89</td>
<td>Amery Clinic Note</td>
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<td>18</td>
<td>Radiology</td>
<td>60</td>
<td>Joint Injection - Hudson</td>
<td>90</td>
<td>EEG/Evoked Potential Inpatient</td>
<td></td>
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<tr>
<td>19</td>
<td>Inpt Procedure- Hudson/Amery/Lakeview</td>
<td>61</td>
<td>Amery Letter</td>
<td>91</td>
<td>EEG Outpatient</td>
<td></td>
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<tr>
<td>20</td>
<td>Outpatient Procedure</td>
<td>62</td>
<td>Regions Letter</td>
<td>92</td>
<td>Bariatric Assessment</td>
<td></td>
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<tr>
<td>21</td>
<td>Cardiology - Hudson</td>
<td>63</td>
<td>Hudson Letter</td>
<td>93</td>
<td>Pulmonary Function Test</td>
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<td>22</td>
<td>External Cardiac Consultation</td>
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<td>Westfields Letter</td>
<td>94</td>
<td>Long Term Care Note</td>
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<td>23</td>
<td>GI Procedure Inpatient</td>
<td>65</td>
<td>HealthPartners Letter</td>
<td>95</td>
<td>Urodynamics - HealthPartners</td>
<td></td>
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<tr>
<td>25</td>
<td>GI Procedure Outpatient</td>
<td>66</td>
<td>St. Cloud Letter</td>
<td>96</td>
<td>Cystoscopy - HealthPartners</td>
<td></td>
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<td>26</td>
<td>Anesthesia Note</td>
<td>67</td>
<td>Hysterosalpingogram</td>
<td>97</td>
<td>St. Cloud Clinic Note</td>
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<td>27</td>
<td>Stress Note</td>
<td>68</td>
<td>MMPI</td>
<td>98</td>
<td>Clinic Note – Regions/HealthPartners</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Specialty Clinic Note - Westfields/Hudson</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DICTATE KEYPAD FUNCTIONS:
2 Start/Stop recording
3 Rewind and automatic playback. Press 2 to start recording.
4 Fast forward. Press 3 to stop fast forward and play back
44 Fast forward to end of report. Press 2 to begin recording
5 Disconnect (to end dictation session)
6 STAT (mark current dictation as STAT). Press 2 to continue recording
7 Rewind. Press 3 to stop rewind and play back. Press 2 to start recording
77 Go to beginning of current dictation. Automatic playback
8 End report. Prompts for additional dictation
* Clear ID entry if a mistake is made when entering ID

Please state your name and patient’s name at beginning of dictation. Give admission, discharge and surgery dates as well as date of service. If you are a resident, please identify the staff you are dictating for.

For assistance or if you need a listen access ID, please call the support center at 952-967-6600 and open a ticket for the Transcription team.

2014-2015 26
REPRESENTS HOSPITAL

Consultation

NAME:

MRN#:

DATE OF SERVICE:

REASON FOR CONSULTATION:

ATTENDING MD:

PATIENT SERVICE:

CONSULT SERVICE:

STAFF:

REVIEW:

EXAMINATION AND FINDINGS:

RECOMMENDATIONS:
REGIONS HOSPITAL

Discharge (Death, Transfer) Summary

NAME:

MRN#:

ADMISSION DATE:

DISCHARGE DATE:

SERVICE:

STAFF:

ADMISSION DIAGNOSIS:

OPERATIONS/PROCEDURES:

COMPLICATIONS:

DISCHARGE DIAGNOSIS:

BRIEF HISTORY AND PERTINENT OBJECTIVE FINDINGS:

HOSPITAL COURSE:

DISCHARGE DISPOSITION:

DIET:

ACTIVITY:

DISCHARGE MEDICATIONS:

FOLLOWUP:
NAME:
MRN#:
ADMISSION DATE:
SERVICE:
STAFF:
UNIT:

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

PAST MEDICAL HISTORY: (Include allergies here or list separately)

UPDATED MEDICATION LIST:

PAST SURGICAL HISTORY:

FAMILY HISTORY:

SOCIAL HISTORY:

REVIEW OF SYSTEMS:

HEENT:
Cardiorespiratory:
Cardiopulmonary:
Genitourinary:
Gastrointestinal:
Neurological:

PHYSICAL EXAMINATION:
General:
Vital signs:
HEENT:
Neck:
Heart:
Lungs:
Breasts:
Abdomen:
Genitalia:
Pelvic:
Rectal:
Extremities:
Neurological:

IMPRESSION

PLAN:
REGIONS HOSPITAL

Operative Report

NAME:

MRN#:
PROCEDURE DATE:
SERVICE:
UNIT:

STAFF SURGEON:

ASSISTANTS:

PREOPERATIVE DIAGNOSIS:

POSTOPERATIVE DIAGNOSIS:

PROCEDURE:

ESTIMATED BLOOD LOSS:

SPECIMENS REMOVED:

INDICATIONS AND DESCRIPTION OF PROCEDURE:
NAME:

DATE OF SERVICE:
SERVICE:
SUPERVISING STAFF:
RESIDENT:
LOG#:
UNIT:

BRIEF SUMMARY OF PREHOSPITAL CARE:
HISTORY:

PHYSICAL EXAM:

DATA (lab, x-ray, EKG, ultrasound, etc):

DIAGNOSIS:

INTERVENTION AND MANAGEMENT:

PROCEDURE NOTE:

COURSE IN THE EMD:

CONSULTATIONS:

PATIENT CONDITION:

DISCUSSION WITH FAMILY/RELATIVES:

FINAL DIAGNOSIS:

Dictated:    (Dictator's Name)
Transcribed:
Regions Hospital
“DO NOT USE” ABBREVIATIONS, ACRONYMS AND SYMBOLS LIST

<table>
<thead>
<tr>
<th>“DO NOT USE”</th>
<th>APPROVED PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U instead of Units</td>
<td>Unit written out,</td>
</tr>
<tr>
<td></td>
<td>Ex: Regular insulin <strong>5 units</strong></td>
</tr>
<tr>
<td>2. IU instead of International Unit</td>
<td>International Unit written out.</td>
</tr>
<tr>
<td></td>
<td>Ex: Vitamin E 400 <strong>international units</strong></td>
</tr>
<tr>
<td>3.</td>
<td>Write out the abbreviation.</td>
</tr>
<tr>
<td>A. Q.D.</td>
<td>A. Ex: “<strong>daily</strong>”, “<strong>q day</strong>”</td>
</tr>
<tr>
<td>B. Q.O.D.</td>
<td>B. Ex: “<strong>every other day</strong>”, “<strong>q48h</strong>”</td>
</tr>
<tr>
<td>4.</td>
<td>Trailing zero eliminated.</td>
</tr>
<tr>
<td>A. Trailing zero (1.0)</td>
<td>A. Ex: Ativan <strong>1 mg</strong> IV x1</td>
</tr>
<tr>
<td>B. Lack of leading zero</td>
<td>Add leading zero in order.</td>
</tr>
<tr>
<td></td>
<td>B. Ex: Hydromorphone <strong>0.5 mg IV</strong></td>
</tr>
<tr>
<td>5. An abbreviation or symbol used</td>
<td>Write out the medication name.</td>
</tr>
<tr>
<td>instead of medication name.</td>
<td></td>
</tr>
<tr>
<td>These three are:</td>
<td></td>
</tr>
<tr>
<td>A. MSO4</td>
<td>A. <strong>Morphine</strong></td>
</tr>
<tr>
<td>B. MgSO4</td>
<td>B. <strong>Magnesium Sulfate</strong> or <strong>Mag Sulfate</strong></td>
</tr>
<tr>
<td>C. MS</td>
<td>C. <strong>Morphine</strong></td>
</tr>
<tr>
<td>6. Greek letter “ų” used to indicate</td>
<td>Eliminate “ų”, write “mcg”.</td>
</tr>
<tr>
<td>“micro”</td>
<td>Ex: Digoxin <strong>125 mcg</strong> PO today</td>
</tr>
<tr>
<td>7. Chemotherapy medication</td>
<td><strong>SPELL OUT ALL</strong> Chemotherapy medication names.</td>
</tr>
<tr>
<td>abbreviations</td>
<td></td>
</tr>
<tr>
<td>8. Routes. These six are:</td>
<td><strong>SPELL OUT THE WORDS:</strong></td>
</tr>
<tr>
<td>A. ad</td>
<td>“<strong>eye</strong>”, “<strong>ear</strong>”, “<strong>left</strong>”, “<strong>right</strong>”, “<strong>both</strong>”</td>
</tr>
<tr>
<td>B. as</td>
<td></td>
</tr>
<tr>
<td>C. au</td>
<td></td>
</tr>
<tr>
<td>D. od</td>
<td></td>
</tr>
<tr>
<td>E. os</td>
<td></td>
</tr>
<tr>
<td>F. ou</td>
<td></td>
</tr>
</tbody>
</table>

Policy No. 50:05:15

“Do Not Use” Abbreviations, Acronyms, and Symbols List

Reviewed / Revised / Approved by Health Records Committee – June 2011

2014-2015 32 Department Descriptions
## Regions Hospital Abbreviation List

Issued by: Health Information Management Department

The following is a list of the only accepted and approved abbreviations that may be used within the medical record at Regions Hospital. Regions Hospital accepts international abbreviations and combinations of abbreviations that are recognized by the U.S. Government, e.g. weights and measures and the Periodic Table of Elements. In addition, Regions Hospital also accepts the nationally recognized licensures and accreditations, e.g. MD, RN, PA etc.

For weights and measures please refer to the U.S. Government web site:
http://ts.nist.gov/weightsandmeasures/publications/appxc.cfm

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tr>
<td>5-HIAA</td>
<td>5-hydroxyindoleacetic acid</td>
</tr>
<tr>
<td>A2</td>
<td>Aortic second sound</td>
</tr>
<tr>
<td>A1C</td>
<td>Hemoglobin A1C</td>
</tr>
<tr>
<td>AA</td>
<td>Amino acids</td>
</tr>
<tr>
<td>AAA</td>
<td>Abdominal aortic aneurysm</td>
</tr>
<tr>
<td>AAROM</td>
<td>Active assistive range of motion</td>
</tr>
<tr>
<td>A&amp;B</td>
<td>Apnea / bradycardia</td>
</tr>
<tr>
<td>Ab</td>
<td>Antibody</td>
</tr>
<tr>
<td>AB</td>
<td>Abortion</td>
</tr>
<tr>
<td>abd</td>
<td>Abdomen</td>
</tr>
<tr>
<td>ABD Hyst</td>
<td>Abdominal Hysterectomy</td>
</tr>
<tr>
<td>ABG</td>
<td>Arterial blood gas</td>
</tr>
<tr>
<td>abi</td>
<td>Ankle brachial index (Radiant Radiology)</td>
</tr>
<tr>
<td>ABP</td>
<td>Arterial blood pressure</td>
</tr>
<tr>
<td>ABX</td>
<td>Antibiotics</td>
</tr>
<tr>
<td>ac</td>
<td>Before Meals</td>
</tr>
<tr>
<td>AC</td>
<td>Acromioclavicular</td>
</tr>
<tr>
<td>A/C</td>
<td>Assist Control</td>
</tr>
<tr>
<td>ACD</td>
<td>Active Compression - Decompression</td>
</tr>
<tr>
<td>ACh</td>
<td>Acetylcholine</td>
</tr>
<tr>
<td>ACDF</td>
<td>Anterior cervical disc fusion</td>
</tr>
<tr>
<td>ACEI</td>
<td>Angiotensin converting enzyme inhibitor</td>
</tr>
<tr>
<td>ACH</td>
<td>Adrenocortical hormone</td>
</tr>
<tr>
<td>ACJ</td>
<td>Acromioclavicular joint</td>
</tr>
<tr>
<td>ACL</td>
<td>Anterior cruciate ligament</td>
</tr>
<tr>
<td>ACLS</td>
<td>Advanced Cardiac Life Support</td>
</tr>
<tr>
<td>ACS</td>
<td>Acute Coronary Syndrome</td>
</tr>
<tr>
<td>ACTH</td>
<td>Adrenocorticotrophic hormone</td>
</tr>
<tr>
<td>ACT</td>
<td>Activated clotting time</td>
</tr>
<tr>
<td>ad</td>
<td>To; up to</td>
</tr>
<tr>
<td>ad lib</td>
<td>As much as needed; as desired</td>
</tr>
<tr>
<td>ADA</td>
<td>American Diabetes Association</td>
</tr>
<tr>
<td>ADAP</td>
<td>Alcohol and Drug Abuse Program</td>
</tr>
<tr>
<td>ADAT</td>
<td>Advance diet as tolerated</td>
</tr>
<tr>
<td>ADC</td>
<td>Adult Detention Center</td>
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<tr>
<td>add</td>
<td>Adduction</td>
</tr>
<tr>
<td>addl</td>
<td>Additional (Radiant Radiology)</td>
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<td>Adj IBW</td>
<td>Adjusted ideal body weight</td>
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<td>ADL</td>
<td>Activities of daily living</td>
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<tr>
<td>adm</td>
<td>Admission</td>
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</table>
AE  above elbow
AEA  above elbow amputation
AFB  Acid fast bacilli
AFI  amniotic fluid index
AFib  Atrial fibrillation
AFlut  Atrial Flutter
AFO  Ankle foot orthosis
AFP  alpha-fetoprotein
Ag  antigen
AGA  Appropriate for gestational age
A/G ratio  albumin-globulin ratio
AI  aortic insufficiency
AICD  Automatic implantable cardioverter defibrillator
AJs  ankle jerks
AK  above the knee
AKA  above the knee amputation
ALA  aminolevulinic acid
alb  albumin
ALIF  anterior lumbar interbody fusion
alk phos  alkaline phosphatase
ALL  acute lymphocytic leukemia
ALS  Advanced Life Support
ALS  amyotrophic lateral sclerosis
ALT  alanine aminotransferase
AM  morning
AMA  against medical advice
Amb  ambulance
AMI  Acute myocardial infarction
AML  acute myeloid leukemia
Amp  amputation
amt  amount
ANA  antinuclear antibody (FANA)
anat  anatomy; anatomical
ANC  absolute neutrophil count
Anes  anesthesia
angio  angiography
ANNA  anti-neuronal nuclear antibody
ant  anterior
ante  before
Anti-factor Xa  a heparin test
A&P  auscultation and percussion
AP  anterior posterior
(Radiant Radiology only)
A/P  anterior / posterior
APAP  acetaminophen
APL  acute promyelocytic Leukemia
APP  Advanced Practice Provider
append  appendix (Radiant Radiology)
appt  appointment
APT  Ante partum Testing
aPTT  activated partial thromboplastin time
aq  aqueous; water
ARB  Angiotensive-receptor blocker
ARC  AIDS related complex
ARDS  adult respiratory distress syndrome
ARF  acute renal failure
AROM  artificial rupture of membranes
ART  active range of motion
Art  arterial line
art  artery (Radiant Radiology)
AS  aortic stenosis
ASA  aspirin
ASAP  as soon as possible
ASCUS  atypical squamous cell of undetermined significance
ASCVD  atherosclerotic cardiovascular disease
ASD  atrial septal defect
ASHD  ateriosclerotic heart disease
asmt  absorptiometry
(Radiant Radiology)
ASO  antistreptolysin O
AST  aspartate aminotransferase
ATFL  anterior tibial-fibular ligament
AUC  area under the curve
(carboplatin dosing)
A-V  arteriovenous
AV arterioventricular
AVB Atrial-Ventricular Block
Avg average
AVM Arteriovenous Malformation
AVN avascular necrosis
AVR aortic valve replacement
axil axillary
(Radiant Radiology only)
B12 vitamin B 12
BAD bipolar affective disorder
BAERs brain stem auditory evoked responses
BAL bronchial alveolar lavage
Barb barbiturates
BART banana, apples, rice, toast
BAT brightness acuity test
BB backward bend
BBFF both bone forearm fracture
BC base curve
B&C board and care
BCA Bureau of Criminal Apprehension
BCG vaccine for TB
BE Barium enema
BEE Basal energy expenditure
b/el below elbow
BEA below elbow amputation
BFB Biofeedback
BG blood glucose
BH Behavioral Health
BHCG beta human chorionic gonadotropin
bib drink
Bicarb Bicarbonate
bid twice a day
bif bifurcate (Radiant Radiology)
bil biliary (Radiant Radiology)
bilat bilateral (Radiant Radiology)
Bili bilirubin
BIPAP Bi-level Positive Airway Pressure
BK below the knee (amputee)
BKA below the knee amputation
BLS Basic Life Support
BM bowel movement
BMI body mass index
BMP Basic metabolic profile
BMR basal metabolic rate
BMS bare metal stent
BNO bladder neck obstruction
BNP B-type natriuretic peptide
BP blood pressure
BPD biparietal diameter
BPD bronchopulmonary dysplasia
(Brand new)
BPH benign prostatic hypertrophy
BPM breaths per minute
BPP biophysical profile
Brady Bradycardia
BRBPR bright red blood per rectum
BRP bathroom privileges
BS bowel sounds
BSA body surface area
BSF basilar skull fracture
BSO bilateral salpingo-oophorectomy
BST backward salpingo-oophorectomy
BTB bone-tendon-bone
BTE Baltimore Therapeutic Equipment
BUC Buccal
BUN blood urea nitrogen
BVM bag valve mask
Bx biopsy
bx biopsy (Radiant Radiology)
_c_ (with a line over the c) with
C centigrade
C diff clostridium difficile
ca cancer; carcinoma
CA cancer (Radiant Radiology)
CAB  coronary artery bypass
CABG coronary artery bypass graft
CAD  coronary artery disease
cal  calcium (Radiant Radiology)
CAM  Controlled Ankle Motion
cap  capsule
CAPD continuous ambulatory peritoneal dialysis
card  cardiac (Radiant Radiology)
cath  catheter; catheterization
CBC  complete blood count
CBE  Clinical breast exam
CC  chief complaint
CCI  Continuous cardiac index
CCJ  calcaneocuboid joint
CCO  Continuous cardiac output
CCU  Cardiac Care Unit
CD  chemically dependent
CD#  cluster designation (always followed by a number ex. CD4)
CDT  complete decongestive therapy
CE  complete exam
CEA  carcino-embryonic antigen
cent  central (Radiant Radiology)
cerv  cervical
CF  cystic fibrosis
CFJ  coxa femoral joint
CFL  calcaneal fibular ligament
CGA  contact guard assist
cholangio  cholangiogram
(Radiant Radiology)
CH50  total functional hemolytic complement
Chem 8 basic metabolic panel
Chemo  Chemotherapy
CHF  congestive heart failure
CHI  closed head injury
CHIRRP Cardiac High Intensity Risk Reduction Program diet
Chol  cholesterol
chole  cholecystectomy
CICU  Coronary Intensive Care Unit
CI  Cardiac index
CIVI  Continuous intravenous infusion
CIWA-Ar  Clinical Institute Withdrawal Assessment for Alcohol
CK  creatine kinase
CKMB  creatine kinase muscle
Brain
CL  contact lens
CLD  Clear liquid diet
CLIU  Cath Lab Intervention Unit
CLL  chronic lymphocytic leukemia
CMC  carpal metacarpal
CMG  cystometrogram
CMS  capillary filling, movement and sensation
CMV  cytomegalovirus
CN (II-XII) cranial nerves (2-12)
CNCJ  cuboid-navicular-cuneiform joint
CNS  central nervous system
c/o  complains of
CO  Cardiac output
CO2  Carbon Dioxide
COG  center of gravity
Conc CHO  Consistent Carbohydrate Diet
comp  complete (Radiant Radiology)
compr  compression (Radiant Radiology)
cont  continue / continuous
cont  contrast
(Radiant Radiology)
COP  critical outcome pathway
COPD  chronic obstructive pulmonary disease
COW  Circle of Willis
CP  cerebral palsy
CPAP  continuous positive airway pressure
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPC</td>
<td>Comprehensive Psychiatric Clinic</td>
</tr>
<tr>
<td>CPD</td>
<td>Cephalopelvic Disproportion</td>
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<td>CPK</td>
<td>Creatine Phosphokinase</td>
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<td>CPM</td>
<td>Continuous Passive Motion</td>
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<td>CPOE</td>
<td>Computer-based Provider Order Entry</td>
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<td>CPP</td>
<td>Cerebral Perfusion Pressure</td>
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<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
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<td>CPT</td>
<td>Chest Percussion Therapy</td>
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<td>CR</td>
<td>Cycloplegic Refraction</td>
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<td>CrCl</td>
<td>Creatinine Clearance</td>
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<tr>
<td>Creat</td>
<td>Creatinine</td>
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<tr>
<td>CRF</td>
<td>Chronic Renal Failure</td>
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<tr>
<td>CRIES</td>
<td>Cries Pain Scale</td>
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<td>crnl</td>
<td>Coronal</td>
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<td>(Radiant Radiology)</td>
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<tr>
<td>CRP</td>
<td>C-reactive protein</td>
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<td>CRRT</td>
<td>Continuous Renal Replacement Therapy</td>
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<tr>
<td>Cryo</td>
<td>Cryoprecipitate</td>
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<tr>
<td>CS</td>
<td>C-section</td>
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<td>CSF</td>
<td>Cerebrospinal Fluid</td>
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<td>CST</td>
<td>Contraction Stress Test</td>
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<td>C-spine</td>
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<tr>
<td>C-Spine</td>
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<td>(Radiant Radiology only)</td>
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<tr>
<td>C-T</td>
<td>Cervical Thoracic Spine</td>
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<tr>
<td>CT</td>
<td>Computed Tomography</td>
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<td>CTA</td>
<td>Coronary CT Angiogram</td>
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<td>CTAB</td>
<td>Clear to Auscultation Bilaterally</td>
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<td>CTJ</td>
<td>Cervicothoracic Junction</td>
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<td>CTL</td>
<td>Clinical Team Leader</td>
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<td>CTR</td>
<td>Carpal Tunnel Release</td>
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<td>CTS</td>
<td>Carpal Tunnel Syndrome</td>
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<td>CTX</td>
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<td>cu</td>
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<td>Cystourethrogram</td>
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<td>CVC</td>
<td>Central Venous Catheter</td>
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<td>CVP</td>
<td>Central Venous Pressure</td>
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<td>CVVH</td>
<td>Continuous Veno-venous Hemofiltration</td>
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<td>CVVHF</td>
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<td>CVVHD</td>
<td>Continuous Veno-venous Hemodialysis</td>
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<tr>
<td>CW</td>
<td>Consistent with</td>
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<td>cx</td>
<td>Cervix</td>
</tr>
<tr>
<td>Cx</td>
<td>Culture</td>
</tr>
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<td>CXR</td>
<td>Chest X-ray</td>
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<td>Cysto</td>
<td>Cystoscopy</td>
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<tr>
<td>D</td>
<td>Diopters</td>
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<tr>
<td>D5W</td>
<td>5% Dextrose in Water</td>
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<tr>
<td>D5 NS</td>
<td>Dextrose 5% Normal Saline</td>
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<tr>
<td>D5 ½ NS</td>
<td>Dextrose 5% ½ Normal Saline</td>
</tr>
<tr>
<td>D5 1/3 NS</td>
<td>Dextrose 5% 1/3 Normal Saline</td>
</tr>
<tr>
<td>D5 ¼ NS</td>
<td>Dextrose 5% ¼ Normal Saline</td>
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<tr>
<td>D Bili</td>
<td>Direct Bilirubin</td>
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<tr>
<td>D/C</td>
<td>Discharge</td>
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<tr>
<td>D &amp; C</td>
<td>Dilatation and Curettage</td>
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<tr>
<td>DASH</td>
<td>Dietary Approaches to Stop Hypertension</td>
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<tr>
<td>DAT</td>
<td>Direct Antiglobulin Test</td>
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<tr>
<td>DAW</td>
<td>Dispense as Written</td>
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<tr>
<td>DB</td>
<td>Diaphragmatic Breathing</td>
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<td>Diastolic Blood Pressure</td>
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<td>DBT</td>
<td>Dialectical Behavior Therapy</td>
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<tr>
<td>DCR</td>
<td>Dacryocystorhinostomy</td>
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<td>DDAVP</td>
<td>Desmopressin Acetate</td>
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<td>DDD</td>
<td>Degenerative Disc Disease</td>
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<td>decub</td>
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<tr>
<td>DES</td>
<td>Drug eluting stent</td>
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<tr>
<td>DF</td>
<td>dorsiflexion</td>
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<tr>
<td>DFA</td>
<td>diet for age</td>
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<td>DHEA</td>
<td>dehydroepiandrosterone</td>
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<td>DHEA-S</td>
<td>dehydroepiandrosterone sulfate</td>
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<td>diagn</td>
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<td>DIC</td>
<td>disseminated intravascular</td>
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<td>diff</td>
<td>differential of white blood count</td>
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<td>dil</td>
<td>diluted</td>
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<td>DIP</td>
<td>distal interphalangeal</td>
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<tr>
<td>disc</td>
<td>discontinue</td>
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<td>DJD</td>
<td>degenerative joint disease</td>
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<tr>
<td>DKA</td>
<td>diabetic ketoacidosis</td>
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<tr>
<td>DKTC</td>
<td>double knee to chest</td>
</tr>
<tr>
<td>DL</td>
<td>direct laryngoscopy</td>
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<tr>
<td>DLIF</td>
<td>direct lateral interbody fusion</td>
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<tr>
<td>DM</td>
<td>diabetes mellitus</td>
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<tr>
<td>DME</td>
<td>durable medical equipment</td>
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<tr>
<td>DMSA</td>
<td>dimercaptosuccinic acid</td>
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<td>Dnase</td>
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<tr>
<td>DNA</td>
<td>deoxyribonucleic acid</td>
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<tr>
<td>DNAR</td>
<td>Do Not Attempt Resuscitation</td>
</tr>
<tr>
<td>DNR / DNI</td>
<td>Do not resuscitate / /</td>
</tr>
<tr>
<td></td>
<td>Do not intubate</td>
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<tr>
<td>DOA</td>
<td>dead on arrival</td>
</tr>
<tr>
<td>DOB</td>
<td>date of birth</td>
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<tr>
<td>doe</td>
<td>dyspnea on exertion</td>
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<td>DOI</td>
<td>date of injury</td>
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<td>dop</td>
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<tr>
<td>DOT</td>
<td>directly-observed therapy</td>
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<td>DPI</td>
<td>Dry Powder Inhaler</td>
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<td>DPL</td>
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<td>D&amp;PLB</td>
<td>diaphragmatic &amp; pursed-lip</td>
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<td>breathing</td>
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<td>drn</td>
<td>drain (Radiant Radiology)</td>
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<td>DRSG</td>
<td>dressing</td>
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<td>DRUJ</td>
<td>distal radioulnar joint</td>
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<tr>
<td>Abbreviation</td>
<td>Definition</td>
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<td>------------</td>
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<tr>
<td>EKG</td>
<td>electrocardiogram</td>
</tr>
<tr>
<td>ELBW</td>
<td>extremely low birth weight</td>
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<tr>
<td>ELC</td>
<td>extended-length catheter</td>
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<tr>
<td>ELOS</td>
<td>estimated length of stay</td>
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<td>ELP</td>
<td>electrophoretic pattern</td>
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<td>embo</td>
<td>embolization</td>
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<td>EMD</td>
<td>electromechanical disassociation</td>
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<td>electromyogram</td>
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<td>EMR</td>
<td>electronic medical record</td>
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<td>EMS</td>
<td>emergency medical service</td>
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<td>ENA</td>
<td>extractable nuclear antigens</td>
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<td>endocrine</td>
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<td>ENG</td>
<td>electronystagmogram</td>
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<tr>
<td>ENT</td>
<td>ear, nose and throat</td>
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<tr>
<td>EO</td>
<td>eyes opened</td>
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<td>EOB</td>
<td>edge of bed</td>
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<td>EOD</td>
<td>end of day</td>
</tr>
<tr>
<td>EOL</td>
<td>end of life</td>
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<tr>
<td>EOM</td>
<td>extra-ocular movement</td>
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<tr>
<td>EP</td>
<td>Electrophysiology</td>
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<tr>
<td>EPAP</td>
<td>Expiratory Positive Airway Pressure</td>
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<tr>
<td>EPB</td>
<td>extensor pollicis brevis</td>
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<td>EPL</td>
<td>extensor pollicis longus</td>
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<td>EPO</td>
<td>erythropoietin</td>
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<td>EPSE</td>
<td>extra pyramidal side effects</td>
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<td>equip</td>
<td>equipment</td>
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<tr>
<td>ER</td>
<td>emergency room</td>
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<td>ERCP</td>
<td>endoscopic retrograde cannulation of pancreatic duct</td>
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<td>ERCS</td>
<td>Elective repeat cesarean section</td>
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<tr>
<td>ER/PR</td>
<td>estrogen receptor/progesterone receptor</td>
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<tr>
<td>ERS</td>
<td>extended, rotated, side bent</td>
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<td>ERT</td>
<td>Emergency Room Technician</td>
</tr>
<tr>
<td>ES</td>
<td>Extra-strength</td>
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<td>ESI</td>
<td>Emergency Severity Index</td>
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<td>ESOPH</td>
<td>esophogram (Radiant Radiology)</td>
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<td>esp</td>
<td>especially</td>
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<td>ESR</td>
<td>erythrocyte sedimentation rate</td>
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<td>Est</td>
<td>Estimated</td>
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<td>EST</td>
<td>electroshock therapy</td>
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<td>ESWL</td>
<td>Extra-corporeal Shock Wave Lithotripsy</td>
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<tr>
<td>ETCO2</td>
<td>End Tidal Carbon Dioxide</td>
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<tr>
<td>ETOH</td>
<td>ethyl alcohol; ethanol</td>
</tr>
<tr>
<td>e-stim</td>
<td>electric stimulation</td>
</tr>
<tr>
<td>ETT</td>
<td>endotracheal tube</td>
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<tr>
<td>EUA</td>
<td>exam under anesthesia</td>
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<td>ev</td>
<td>eversion</td>
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<td>eval</td>
<td>evaluation</td>
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<td>EVD</td>
<td>external ventricular drainage</td>
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<td>ex</td>
<td>exercise</td>
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<td>examination</td>
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<td>exchange (Radiant Radiology)</td>
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<td>EX FIX</td>
<td>external fixator</td>
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<td>exist</td>
<td>existing (Radiant Radiology)</td>
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<td>exp</td>
<td>expiration</td>
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<td>F</td>
<td>Fahrenheit</td>
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<td>F</td>
<td>Female (Epic system only)</td>
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<tr>
<td>FIO2</td>
<td>Fraction of Inspired Oxygen</td>
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<td>FA</td>
<td>forearm</td>
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<td>FANA</td>
<td>florescent antinuclear antibody</td>
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<td>fb</td>
<td>foreign body (Radiant Radiology)</td>
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<td>FB</td>
<td>foreign body</td>
</tr>
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<td>FBS</td>
<td>fasting blood sugar</td>
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<td>FCR</td>
<td>flexor carpi radialis</td>
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<tr>
<td>FCU</td>
<td>flexor carpi ulnaris</td>
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<tr>
<td>FDU</td>
<td>fetal death in utero</td>
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</tbody>
</table>
FDP  flexor digitorum profundus  FT  feeding tube
FDS  flexor digitorum sublimis  FTA  fluorescent treponemal antibody
FEF  Forced Expiratory Flow  FTT  failure to thrive
FENA  Fractional Excretion of Sodium  f/u  follow-up
FESS  functional endoscopic sinus surgery  FUO  fever of undetermined origin
FEV1  Forced expiratory volume in 1 second  FVC  Forced vital capacity
FF  forward flexion  FWB  full weight bearing
FFP  fresh frozen plasma  FWW  front-wheeled walker
FFU  fundus firm @ umbilicus  Fx  fracture
FH  family history  g  gram
FHR  fetal heart rate  G-1  First Year Resident
FHT  fetal heart tones  G-2  Second Year Resident
fib  fibula  G-3  Third Year Resident
fibro  fibromyalgia  G-6-PD  glucose-6-phosphate dehydrogenase
FIE  flexional extension  G  gravida
FIM  functional independent measure  GA  general anesthesia
FISH  fluorescence in situ Hybridization  GAF  Global Assessment of Functioning
FL  femur length  GAGS  glycosaminoglycans (formerly mucopolysaccharides)
(Com - Radiology)  Gastroc  gastrocnemius
FLA  fluorescein angiogram  GB  gallbladder
FLD  Full liquid diet  GBS  Group B Strep
flex  flexion  GC  Gonococcus, gonorrhea
Flex  flexion  GCS  Glasgow coma score
(GL - Radiology only)  GDM  gestational diabetes mellitus
FNA  fine needle aspirate  GDMA-1  gestational diabetes mellitus Type A1
FO  Fiber optic  GDMA-2  gestational diabetes mellitus Type A2
FOB  father of baby  GE  gastroesophageal
FOOSH  fall on out-stretched hand  Gen  general
FPB  flexor pollicis brevis  GERD  gastroesophageal reflux disease
FPL  flexor pollicis longus  GETA  general endotracheal anesthesia
FRS  flexed, rotated, side bent  GFR  glomerular filtration rate
FSE  fetal scalp electrode  GGT  gamma glutamyl transferase
FSG  Finger stick glucose  GH  growth hormone
FSH  follicle-stimulating hormone  GHJ  glenohumeral joint
GI  gastrointestinal
GJ  gastric jejunostomy
GJT  gastrojejunostomy tube
Gluc  glucose
Glut  gluteus
GMS  Gomori methenamine silver stain
GP  general practitioner
GPC  giant papillary conjunctivitis
gr troch  greater trochanter
GSW  gunshot wound
GT  gastric tube / gastrostomy
gtt  drops
GTT  glucose tolerance test
G Tube  gastric tube

GU  genitourinary
GVF  Goldman visual field
Gyn  Gynecology

h  hour
H&E  hematoxylin & eosin stain
H&P  history and physical
Hp ylori  Helicobacter pylori
H2CO3  Carbonic Acid
HA  headache
HAA  Hepatitis antigen A
HAAb  Hepatitis A antibody
HBcAb  Hepatitis B core antibody
HBeAb  Hepatitis Be antibody
HBeAg  Hepatitis Be antigen
HBIG  Hepatitis B Immunoglobin
HBsAb  Hepatitis B surface antibody
HBsAg  Hepatitis B surface antigen
HBV  Hepatitis B virus
HC  hydrocortisone
HCG  human chorionic gonadotropin
HCM  health care maintenance
HCV  Hepatitis C virus
HCVD  hypertensive cardiovascular disease
HDL  high-density lipoprotein
HDN  hemolytic disease of the newborn
HEENT  head, eyes, ears, nose and throat
HELLP  hemolysis, elevated liver enzymes, low platelets
Hem  Hematology
Hemi  hemiplegic
HENT  head, eyes, nose, and throat
HEP  home exercise program
Hep A  Hepatitis A
Hep B  Hepatitis B
Hep C  Hepatitis C
HF  Heart Failure
Hgb  hemoglobin
HHA  hand-held assist
HHC  Home Health Care
HIT/HITTS  Heparin-induced Thrombocytopenia / Thrombosis Syndrome
HIV  human immunodeficiency virus
HLA  human leukocyte antigen
HME  Heat & Moisture Exchanger
HMS  Heparin Management System
HO  House Officer
H/O  history of
HOB  head of bed
HOH  hard of hearing
HP  hot pack
HPI  history of present illness
HPV  human papillomavirus
HR  heart rate
HRJ  humeroradial joint
hrs  hours
HSG  Hysterosalpingography

(Radiant Radiology)
HSV  herpes simplex virus
HT  height
HTN  hypertension
HTX  hemotherax
HUC  Health Unit Coordinator
HUE  humeroulnar joint
HUS  hemolytic uremic syndrome
HVF  Humphrey visual field
HVGS  High Voltage Galvanic Stimulation

Hx  History

I&O  intake & output
IASD  intra-atrial septal defect
IBW  Ideal body weight
ICD  intracardiac defibrillator
ICH  intracranial hemorrhage
ICP  intracranial pressure
ICS  intercostal space
ICU  intensive care unit
I&D  incision and drainage
ID  identification
IDM  infant of diabetic mother
i.e.  that is
I:E  inspiration:exhalation
IFC  interferential current
IFE  immunofixation
Electrophoresis
IFSE  internal fetal scalp electrode
IgA  immunoglobulin A
IgD  immunoglobulin D
IgE  immunoglobulin E
IGF  insulin-like growth factor
IgG  immunoglobulin G
IgM  immunoglobulin M
IHSS  idiopathic hypertrophic subaortic stenosis
ILI  Influenza-like illness
ILR  Independent living room

IM  intramuscular

IMF  infra-mammary fold
img  imaging (Radiant Radiology)
IMR  Illness Management and Recovery
INC  including (Radiant Radiology)
Indep  Independent
inf  inferior
Info  Information
inguin  inguinal (Radiant Radiology)
init  initial
(Radiant Radiology)
init eval  initial evaluation

inj / asp  injury / aspiration
(Radiant Radiology)
INR  international normalized Ratio
INS  insertion
(Radiant Radiology)
insp  inspiration
(Radiant Radiology only)
Insp  Inspiratory
inst  instructed / instructions
int  internal
(Radiant Radiology only)
intra-op  intra-operatively
intravasc  intravascular (Radiant Radiology)
inv  inversion
IOL  induction of labor
IOL  intra-ocular lens
ionto  iontophoresis
IOP  intraocular pressure
IP  interphalangeal
IPAP  Inspiratory positive airway pressure
IPPB  intermittent positive pressure breathing
IQ  intelligence quotient
IR  internal rotation
IR  interventional radiology
(Radiant Radiology)
IS  infraspinatous
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<thead>
<tr>
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<th>Definition</th>
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<td>thromboctopenia purpura</td>
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<td>IUFD</td>
<td>intrauterine fetal death</td>
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<td>intrauterine growth retardation</td>
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<td>IUP</td>
<td>intrauterine pregnancy</td>
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<td>IUPC</td>
<td>intrauterine pressure catheter</td>
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<td>Intra-ventricular conduction delay</td>
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<td>IVGTT</td>
<td>intravenous glucose tolerance test</td>
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<td>IVPB</td>
<td>intravenous piggy-back</td>
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<td>jejunostomy tube</td>
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<td>JVP</td>
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<td>kleihauer-betke</td>
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<td>K cal</td>
<td>kilocalories</td>
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<td>Kd</td>
<td>pharmacokinetic rate constant</td>
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<td>KE</td>
<td>knee extension</td>
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<td>knee jerks</td>
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<td>KOH</td>
<td>Potassium hydroxide</td>
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<td>KPE</td>
<td>Kellerman phaco-emulsification</td>
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<tr>
<td>KUB</td>
<td>kidney, ureters, bladder</td>
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<td>KVO</td>
<td>keep vein open</td>
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<tr>
<td>L</td>
<td>lumbar</td>
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<tr>
<td>L&amp;A</td>
<td>light and accommodation</td>
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<td>L&amp;D</td>
<td>labor &amp; delivery</td>
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<td>LA</td>
<td>lupus anticoagulant</td>
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<td>lab</td>
<td>laboratory</td>
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<td>Laceration</td>
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<tr>
<td>lap</td>
<td>laparotomy / laparoscopy</td>
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<td>LAP</td>
<td>leukocyte alkaline phosphatase</td>
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<td>LAQ</td>
<td>long arc quads</td>
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<tr>
<td>lat</td>
<td>lateral</td>
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<tr>
<td>LAVH</td>
<td>laparoscopic assisted vaginal hysterectomy</td>
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<tr>
<td>LB</td>
<td>low back</td>
</tr>
<tr>
<td>LBP</td>
<td>low back pain</td>
</tr>
<tr>
<td>lbs</td>
<td>pounds</td>
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<td>LBW</td>
<td>low birth weight</td>
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<td>LCL</td>
<td>lateral collateral ligament</td>
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<td>LD</td>
<td>learning disability</td>
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<td>LDH</td>
<td>lactic dehydrogenase</td>
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<td>LDL</td>
<td>low density lipoprotein</td>
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<tr>
<td>LDR</td>
<td>labor, delivery, recovery</td>
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<tr>
<td>LE</td>
<td>lower extremity</td>
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<td>Leuk</td>
<td>leukocytes</td>
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<td>LFT</td>
<td>Liver Function Test</td>
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<tr>
<td>LG</td>
<td>lacrimal gland</td>
</tr>
<tr>
<td>LGA</td>
<td>large for gestational age</td>
</tr>
<tr>
<td>LH</td>
<td>lutinizing hormone</td>
</tr>
<tr>
<td>LHB</td>
<td>long head of biceps</td>
</tr>
<tr>
<td>LHD</td>
<td>left hand dominant</td>
</tr>
<tr>
<td>Lig</td>
<td>ligament</td>
</tr>
<tr>
<td>LIP</td>
<td>Licensed Independent Practitioner</td>
</tr>
<tr>
<td>liq</td>
<td>liquid solution</td>
</tr>
<tr>
<td>LIS</td>
<td>Lissinamine green</td>
</tr>
<tr>
<td>LMA</td>
<td>laryngeal mesh airway</td>
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<tr>
<td>LMP</td>
<td>last menstrual period</td>
</tr>
<tr>
<td>LMWH</td>
<td>Low Molecular Weight Heparin</td>
</tr>
<tr>
<td>LNMP</td>
<td>last normal menstrual period</td>
</tr>
<tr>
<td>LO</td>
<td>lateral oblique</td>
</tr>
<tr>
<td>(Radiant Radiology only)</td>
<td></td>
</tr>
<tr>
<td>LOB</td>
<td>loss of balance</td>
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</table>
LOC localization (Radiant Radiology)
LOC loss of consciousness
lord lordotic
(Radiant Radiology only)
LOS length of stay
low lower (Radiant Radiology)
LP lumbar puncture
lpf low power field
lpm liters per minute
LR lactated ringers
L-S lumbosacral spine
(Radiant Radiology)
LS lumbosacral
L/S ratio lecithin-to-sphingomyelin ratio
LSD lysergic acid diethylamide
L-spine lumbar spine
L-Spine lumbar spine
(Radiant Radiology only)
LST low segment transverse
LT left (Radiant Radiology)
LTB laryngotracheobronchitis
LTC long-term care
LTCS low transverse cesarean section
ltd limited (Radiant Radiology)
LTG long-term goal
LTR lower trunk rotation
LUQ left upper quadrant
LV Left ventricle
LVF left ventricular function
LVSD Left ventricular systolic dysfunction
LWBF left without being finished
LWBS left without being seen
LWE local wound exploration
lymph lymph node (Radiant Radiology)
lytes electrolytes (Na, K, CO2, and Cl)
M Male (Epic system only)
MA mental age
MAC monitored anesthesia care
MAE moves all extremities
Mag Sulfate Magnesium Sulfate
man mammography
(Radiant Radiology)
man mandible
(Radiant Radiology)
MAP mean arterial pressure
MAR Medication Administration Record
MAS Modified Aldrete Score
MAT multi-focal atrial tachycardia
Max Maximum
max maximum
maxfac maxillofacial
(Radiant Radiology)
MCA motorcycle accident
MCC motorcycle collision
mcg microgram (Joint Commission recommendation)
MCH mean corpuscular hemoglobin
MCHC mean corpuscular hemoglobin concentration
MCL medial collateral ligament
MCP metacarpophalangeal
MCV mean corpuscular volume
MDD major depressive disorder
MDI metered dose inhaler
ME Medical Examiner
Mech soft diet Mechanical soft diet
Mech Vent Mechanical ventilation
Meds medications
mEq milliequivalent
MET muscle energy
MF meniscofemoral
MFR myofascial release
MGD meibomian gland disease
mgmt management
MI myocardial infarction
MIBG metaiodobenzylguanidine
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>MIC</td>
<td>minimum inhibitory concentration</td>
</tr>
<tr>
<td>MI-CD</td>
<td>mentally ill &amp; chemically dependent</td>
</tr>
<tr>
<td>micro</td>
<td>microscopic</td>
</tr>
<tr>
<td>MICU</td>
<td>medical intensive care unit</td>
</tr>
<tr>
<td>MI&amp;D</td>
<td>mentally ill &amp; dangerous</td>
</tr>
<tr>
<td>Min</td>
<td>minute(s) - Epic use only</td>
</tr>
<tr>
<td>min</td>
<td>minimum (Radiant Radiology)</td>
</tr>
<tr>
<td>MIP</td>
<td>Maximum inspiratory pressure</td>
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<tr>
<td>Misc</td>
<td>Miscellaneous</td>
</tr>
<tr>
<td>MLC</td>
<td>Multileaf Collimator</td>
</tr>
<tr>
<td>MLD</td>
<td>manual lymph drainage</td>
</tr>
<tr>
<td>MMF</td>
<td>maxillary mandibular fixation</td>
</tr>
<tr>
<td>MMR</td>
<td>measles, mumps, rubella</td>
</tr>
<tr>
<td>MMSE</td>
<td>mini-mental status exam</td>
</tr>
<tr>
<td>MMT</td>
<td>manual muscle test</td>
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<tr>
<td>mo</td>
<td>month</td>
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<tr>
<td>mobs</td>
<td>mobilizations</td>
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<td>moderate</td>
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<tr>
<td>MO</td>
<td>medial oblique</td>
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<tr>
<td>MOI</td>
<td>mode / mechanism of injury</td>
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<td>MOM</td>
<td>milk of magnesia</td>
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<td>mono</td>
<td>mononucleosis</td>
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<td>MPC</td>
<td>Mallampatis class</td>
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<td>MPH</td>
<td>miles per hour</td>
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<tr>
<td>MR</td>
<td>magnetic resonance</td>
</tr>
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<td>MR#</td>
<td>medical record number</td>
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<tr>
<td>MRA</td>
<td>magnetic resonance angiography</td>
</tr>
<tr>
<td>MRE</td>
<td>manual resistive exercises</td>
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<tr>
<td>MRSA</td>
<td>methicillin resistant staphylococcus aureus</td>
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<td>MRI</td>
<td>magnetic resonance imaging</td>
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<tr>
<td>ms</td>
<td>milliseconds</td>
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<tr>
<td>MS</td>
<td>multiple sclerosis</td>
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<tr>
<td>MSE</td>
<td>mental status exam</td>
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<tr>
<td>MSK</td>
<td>musculoskeletal</td>
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<tr>
<td>MS/MI</td>
<td>mitral valve stenosis / mitral valve insufficiency</td>
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<tr>
<td>MSPN</td>
<td>Medical Student Progress Note</td>
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<tr>
<td>MT</td>
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<td>MTP</td>
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<td>MTS</td>
<td>marginal tear strip</td>
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<td>MU</td>
<td>Monitor Unit</td>
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<tr>
<td>muga</td>
<td>multiple uptake gated acquisition (Radiant Radiology)</td>
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<td>multi</td>
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<td>mV</td>
<td>millivolts</td>
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<td>MV</td>
<td>minute volume</td>
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<td>MVA</td>
<td>motor vehicle accident</td>
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<td>motor vehicle collision</td>
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<td>MVI</td>
<td>multivitamin injection</td>
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<td>MVM</td>
<td>movement</td>
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<td>MVR</td>
<td>mitral valve regurgitation</td>
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<td>MWM</td>
<td>mobilization with movement</td>
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<td>myocard</td>
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<td>N/A</td>
<td>not applicable</td>
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<td>NAPA</td>
<td>N-acetyl procainamide</td>
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<td>NAS</td>
<td>no added salt</td>
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<td>NB</td>
<td>newborn</td>
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<tr>
<td>NC</td>
<td>nasal cannula</td>
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<td>NCF</td>
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<tr>
<td>NDD#</td>
<td>National Dysphagia Diet #</td>
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<td>ndl</td>
<td>needle (Radiant Radiology)</td>
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<td>NDT</td>
<td>neurodevelopmental treatment</td>
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<td>Neb</td>
<td>Nebulizer</td>
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<td>neg</td>
<td>negative</td>
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<td>Neuro</td>
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<td>NG</td>
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<tr>
<td>NGT</td>
<td>nasogastric tube</td>
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<td>NH</td>
<td>Nursing Home</td>
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<td>non-Hodgkin’s lymphoma</td>
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<td>NIBP</td>
<td>Non-invasive blood pressure</td>
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<td>NIH-SS</td>
<td>National Institute of Health Stroke Scale</td>
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<td>NJ</td>
<td>nasojejunal (Radiant Radiology) nipple</td>
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<td>NIPS</td>
<td>neonatal infant pain scale</td>
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<td>Non-invasive Programmed Stimulation</td>
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<td>nasal jejunal tube (Radiant Radiology)</td>
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<td>NKA</td>
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<tr>
<td>NKDA</td>
<td>no known drug allergies</td>
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<tr>
<td>NL</td>
<td>normal</td>
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<tr>
<td>NMES</td>
<td>neuromuscular electric stimulation</td>
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<td>NMR</td>
<td>Neuro-Muscular Re-education</td>
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<td>night</td>
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<td>non rep</td>
<td>do not repeat</td>
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<td>NOS</td>
<td>No other symptoms</td>
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<td>near point of convergence</td>
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<td>Neutral Protamine Hagedorn (isophane insulin)</td>
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<td>nothing by mouth</td>
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<td>NRB</td>
<td>non re-breather mask</td>
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<td>NS</td>
<td>normal saline</td>
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<td>NSAID</td>
<td>Non-steroidal anti-inflammatory drug</td>
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<td>NSR</td>
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<td>NSVD</td>
<td>normal spontaneous vaginal delivery</td>
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<td>NT</td>
<td>not tested</td>
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<td>NTG</td>
<td>Nitroglycerin</td>
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<tr>
<td>NT / ND</td>
<td>Non-tender, non-distended</td>
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<tr>
<td>NWB</td>
<td>non-weight bearing</td>
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<td>Full Form</td>
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<td>p (with a line over the p) after</td>
<td>pulse</td>
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<td>Carbon dioxide concentration/partial pressure</td>
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<td>pulmonnic second sound</td>
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<td>P/A</td>
<td>posterior/anterior</td>
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<td>PA</td>
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<td>Pressure Pulmonary Artery Pressure</td>
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<tr>
<td>P &amp; A</td>
<td>percussion and auscultation</td>
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<td>Post Anesthesia Care Unit</td>
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<td>pulmonary artery diastolic pressure</td>
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<td>palp</td>
<td>palpate/palpation</td>
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<td>Pupils Equal Round Reactive to Light &amp; Accommodation</td>
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<td>Description</td>
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<td>pH</td>
<td>potential of Hydrogen of Carbon Dioxide alkalinity / acidity</td>
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<td>pO2</td>
<td>Partial Pressure of Oxygen</td>
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<td>POBA</td>
<td>plain old balloon angioplasty</td>
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<td>products of conception</td>
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<td>POCT</td>
<td>Point of Care Testing</td>
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<td>POD</td>
<td>post-operative day</td>
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<td>POE</td>
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<td>Post Tib</td>
<td>Posterior Tibial</td>
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<td>Protein Pump Inhibitor</td>
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<td>PPN</td>
<td>Peripheral parenteral nutrition</td>
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<td>PPROM</td>
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<td>PRBCs</td>
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<td>prev</td>
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<td>PRIND</td>
<td>partially reversed ischemic neurologic deficit</td>
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<td>PRN</td>
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<td>protein</td>
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<td>PROM</td>
<td>premature rupture of membranes</td>
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<td>Protime</td>
<td>Prothrombin time</td>
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<td>PRUJ</td>
<td>proximal radioulnar joint</td>
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<td>PS</td>
<td>Pressure support</td>
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<td>P/S</td>
<td>Procedural Sedation</td>
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<td>PSA</td>
<td>prostate specific antigen</td>
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<td>PSBO</td>
<td>Partial small bowel obstruction</td>
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<td>PSC</td>
<td>posterior sclerotic cataract</td>
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<td>PSI</td>
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<td>PSS</td>
<td>Psychotic Severity Scale</td>
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<td>Psy</td>
<td>psychiatry</td>
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<td>physical therapy</td>
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<td>PTA</td>
<td>percutaneous transluminal angioplasty (Radiant Radiology)</td>
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<td>PTA</td>
<td>prior to admission</td>
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<tr>
<td>PTCA</td>
<td>percutaneous transvenous coronary angioplasty</td>
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<td>PTFL</td>
<td>posterior tibial-fibular ligament</td>
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<td>parathyroid hormone</td>
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<td>PT/INR</td>
<td>Prothrombin time plus INR</td>
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<td>PUW</td>
<td>pickup walker</td>
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<td>per vagina</td>
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<td>PVCs</td>
<td>premature ventricular contractions</td>
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<td>PVCs</td>
<td>premature ventricular contractions</td>
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<tr>
<td>PVCs</td>
<td>premature ventricular contractions</td>
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<td>PVD</td>
<td>Peripheral vascular disease</td>
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<td>partial weight bearing</td>
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<td>pseudo exfoliation</td>
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<tr>
<td>q</td>
<td>every</td>
</tr>
<tr>
<td>q # h</td>
<td>q2 h - every two hours</td>
</tr>
<tr>
<td>q4h</td>
<td>q4 h - every four hours, etc.</td>
</tr>
<tr>
<td>q24h</td>
<td>every day, daily</td>
</tr>
<tr>
<td>q48h</td>
<td>every other day</td>
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<td>qam</td>
<td>every morning</td>
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<tr>
<td>QC</td>
<td>Quality Control</td>
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R  respiration
RA  rheumatoid arthritis
RA  Right atrium
RA  room air
rad  radiologist (Radiant Radiology)
RAF  rheumatoid arthritis factor
RAI  radioactive iodine
RASS  Richmond Agitation Sedation Scale
RAST  radioallergosorbent test
RBC  red blood cells
RC  rotator cuff
RCL  radial collateral ligament
RCT  rotator cuff tear
RD  radial deviation
RDS  respiratory distress syndrome
recip  reciprocal
recon  reconstruction
REE  Resting energy expenditure
re-ed  re-education
Rehab  Rehabilitation
rep  let it be repeated
Resp  Respiratory
retic  reticulocyte
rev  revision (Radiant Radiology)
rev’d  reviewed
RF  Rheumatic fever
Rh  rhesus
RHD  Rheumatic Heart Disease
RIBA  recombinant immunoblot assay
right HD right hand dominant
RJ Traction Robert Jones traction
RLF  retrolental fibroplasia
RNA  ribonucleic acid
r/o  rule out (Radiant Radiology only)
R/O  rule out
ROM  range of motion
ROM  rupture of membranes
ROS  Review of Systems
rot  rotation
RPD  Rate of perceived dyspnea
RPE  Rate of perceived exertion
RPMI Roswell Park Memorial Institute media
RPR  rapid plasma reagin syphilis (replaces VDRL)
RR  respiratory rate
RRA  radio receptor assay
RRT  Rapid Response Team
RSI  rapid sequence induction
RSV  respiratory syncytial virus
RT  right (Radiant Radiology)
RTC  return to clinic
RTS  revised trauma score
RTW  return to work
RUJ  radioulnar joint
RUQ  Right upper quadrant
RV  Right ventricle
RW  rolling walker
Rx  treatment
sats  saturations
SB  side bending
SB  small bowel (Radiant Radiology)
SBA  stand-by assist
SBE  sub-acute bacterial endocarditis
SBO  small bowel obstruction
SBP  systolic blood pressure
S Brad Sinus bradycardia
SBS  short bowel syndrome
SC  subcutaneous
scap  scapula
SCD(s) Sequential Compression Device(s)
SCI  spinal cord injury
SCJ  sternoclavicular joint
SCM  sternocleidomastoid
SCO  sequential compression device
scrn screening (Radiant Radiology)
SCUF Slow Continuous Ultrafiltration
SDH  subdural hematoma
SDS  same day surgery
SE  spherical equivalent
SEA diet Southeast Asian diet
SEC  single end cane
seg  segmental (Radiant Radiology)
sent  sentinel (Radiant Radiology)
SGA  small for gestational age
SGOT  serum glutamic oxalacetic transaminase (See AST)
SGPT  serum glutamic pyruvic transaminase (See ALT)
SGW  shotgun wound
SH  social history
shldr  shoulder
SI  sacroiliac
SIADH syndrome of inappropriate anti-diuretic hormone
SICU surgical intensive care unit
SIDS sudden infant death syndrome

s (with a line over the s) without
S  sacral
S & R Seclusion and Restraint
SAH  subarachnoid hemorrhage
SAO2  pulse oximetry O2 saturation
SAQ  short arc quads
SIMV  Synchronized intermittent mandatory ventilation
SIRS  Systemic Inflammatory Response Syndrome
SKTC  single knee to chest
sl  slight
SL  Sublingual
SLE  systemic lupus erythematosus
SLP  Speech language pathologist
SLR  straight leg-raising
SLS  single leg stance
SMA  superior mesenteric artery syndrome
SMAb  smooth muscle antibodies
SNAG  sustained natural apophyseal glide
SNF  Skilled Nursing Facility
sngl  single (Radiant Radiology)
S/O  sign out
SOAP  Subjective, Objective, Assessment, Plan
SOAR  Survivors Offering Assistance In Recovery
SOB  shortness of breath
SOC  stayed order of commitment
sol  solution
SOMI  Sternal Occipital Mandibular Immobilization (collar)
S/P  status post
sp gr  specific gravity
SP02 (%) oxygen saturation via pulse oximeter
spec  specimen
Spont  Spontaneous
SPT  serum pregnancy test
spv  supervised
S&R  seclude and restrain
SROM  spontaneous rupture of membranes
SS  supraspinatus
SSD  Source to Surface Distance
SSS  sick sinus syndrome
ST  sore throat
S Tach  Sinus tachycardia
Staph  staphylococcus
STAT  at once, immediately
STD  sexually transmitted disease
STG  short-term goal
STI  sexually transmitted infection
STL  subtalar joint
STM  soft tissue mobilization
Strep  streptococcus
STS  Society of Thoracic Surgeons
STSG  split thickness skin graft
subclav  subclavian (Radiant Radiology)
sun  sunrise
sup  superior
supin  supination
Surg  surgery
SUX  succinylcholine
SVC  Superior vena cava
SVO2  saturation of venous oxygen
SVR  systemic vascular resistance
SVRI  systemic vascular resistance index
SVT  Supra-ventricular tachycardia
sx  symptoms
syr  syrup
T  temperature
t ½  half-life
T3  tri-iodothyronine
T4  thyroxine
T & A  tonsillectomy and adenoidectomy
T-band  theraband
T bili  total billirubin
T protein  total protein
<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<td>Applanation tonometer</td>
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<tr>
<td>tab</td>
<td>tablet</td>
</tr>
<tr>
<td>Tachy</td>
<td>Tachycardia</td>
</tr>
<tr>
<td>TACS</td>
<td>trauma acute care surgery service</td>
</tr>
<tr>
<td>TAH</td>
<td>total abdominal hysterectomy</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>TBA</td>
<td>to be assessed</td>
</tr>
<tr>
<td>TBG</td>
<td>thyroid binding globulin</td>
</tr>
<tr>
<td>TBI</td>
<td>traumatic brain injury</td>
</tr>
<tr>
<td>TBSA</td>
<td>total body surface area</td>
</tr>
<tr>
<td>TBUT</td>
<td>tear break-up time</td>
</tr>
<tr>
<td>TCD</td>
<td>transcranial Doppler (Radiant Radiology)</td>
</tr>
<tr>
<td>TCF</td>
<td>transitional care facility</td>
</tr>
<tr>
<td>TCJ</td>
<td>talocrural joint</td>
</tr>
<tr>
<td>TCN</td>
<td>tetracycline</td>
</tr>
<tr>
<td>TCU</td>
<td>transitional care unit</td>
</tr>
<tr>
<td>TD</td>
<td>transdermal</td>
</tr>
<tr>
<td>TDM</td>
<td>treadmill</td>
</tr>
<tr>
<td>TDWB</td>
<td>touch down weight bearing</td>
</tr>
<tr>
<td>TE</td>
<td>tangential excision</td>
</tr>
<tr>
<td>TEDS</td>
<td>thrombo-embolic stockings</td>
</tr>
<tr>
<td>TEE</td>
<td>trans-esophageal echocardiogram</td>
</tr>
<tr>
<td>TENS</td>
<td>transcutaneous electric nerve stimulation</td>
</tr>
<tr>
<td>TF</td>
<td>tube feeding</td>
</tr>
<tr>
<td>t/f</td>
<td>to follow</td>
</tr>
<tr>
<td>TFJ</td>
<td>tibiofemoral joint</td>
</tr>
<tr>
<td>TFM</td>
<td>trans-friction massage</td>
</tr>
<tr>
<td>THA</td>
<td>total hip arthroplasty</td>
</tr>
<tr>
<td>THC</td>
<td>tetrahydrocannabinol</td>
</tr>
<tr>
<td>ther ex</td>
<td>therapeutic exercise</td>
</tr>
<tr>
<td>Ther Rec</td>
<td>Therapeutic Recreation</td>
</tr>
<tr>
<td>thor</td>
<td>thoracic</td>
</tr>
<tr>
<td>(Radiant Radiology)</td>
<td></td>
</tr>
<tr>
<td>thorspine</td>
<td>thoracic spine</td>
</tr>
<tr>
<td>(Radiant Radiology)</td>
<td></td>
</tr>
<tr>
<td>THR</td>
<td>Target heart rate</td>
</tr>
<tr>
<td>throm</td>
<td>thrombosis (Radiant Radiology)</td>
</tr>
<tr>
<td>TIA</td>
<td>transient ischemic attack</td>
</tr>
<tr>
<td>tib/fib</td>
<td>tibia fibula</td>
</tr>
<tr>
<td>(Radiant Radiology only)</td>
<td></td>
</tr>
<tr>
<td>Tib</td>
<td>tibia</td>
</tr>
<tr>
<td>TIBC</td>
<td>total iron binding capacity</td>
</tr>
<tr>
<td>tid</td>
<td>three times a day</td>
</tr>
<tr>
<td>TIPS</td>
<td>Trans-jugular intrahepatic portosystemic shunt</td>
</tr>
<tr>
<td>Ti/Tot %</td>
<td>Inspiratory time / Total cycle time</td>
</tr>
<tr>
<td>TKA</td>
<td>total knee arthroplasty</td>
</tr>
<tr>
<td>TKE</td>
<td>terminal knee extension</td>
</tr>
<tr>
<td>TKO</td>
<td>to keep open</td>
</tr>
<tr>
<td>TLIF</td>
<td>Transforaminal Lumbar Interbody fusion</td>
</tr>
<tr>
<td>TCF</td>
<td>transitional care facility</td>
</tr>
<tr>
<td>TLSO</td>
<td>thoracic lumbar sacral orthotic</td>
</tr>
<tr>
<td>TM</td>
<td>tympanic membrane</td>
</tr>
<tr>
<td>TMD</td>
<td>temporomandibular disorder</td>
</tr>
<tr>
<td>TMJ</td>
<td>temporomandibular joint</td>
</tr>
<tr>
<td>TMJs</td>
<td>temporomandibular joint</td>
</tr>
<tr>
<td>(Radiant Radiology only)</td>
<td></td>
</tr>
<tr>
<td>TNJ</td>
<td>talonavicular joint</td>
</tr>
<tr>
<td>TOF</td>
<td>train of four</td>
</tr>
<tr>
<td>tol</td>
<td>tolerate</td>
</tr>
<tr>
<td>TONO</td>
<td>tonopen</td>
</tr>
<tr>
<td>TOP</td>
<td>termination of pregnancy</td>
</tr>
<tr>
<td>TOPO</td>
<td>topography</td>
</tr>
<tr>
<td>TORB</td>
<td>Telephone Order Read Back</td>
</tr>
<tr>
<td>TORCH</td>
<td>toxoplasmosis, rubella, cytomegalovirus, herpes simplex</td>
</tr>
<tr>
<td>TORCHS</td>
<td>toxoplasmosis, rubella, cytomegalovirus, herpes simplex, syphilis</td>
</tr>
<tr>
<td>TORP</td>
<td>total ossicular reconstruction prosthesis</td>
</tr>
<tr>
<td>tors</td>
<td>torsion (Radiant Radiology)</td>
</tr>
<tr>
<td>TOS</td>
<td>thoracic outlet syndrome</td>
</tr>
<tr>
<td>TP</td>
<td>transverse process</td>
</tr>
<tr>
<td>TPA</td>
<td>tissue plasminogen activator</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>TPN</td>
<td>total parenteral nutrition</td>
</tr>
<tr>
<td>TPR</td>
<td>temperature, pulse, respiration</td>
</tr>
<tr>
<td>TR</td>
<td>time request</td>
</tr>
<tr>
<td>Trach</td>
<td>Tracheotomy</td>
</tr>
<tr>
<td>trans</td>
<td>trans scapular</td>
</tr>
<tr>
<td></td>
<td>(Radiant Radiology only)</td>
</tr>
<tr>
<td>transhep</td>
<td>transhepatic (Radiant Radiology)</td>
</tr>
<tr>
<td>transthor</td>
<td>transthoracic (Radiant Radiology)</td>
</tr>
<tr>
<td>transvag</td>
<td>transvaginal (Radiant Radiology)</td>
</tr>
<tr>
<td>Trig</td>
<td>triglycerides</td>
</tr>
<tr>
<td>trst</td>
<td>test (Radiant Radiology)</td>
</tr>
<tr>
<td>T-spine</td>
<td>thoracic spine</td>
</tr>
<tr>
<td>T-Spine</td>
<td>thoracic spine</td>
</tr>
<tr>
<td></td>
<td>(Radiant Radiology only)</td>
</tr>
<tr>
<td>TSH</td>
<td>thyroid stimulating hormone</td>
</tr>
<tr>
<td>TTA</td>
<td>trauma team activation</td>
</tr>
<tr>
<td>TTE</td>
<td>Trans-thoracic cardiac echo</td>
</tr>
<tr>
<td>TTF-1</td>
<td>thyroid transcription factor 1</td>
</tr>
<tr>
<td>TTN</td>
<td>transitory tachypnea of newborn</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TTP</td>
<td>thrombotic thrombocytopenia purpura</td>
</tr>
<tr>
<td>TTWB</td>
<td>toe touch weight bearing</td>
</tr>
<tr>
<td>TTY</td>
<td>Teletype</td>
</tr>
<tr>
<td>TUR</td>
<td>transurethral resection</td>
</tr>
<tr>
<td>TURP</td>
<td>transurethral resection of prostate</td>
</tr>
<tr>
<td>TV</td>
<td>Tidal volume</td>
</tr>
<tr>
<td>TX</td>
<td>treatment (Radiant Radiology)</td>
</tr>
<tr>
<td>Tx</td>
<td>treatment</td>
</tr>
<tr>
<td>txn</td>
<td>traction</td>
</tr>
<tr>
<td>Type 1 DM</td>
<td>insulin dependent diabetes mellitus</td>
</tr>
<tr>
<td>Type 2 DM</td>
<td>non-insulin dependent diabetes mellitus</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>U (circled)</td>
<td>unilateral</td>
</tr>
<tr>
<td>UA</td>
<td>urinalYSIS</td>
</tr>
<tr>
<td>UAC</td>
<td>umbilical artery catheter</td>
</tr>
<tr>
<td>UB</td>
<td>upper back</td>
</tr>
<tr>
<td>UBE</td>
<td>upper body ergometer</td>
</tr>
</tbody>
</table>

2014-2015 53 Department Descriptions
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>VE</td>
<td>exhaled minute ventilation</td>
</tr>
<tr>
<td>Vent</td>
<td>Ventilator</td>
</tr>
<tr>
<td>VERs</td>
<td>visual evoked responses</td>
</tr>
<tr>
<td>vessl</td>
<td>vessel (Radiant Radiology)</td>
</tr>
<tr>
<td>VHD</td>
<td>valvular heart disease</td>
</tr>
<tr>
<td>VL</td>
<td>vastus lateralis</td>
</tr>
<tr>
<td>VLDL</td>
<td>very low-density lipoprotein</td>
</tr>
<tr>
<td>VMA</td>
<td>vanillylmandelic acid</td>
</tr>
<tr>
<td>VMO</td>
<td>vastus medialis obliques</td>
</tr>
<tr>
<td>VNS</td>
<td>Vagus Nerve Stimulator</td>
</tr>
<tr>
<td>vol.%</td>
<td>volume percent</td>
</tr>
<tr>
<td>VORB</td>
<td>Verbal Order Read Back</td>
</tr>
<tr>
<td>VQ</td>
<td>ventilation quantitation (Radiant Radiology)</td>
</tr>
<tr>
<td>V/Q scan</td>
<td>ventilation perfusion lung scan</td>
</tr>
<tr>
<td>VRE</td>
<td>vancomycin resistant enterococcus</td>
</tr>
<tr>
<td>VS</td>
<td>vital signs</td>
</tr>
<tr>
<td>VSD</td>
<td>ventriculoseptal defect</td>
</tr>
<tr>
<td>Vt</td>
<td>Tidal volume</td>
</tr>
<tr>
<td>VT</td>
<td>Ventricular tachycardia</td>
</tr>
<tr>
<td>VW</td>
<td>view (Radiant Radiology)</td>
</tr>
<tr>
<td>VWS</td>
<td>views (Radiant Radiology)</td>
</tr>
<tr>
<td>VZV</td>
<td>varicella zoster virus</td>
</tr>
<tr>
<td>W</td>
<td>with (Radiant Radiology)</td>
</tr>
<tr>
<td>W4D</td>
<td>Worth 4-dot test (strabismus)</td>
</tr>
<tr>
<td>WB</td>
<td>weight bearing</td>
</tr>
<tr>
<td>WBAT</td>
<td>weight bearing as tolerated</td>
</tr>
<tr>
<td>WBC</td>
<td>white blood count</td>
</tr>
<tr>
<td>w/c</td>
<td>wheelchair</td>
</tr>
<tr>
<td>WD</td>
<td>well developed</td>
</tr>
<tr>
<td>WFL</td>
<td>within functional limits</td>
</tr>
<tr>
<td>wk</td>
<td>week</td>
</tr>
<tr>
<td>WN</td>
<td>well nourished</td>
</tr>
<tr>
<td>WNL</td>
<td>within normal limits</td>
</tr>
</tbody>
</table>

**Female:** ♀

**Change:** Δ

**Male:** ♂

**Before:** ā

**WOCN** wound, ostomy and continence Nurse

**WP** WATSU practitioner

**WT** weight

**w/v** weight by volume

**W/WO** with / without (Radiant Radiology only)

**XC** cross clamp

**XR** x-ray (Radiant Radiology only)

**Y/O** year old

**yr** year

**yrs** years (Radiant Radiology only)

**ZAJ** zygophyseal joint
**SYMBOL DEFINITIONS**

♀ Female
♂ Male
> Greater than
< Less than
<-> to - from
↑ Increase
↓ Decrease
→ going to
2x, 3x 2 times, 3 times, etc
√ Flexion
/ Extension
~~~ approximately
Ψ Psychiatric
Ø no/none
Three dots within a triangle therefore

△ Change
ä before
A (circled) assist
@ at
B (circled) bilateral
I (circled) independent
L (circled) Left
N (circled) normal
R (circled) Right
#
+
-

1° First degree
2° Second degree
3° Third degree
**APPENDIX A – EPIC**
These abbreviations may only be used in Epic and may not be used for documentation or paper forms.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>unable to palpate, Doppler only</td>
</tr>
<tr>
<td>BUE</td>
<td>bilateral upper extremities</td>
</tr>
<tr>
<td>D</td>
<td>unable to palpate, no Doppler pulse</td>
</tr>
<tr>
<td>Hi</td>
<td>High</td>
</tr>
<tr>
<td>LAP</td>
<td>left atrial pressure</td>
</tr>
<tr>
<td>LBBB</td>
<td>Left Bundle Branch Block</td>
</tr>
<tr>
<td>LLE</td>
<td>left lower extremity</td>
</tr>
<tr>
<td>LLQ</td>
<td>Left Lower Quadrant</td>
</tr>
<tr>
<td>Lo</td>
<td>Low</td>
</tr>
<tr>
<td>LUE</td>
<td>left upper extremity</td>
</tr>
<tr>
<td>LUQ</td>
<td>Left Upper Quadrant</td>
</tr>
<tr>
<td>PAP</td>
<td>pulmonary artery pressure</td>
</tr>
<tr>
<td>RBBB</td>
<td>Right Bundle Branch Block</td>
</tr>
<tr>
<td>Resp</td>
<td>Respirations</td>
</tr>
<tr>
<td>RLE</td>
<td>right lower extremity</td>
</tr>
<tr>
<td>RLQ</td>
<td>Right Lower Quadrant</td>
</tr>
<tr>
<td>RUQ</td>
<td>Right Upper Quadrant</td>
</tr>
<tr>
<td>Temp</td>
<td>Temperature</td>
</tr>
<tr>
<td>Temp Src</td>
<td>Temperature Source</td>
</tr>
<tr>
<td>w/</td>
<td>with</td>
</tr>
<tr>
<td>w/o</td>
<td>without</td>
</tr>
<tr>
<td>Wt</td>
<td>Weight</td>
</tr>
<tr>
<td>1D</td>
<td>First Degree</td>
</tr>
<tr>
<td>2D</td>
<td>Second Degree</td>
</tr>
<tr>
<td>3D</td>
<td>Third Degree</td>
</tr>
<tr>
<td>3D</td>
<td>three dimensional</td>
</tr>
<tr>
<td>(Radiant Radiology)</td>
<td></td>
</tr>
</tbody>
</table>

**APPENDIX B – Machine Settings**
These abbreviations are machine settings and may not be used for documentation or paper forms.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp</td>
<td>Expiratory</td>
</tr>
<tr>
<td>Esen</td>
<td>Expiratory sensitivity</td>
</tr>
<tr>
<td>Est Min Ventilation</td>
<td>Estimated Minute Ventilation</td>
</tr>
<tr>
<td>Est Vt</td>
<td>Estimated Tidal Volume</td>
</tr>
<tr>
<td>EtCO2</td>
<td>End Tidal CO2</td>
</tr>
<tr>
<td>F set</td>
<td>Frequency set</td>
</tr>
<tr>
<td>Fset</td>
<td>Frequency of set respirations</td>
</tr>
<tr>
<td>Ftotal</td>
<td>Frequency of total respirations</td>
</tr>
<tr>
<td>I/E Ratio</td>
<td>Inspiratory/Expiratory Ratio</td>
</tr>
<tr>
<td>I/E Ratio</td>
<td>Inspiratory to Expiratory Ratio</td>
</tr>
<tr>
<td>O2</td>
<td>Oxygen</td>
</tr>
<tr>
<td>O2 Cal</td>
<td>Oxygen Calibration</td>
</tr>
<tr>
<td>PEX</td>
<td>Pressure at end exhalation</td>
</tr>
<tr>
<td>PRVC</td>
<td>Pressure Regulated Volume Control</td>
</tr>
<tr>
<td>PSV</td>
<td>Pressure Support Ventilation</td>
</tr>
<tr>
<td>RSBI</td>
<td>Rapid Shallow Breathing Index</td>
</tr>
<tr>
<td>S</td>
<td>Spontaneous</td>
</tr>
<tr>
<td>Spont</td>
<td>Spontaneous</td>
</tr>
<tr>
<td>ST</td>
<td>Spontaneous Timed</td>
</tr>
<tr>
<td>T</td>
<td>Timed</td>
</tr>
<tr>
<td>Texp</td>
<td>Expiratory Time</td>
</tr>
<tr>
<td>T exp</td>
<td>Expiratory Time</td>
</tr>
<tr>
<td>Tinsp</td>
<td>Inspiratory Time</td>
</tr>
</tbody>
</table>
Signing Transcribed Documents Electronically

In the **E-Sig Dictated Notes** folder of In Basket you will see four options:

- **Edit** - Allows you to edit transcribed documents before saving or signing.
- **Sign** -- Allows you to sign or cosign transcribed documents and dictations.
- **Encounter** – Opens the patient chart associated with the transcribed document or dictation.
- **Reject** – Forwards the message to Transcription for reassignment.

### To Edit a Transcribed Document

1. With the transcribed document selected click **Edit**.

2. The Edit Note window opens. Make desired changes. **Note:** Transcriptionists may add a wildcard (*******) if unable to complete a transcribed document. All incomplete variables (*******) must be completed before signing.

3. To save the transcribed document and return to it later, click **Save and close**. To file a completed transcribed document to the patient’s chart click **Sign**.
To Sign a Transcribed Document

1. With the transcribed document selected click **Sign**.

2. A confirmation window displays. Click **Yes** to sign the selected transcribed document. The status changes to Done and the note is filed to the patient’s chart. The note can now be viewed in the Notes Activity of the patient’s chart.

To Reject a Transcribed Document

1. With the transcribed document selected click **Reject**.
2. A confirmation window displays. Click **Reject**.
3. Do not change the “To” field.
4. Click the **selection tool** in the Reject Reason field to select a reason for rejection (required) then click **Accept**.
5. Click **Send**.

Note: A rejected note remains in the Chart Deficiency folder until Transcribed document reassigns the note. Do not “Decline” the deficiency.
To Sign a Transcribed Document in the Notes Activity

Signing transcribed documents from the Notes activity within a patient’s chart is also an option.

1. From the Notes activity within a patient’s chart select the unsigned transcribed document then click **Edit**.

2. The note field opens where you can review and edit the transcribed document as needed.

3. When finished, click **Sign**. After you click Sign, the original unsigned transcribed document disappears from your In-basket.
LOCATION
Regions Hospital 1st Floor, North Building, Suite 1020

DEPT. PHONE 651 254-3489
CLINICAL PAGER 651 629-0556

DESCRIPTION OF DEPARTMENT/SERVICE

The Infection Prevention department has responsibility for Regions Hospital as well as its affiliated clinics and programs. Additionally, consultative services are provided for other health care facilities, home care agencies, EMS providers, local corporations, state and local government agencies and community organizations.

The Infection Prevention (IP) program is a multidisciplinary, systematic approach to quality patient care that emphasizes risk reduction of infectious disease transmission in a health care environment by using sound epidemiological principles and evidence-based methodologies. The IP program for staff and patients is supported by Employee Health and Wellness, Performance Improvement, Data and Measurement, Risk Management, and Safety departments at Regions Hospital.

OBJECTIVES:

1. Prevent infectious disease transmission within Regions Hospital as well as the community.
2. Recommend methods for early identification and appropriate therapy of infectious agents.
3. Analyze practices that have potential to affect rates of healthcare associated infections.
4. Provide Infection Prevention education and training to employees, medical staff, and professional staff.
5. Comply with reporting requirements to local, state and federal public health agencies.
6. Facilitate compliance with accrediting organization standards and guidelines.

GOAL:

To provide health care workers with the knowledge and support to minimize Hospital Acquired Infections, prevent the transmission of infectious organisms and to continue to measure, assess and reduce the infectious complications of patients and staff.

Medical Resident Role and Responsibilities

A. Know and Comply with Infection Prevention Bundles. A bundle is a group of evidence based interventions that have been shown to reduce infection rates. Bundles are part of a monthly audit and reported publically to the Minnesota Hospital Association.

<table>
<thead>
<tr>
<th>Prevent Methicillin Resistant Staphylococcus Aureus (MRSA) infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Active screening of MRSA on admission to the ICU’s</td>
</tr>
<tr>
<td>2. Contact isolation and use of dedicated equipment</td>
</tr>
<tr>
<td>3. Hand Hygiene compliance - Foam in and Foam out of every patient room.</td>
</tr>
<tr>
<td>4. Decontamination of the environment and equipment</td>
</tr>
<tr>
<td>5. Decolonization of select orthopedic procedures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Catheter Related Blood Stream Infection (CLABSI) Bundle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hand hygiene before insertion, entering line, or dressing changes</td>
</tr>
<tr>
<td>2. Maximal barrier precautions during insertion</td>
</tr>
<tr>
<td>3. Chlorhexidine skin antisepsis for site prep and care</td>
</tr>
<tr>
<td>4. Appropriate catheter site* and administration care</td>
</tr>
<tr>
<td>5. No routine replacement</td>
</tr>
</tbody>
</table>

*NOTE: Select the catheter, insertion technique, and insertion site with the lowest risk for complications. Subclavian site is preferred unless medically contraindicated.

<table>
<thead>
<tr>
<th>Surgical Site Infection (SSI) Bundle</th>
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<tr>
<td>1. Appropriate prophylactic antibiotic within 30-60 minutes of incision; discontinued 24 hours post surgery</td>
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<tr>
<td>2. Appropriate hair removal via clipping (No shaving)</td>
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<tr>
<td>3. Perioperative glucose control</td>
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<tr>
<td>4. Urinary catheter removed within 48 hours</td>
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<tr>
<td>5. Chlorhexidine Gluconate (CHG) skin preparation / treatment</td>
</tr>
<tr>
<td>6. CHG showering / treatment pre-admission</td>
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<tr>
<td>7. CHG wipes (Sage Wipes) preoperatively</td>
</tr>
</tbody>
</table>
Ventilator Associated Pneumonia (VAP) Bundle

1. Elevate head of bed to at least 30 degrees
2. Daily sedation “vacations.” (Reduction of sedation acceptable)
3. Daily assessment of readiness to extubate.
4. Peptic ulcer disease prophylaxis.

B. Hand Hygiene before and after all patient care contacts. Foam in and out of every patient room, even if you never touch the patient.

C. Culturing guidelines

1. Order cultures when a new healthcare acquired infection is suspected.
2. Order cultures prior to starting antibiotics.
3. Follow culture results to compare antibiotic sensitivity to current antibiotics prescribed.
4. Consult with infection preventionists on questions about isolation precautions or exposures.
5. Consult with ID physicians as needed; i.e., for patients with infections caused by multi-drug resistant organisms, highly contagious or unusual infectious diseases.
6. Obtain a culture for incision and drainage procedures or procedures with suspected infection.

D. It is mandatory to order an Infectious Disease physician consultation when a patient:

1. Is going home on IV antibiotic therapy
2. Has fungemia (a positive blood culture caused by a fungal agent)
3. Is receiving four or more antibiotics

Multi-Drug Resistant Organism (MDRO) Isolation Protocol

Patients with a known history of MRSA, VRE, C. diff, ESBL, Acinetobacter baumanii, Stenotrophomonas maltophilia, and CRE are identified in the electronic medical record (EPIC). Infection Preventionists make entries based on the current patient surveillance cultures. Infection Preventionists also remove patients from this system if they are no longer colonized with these specific antibiotic resistant organisms.

Patients admitted with a history of MDRO’s are placed in Contact Precautions (Isolation). In order to remove a patient from isolation they must have NONE of the following risk factors:

- Reside in a Nursing Home or LTAC
- Open draining wounds
- Long term lines and tubes
- Receive dialysis
- Or on antibiotics to treat MRSA

Patients need two sets of negative surveillance cultures obtained at least one week apart. Patients with a history of VRE are kept in contact isolation for the duration of hospitalization. Patients with Clostridium Difficile diarrhea are placed in Enteric Precaution until the patient no longer has diarrhea for at least 72 hours. Rooms are cleaned with Bleach at discharge.

Regions Hospital uses the Centers for Disease Control (CDC) guidelines for isolation.

STANDARD PRECAUTIONS

Standard Precautions are the primary strategy to reduce hospital acquired infections. Standard Precautions are to be used for all patients and every procedure regardless of diagnosis, known or presumed infection status. This includes Hand Hygiene before and after patient contact. Hand Hygiene is expected after removing gloves.

Standard Precautions incorporate the applications of both Universal Precautions (designed to reduce the risk of transmission of bloodborne pathogens) and Universal Body Substance Isolation (designed to reduce the transmission of pathogens from moist body substances and non-intact skin).
TRANSMISSION-BASED ISOLATION PRECAUTIONS

1. Airborne
2. Contact
3. Droplet
4. Enteric
5. Neutropenic
6. Special Respiratory

1. AIRBORNE PRECAUTIONS

Immunity to the specific disease is REQUIRED when entering the Airborne Precautions room. (I.E. Measles and Chickenpox)

Use Airborne Precautions for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-particle residue [5 um or smaller in size] of evaporated droplets containing microorganisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance). Examples: Measles, Chickenpox. Hand Hygiene is required BEFORE and AFTER entering and leaving room.

2. CONTACT PRECAUTIONS

Gloves and a gown are REQUIRED when entering a patient room

Use Contact Precautions for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient or indirect contact by touching the surfaces or patient-care items in the patient's environment. Examples: Lice, Respiratory Syncytial Virus, Methicillin-resistant Staph Aureus (MRSA). Hand Hygiene is required BEFORE and AFTER entering and leaving room. Hand Hygiene is required BEFORE donning gloves, and AFTER removing gloves.

3. DROPLET PRECAUTIONS

WEAR A BLUE SURGICAL MASK WITH EYE PROTECTION WITHIN 6 FEET OF A PATIENT.

Use Droplet Precautions for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets larger than 5 um in size. Transmission requires close contact since large droplets do not remain suspended in the air and generally travel only short distances (3-5 feet). Examples: Pertussis, Mumps, Meningitis. Hand Hygiene is required BEFORE and AFTER entering and leaving room. Hand Hygiene is required BEFORE donning gloves, and AFTER removing gloves.
4. ENTERIC PRECAUTIONS

Post for patients with Clostridium Difficile diarrhea. Hand Hygiene is required BEFORE and AFTER entering and leaving room. Hand Hygiene is required BEFORE donning gloves, and AFTER removing gloves.

5. NEUTROPENIC PRECAUTIONS

POSITIVE AIRFLOW ROOM REQUIRED.

Protective measures are used to heighten awareness for patients determined to have a more severe and longer duration of immunosuppression, which places them at greater risk for infection from both endogenous and exogenous sources. Oncology staff determines which patients require Neutropenic precautions and the duration they are to remain in effect. Hand Hygiene is required BEFORE and AFTER entering and leaving room. Hand Hygiene is required BEFORE donning gloves, and AFTER removing gloves.

6. SPECIAL RESPIRATORY PRECAUTIONS

NEGATIVE AIRFLOW ROOM REQUIRED;

STAFF ENTERING ROOM MUST BE FIT-TESTED FOR AND WEAR AN N95 MASK by Employee Health.

Use Order Sets “Evaluation of Pulmonary TB or Management of Pulmonary TB to evaluate and manage patients with pulmonary tuberculosis.

Coordinate discharge planning with the Ramsey county or MN departments of health for directly observed therapy, medication supply, contact tracing and control of patient’s with active pulmonary TB.

Use Special Respiratory Precautions for patients known or suspected to have with Severe Acute Respiratory Syndrome (SARS) or Mycobacterium tuberculosis. Hand Hygiene is required BEFORE and AFTER entering and leaving room. Hand Hygiene is required BEFORE donning gloves, and AFTER removing gloves.
**BLOOD/BODY FLUID EXPOSURE PROTOCOL:** Please report your exposures/injuries/splashes to Employee Health and Wellness via the Care Line (952) 883-5484. Care is available 24/7.

1. Care for the exposure site
   a. EYES: Flush eyes with water.
   b. SKIN: Wash with soap and water.
2. Seek the assistance of the nursing supervisor or designee. Fill out the Injury/Illness/Exposure Report Form.
3. Call the Care Line: (952) 883-5484 (24 hrs/day, 7 days/week). The Care Line will triage you to EHW or the Emergency Center.
4. Take your exposure form with you. If you are sent to the Emergency Department, ask for the Charge Nurse when you register.
5. Initial follow-up coordinated through Employee Health and Wellness (651) 254-3301.

**NOTE**

- Consistently Use Safety and Needleless Devices TO PREVENT EXPOSURE.
- Don Personal Protective Equipment **BEFORE** performing exposure prone procedures.
- Be mindful and stay in the moment if you are doing a procedure requiring a needle or sharp instrument.

**INFORMATION RESOURCES**

I. Web based “Compliance 360” for Infection Prevention and Patient Care policies
   1. Infection Prevention / Employee Health and Wellness Policies on 360
   2. HealthPartners Online Training Regions Hospital Infection Prevention

II. EPIC TB Standing Order Sets. 1) Evaluation and 2) Management of Pulmonary TB

III. Health Education Resources. Web based patient and family information.

IV. Regions Hospital Medical & Nursing Library
INTEGRATED HOME CARE

LOCATION
475 Etna Street, Suite 3
St. Paul, MN 5510

DEPT PHONE
651-415-4663 X54000

CENTRAL INTAKE
952-883-6875

CENTRAL INTAKE FAX
952-883-7288

CONTACT
Denise Edgett, Homecare Manager
651-415-4005 x 54000

HOURS
Office Staffed 8:00am to 4:30pm, Monday through Friday
Service Provided Seven Days a Week, 365 Days a Year
On Call Nurse outside of business hours, 7 Days per Week

DESCRIPTION OF DEPARTMENT/SERVICE

Integrated Home Care is a Medicare-certified and state-licensed agency providing comprehensive services to a varied adult population in the seven county metro areas. Using a customized and personalized care plan, this team helps patients and their families move safely, efficiently and comfortable from hospital or transitional care to home. Services include: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Social Services, Chaplain, Music Therapy and Home Health Aides.

Common services offered:

- Management of conditions such as congestive heart failure, chronic obstructive pulmonary disease, diabetes and cancer
- Care of wounds
- Medication management
- Post joint replacement care
- Rehabilitative care for strokes, fractures and neuromuscular disease
- Home safety and falls prevention
- Assistance with personal care and activities to support independent living
- Medical social work services
- Interpreters available

The agency utilizes Certified Wound, Ostomy and Continence Nurses to promote effective management of complex wounds and ostomies.

The Palliative Care Program is for Home Care eligible clients, facing serious and life limiting medical conditions.

Home Safety/Falls Prevention Program available.

Interpreter services provided to non-English speaking and hearing impaired clients.

INTERNAL MEDICINE

LOCATION  Room C7379, 7th Floor, Central Building, Regions Hospital

DEPT PHONE  651-254-1886

CONTACT  Karen Lee, Residency Program Coordinator

HOURS  7:00 am to 3:30 pm, Monday through Friday

STAFF  Elie Gertner, M.D. – Department Head, Internal Medicine/Medical Education
Paula Skarda, M.D. – Associate Program Director, Internal Medicine Postgraduate Training Program
Paul Sufka, M.D. – Assistant Program Director
Jonathan Alpern, M.D. – Internal Medicine Chief Resident
Ethan Craig, M.D. – Internal Medicine Chief Resident

Description of Department/Service

The Department of Internal Medicine is the largest medical department in the hospital. It is composed of over 100 full time staff physicians under the chairmanship of Dr. Elie Gertner. Many staff physicians also hold faculty appointments at the University of Minnesota. All Subspecialties in Internal Medicine are represented by board-certified Internists and many of the staff physicians attend on the inpatient medical service. Offices of the Chair of Academics and Residency Program are located on the seventh floor of the main hospital building. Cardiology offices are located on the second floor of the Main Building, and the remaining staff physicians’ offices are dispersed. In addition to faculty physicians, there are approximately 40 residents and fellows, and 15 medical students at any given time participating in departmental activities. The Internal Medicine Department has two chief medical residents per year. The chief resident’s responsibility involves coordinating the inpatient services, teaching residents and students as well as functioning as liaison for the faculty and house staff.

Consultations: Consultations are available from General Internal Medicine and from all subspecialties of Internal Medicine. Consultations requested from 7:30 am to 4:00 pm, Monday through Friday, may be obtained by entering an order in EPIC. All STAT consults, as well as consults to be done after hours and on weekends, should be called to the respective service by the requesting physician. The name and beeper number can be obtained from the operator, on AMION or by calling the Medicine Office at extension 4-1886. Consultation is encouraged for educational and patient care purposes.

Conferences: The Department has approximately 10 conferences scheduled throughout the week and all are intended for house staff participation. Conference schedules are available through department offices or by calling extension 4-1886. They are also posted on a bulletin board outside the Medicine Office on the seventh floor of the tower hospital building.

Outpatient: The Department of Internal Medicine practices at multiple primary care clinics, including HealthPartners University Avenue Clinic, Midway Clinic, and Center for International Health.

HealthPartners Midway Clinic: General internists are the core of our adult care team. This team specializes in the care of all adults. With focus on preventive health care – thorough periodic physicals, health screenings and education – the team aims to involve patients in their own health care. The clinic, located off campus, features patient-friendly clinic space and automated medical records.

HealthPartners University Avenue Clinic: General Internists and nurse practitioners provide comprehensive services for adults with a wide range of medical illnesses. Staff works closely with providers from multiple specialties to provide care of the patients. This clinic is located on University Avenue. Our physicians and other health care providers have special training and expertise in the area of geriatrics and general medicine. Senior patients receive senior health care literature and full access to a complete range of nursing home services should the need develop.
**Center for International Health:** Our International Care Team features highly skilled medical professionals – doctors, nurse practitioners, nurses, counselors, and interpreters – all specially trained to understand and respect the health needs of different cultures. Our team has a combined total of more than 100 years of experiences working with refugees and new Americans.

We have professionally trained medical interpreters on staff available in nine languages, and access to interpreters for any language. In addition, some of our health care staff are bilingual and have spent considerable time working and living abroad.

**Subspecialty Clinics:** Subspecialty clinics are available for patients with special problems requiring specialty expertise.

**DEPARTMENT STAFF**

**Cardiology**
- Updesh Bedi, M.D.
- Antoine Khoury, M.D.
- Stephen Riendl, M.D.
- Johannes Brechtken, M.D.
- Cynthia Brenden, M.D.
- Joseph Browning, MD
- Marco Guerrero, M.D.
- Sheetal Kaul, M.D.

**Endocrinology and Metabolism**
- Anders Carlson, M.D.
- Jacklyn Karban, MD
- Gregory Mucha, MD
- Chhavi Chadha, M.D.
- Chris Kodl, M.D.
- Shaban Nazarian, MD
- Dionysia (Tenia) Kalogeropoulou, M.D.

**Gastroenterology**
- Ahmad Abdulkarim, MD
- Paul Dambowy, MD
- Rebecca Li, M.D.
- Sandeep Bahadur, M.D.
- Karin Hagen, M.D.
- Christopher Shepela, M.D.
- Nadeem Chaudhary, M.D.

**General Internal Medicine**
- Matthew Abeln, M.D.
- Kelly Frisch, M.D.
- Khoula Sikander, MD
- Brenda Abraham, M.D.
- Jennifer Hines, M.D.
- Paula Skarda, M.D., Assoc. Program Dir
- Paul Bloom, M.D.
- Terrence Maag, M.D.
- Kim Swain de Pop, M.D.
- Jaclyn Chaffee, M.D.
- Angela Medina, M.D.
- Shary Vang, MD
- Sarah D’Heilly, M.D.
- Mikhail Perelman, M.D.
- Patricia Walker, M.D.
- Brian Flagstad, M.D.
- Kimberly Rathmann, M.D.
- J. Bryan Warren, M.D.
- Elaine Francis, M.D.
- Anne Settgast, M.D.
- Leann West, M.D.

**Geriatrics**
- Tisha Chipeco, M.D.
- Franklin Fleming, M.D.
- Lee Rock, M.D.
- Kenneth Engberg, M.D.
- Floyd Knight, M.D.
- Michael Spilane, M.D. Section Chief

**Hematology/Oncology**
- Daniel Anderson, M.D.
- Balkrishna Jahagirdar, M.D.
- Richard Peterson, MD
- Kurt Demel, M.D.
- Jeffery Jaffe, M.D.
- Brian Rank, MD
- Randy Hurley, M.D., Section Chief
- Steven McCormack, MD
- Daniel Schneider, MD
- Gretchen Ibele, MD
- Colleen Morton, M.D.
- Gary Shapiro, MD
<table>
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<tr>
<th><strong>Hospitalists</strong></th>
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<tr>
<td>Rachel Burton, M.D.</td>
<td>Burke Kealey, M.D.</td>
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<td>Demeka Campbell, M.D.</td>
<td>Firas Khamis, M.D.</td>
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<td>Rachel Darling, MD.</td>
<td>Stephanie Kim, M.D.</td>
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<td>John Degelau, M.D.</td>
<td>Julie Laidig, M.D.</td>
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<td>Brian Flagstad, M.D.</td>
<td>Amy Larsen, M.D.</td>
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<td>Mary Fredrickson, M.D.</td>
<td>Richard Mahr, M.D.</td>
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<td>Shaun Frost, M.D.</td>
<td>Benji Mathews, M.D.</td>
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<td>Ashwin George, M.D.</td>
<td>Ankit Mehta, M.D.</td>
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<td>Daniel Goldblatt, M.D.</td>
<td>Salma Mohnis, D.O.</td>
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<td>Mohamed HagiAden, M.D.</td>
<td>Matthew Mundy, M.D.</td>
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<td>Brett Hendel-Paterson, M.D.</td>
<td>Pawan Patel, M.D.</td>
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<td>Rick Hilger, M.D.</td>
<td>Patrick Pederson, M.D.</td>
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<td>Michael Holth, M.D.</td>
<td>Greg Poduska, M.D.</td>
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<tr>
<td>Megan Iverson, M.D.</td>
<td>Rosemary Quirk, M.D.</td>
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<td>Jawali Jaranilla, M.D.</td>
<td>Alex Ramirez, M.D.</td>
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<td>Ying Jin, M.D.</td>
<td>Kreegan Reierson, MD</td>
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<td>Rebecca Jones, M.D.</td>
<td>Daniel Ries, M.D.</td>
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<tr>
<th><strong>Infectious Disease</strong></th>
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<tr>
<td>Omobosola Akinsete, M.D.</td>
<td>Robyn Kaiser, MD</td>
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<tr>
<td>Laurel Cushing, M.D.</td>
<td>Noe Mateo, M.D.</td>
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<tr>
<td>Aaron DeVries, MD</td>
<td><strong>Jonathan Sellman, M.D., Section Chief</strong></td>
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<th><strong>Nephrology</strong></th>
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<tr>
<td>Paul Abraham, M.D.</td>
<td>Randa El-Husseini, MD</td>
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<tr>
<td>Chokchai Chareandee, M.D</td>
<td>Christine Johns, M.D.</td>
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<tr>
<td>Eric Chen, M.D.</td>
<td>Prasun Ray, M.D.</td>
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<th><strong>Pulmonary and Critical Care</strong></th>
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<tr>
<td>Michael Alter, M.D.</td>
<td>Jannica Groom, M.D.</td>
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<tr>
<td>Petr Bachan, M.D.</td>
<td>Melissa King-Biggs, M.D.</td>
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<tr>
<td>Jagdeep Bijwadia, M.D.</td>
<td>Eric Korbach, M.D.</td>
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<tr>
<td>Krista Graven, M.D.</td>
<td><strong>Kealy Ham, MD, Section Chief</strong></td>
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<tr>
<th><strong>Rheumatology</strong></th>
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<tr>
<td>Elie Gertner, M.D.</td>
<td>Marty Mertens, M.D.</td>
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<tr>
<td><strong>Tom Harkcom, M.D., Dept Head</strong></td>
<td>Ellen Shammash, M.D.</td>
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<tr>
<td>Daniel Hathaway, MD</td>
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MEDICAL TOXICOLOGY FELLOWSHIP PROGRAM

LOCATION
Regions Hospital
Central Section, 2nd Floor

Hennepin Regional Poison Center
Red Building, 1st Floor

CONTACT
Kristi Lamb, Coordinator

PHONE
651-254-5298

CORE FACULTY

Regions Hospital
Samuel Stellpflug, MD, Program Director, Medical Toxicology
Andrew Topliff, MD, Associate Program Director
Joel Holger, MD, Research Preceptor
J.J. Rasimas, MD, PhD
Kristin Engebretsen, Pharm D, DABAT
Matt Morgan, MD

Hennepin Regional Poison Center
Jon Cole, MD, Assistant Program Director, HRPC Medical Director
Stacey Bangh, Pharm D, DABAT, Site Education Director
Ben Orozco, MD, HRPC Assistant Medical Director
Dave Roberts, MD, Sr. Associate Medical Director, Hennepin Regional Poison Center
Deb Anderson, Pharm D, Director, Hennepin Regional Poison Center

Fellows
JoAn Laes, MD, 2nd Year Fellow
Katherine Katzung, MD, 2nd Year Fellow
Rebecca Gardner, MD, 1st Year Fellow
Travis Olives, MD, Incoming Fellow
Jenna Leroy, MD, Incoming Fellow

DESCRIPTION OF PROGRAM/SERVICE

Medical Toxicology is a unique and dynamic specialty that combines components of emergency medicine, occupational and environmental medicine, pediatrics, critical care, and public health. The American Board of Emergency Medicine, American Board of Pediatrics and American Board of Preventive Medicine sponsor the specialty of medical toxicology. The American Board of Medical Specialists (ABMS) formally recognized Medical Toxicology in September of 1992. Medical Toxicologists have the expertise to identify and treat chemically induced diseases, environmental and hazardous material exposures, and other toxicological emergencies. Medical Toxicology’s scope of practice includes acute poisoning, adverse drug reactions, substance abuse, envenomation, workplace chemical exposure, and mass chemical exposure to industrial chemicals and chemical weapons.

The fellowship is based at Regions Hospital. This training program is a collaborative effort between HealthPartners/Regions Hospital, Hennepin County Medical Center (HCMC) and the Hennepin Regional Poison Center (HRPC).

Purpose/Goals
The medical toxicology fellowship program will prepare graduates for leadership positions on Clinical Toxicology services, for poison center consultation and direction, for public health consultation, in academic departments, for governmental employment, in private industry, and for expert witness consultation.
The training program will provide fellows with opportunities to achieve proficiencies in technical skills, core competencies necessary for the practice of medical toxicology as follows:

1. Provide extensive experience in medical toxicology inpatient, outpatient, and poison center practice so fellows will gain the appropriate clinical knowledge and skills to assess clinical manifestations, differential diagnosis and manage poisonings in children and adults.

2. Ensure fellows have a strong foundation in the basic science of toxicology, including pharmacokinetics, teratogenesis, toxicity, and interaction of therapeutic drugs. Fellows will understand the biochemistry of toxins, kinetics, metabolism, mechanisms of acute and chronic injury and carcinogenesis.

3. Provide a rich opportunity to gain familiarity with investigative activities and critical appraisal of scientific literature. Fellows will be required to complete one research project and submit a manuscript for publication. They will become familiar with experimental design, statistical analysis of data and epidemiology research.

4. Provide opportunities for fellows to evaluate and treat acute and chronic workplace and environmental exposures.

5. Fellows will become familiar with laboratory techniques in toxicology.

6. Acquire an understanding of the operation of the Hennepin Regional Poison Center, including educational, service and administrative aspects.

7. Acquire effective teaching techniques and skills for oral and written communication; the fellows have the opportunity to teach and supervise learners with various focuses and at various stages of training, including medical students, pharmacy students, physician assistants, and residents from multiple medical specialties.

Procedures and Methods

1. Fellows will evaluate and treat patients on the Regions Hospital Clinical Toxicology Service and will consult on treatment for patients being helped through the Hennepin Regional Poison Center. Additionally, they will have the opportunity to provide care in the MICU, Emergency Department, Poison Center and Occupational and Environmental Medicine (OEM) clinic. Additional clinical experiences may be desired or required based upon the fellow’s prior experience and interests. Weekly case conference presentations will complement the clinical experience.

2. Fellows will attend core lectures and pharmacology lectures throughout the program and discuss basic toxicology concepts in the clinical settings.

3. A monthly research conference and weekly journal club will introduce and review research methodology and train fellows to critically analyze the available medical literature.

4. Fellows will evaluate environmental exposure issues and learn to identify hazardous materials and manage environmental exposures and contaminations during contact with the OEM clinic, the Minnesota Occupational Safety and Health Administration, and the Minnesota Department of Health.

5. The program provides opportunities for fellows to become familiar with intervention techniques to prevent poisoning both in the community and in occupational settings.

6. Fellows will become familiar with laboratory techniques in toxicology during their clinical rotations and organized contact with the toxicology laboratories at both Regions Hospital and Hennepin County Medical Center, along with an optional one-month Forensic Toxicology/Medical Examiner rotation.
7. Fellows will provide medical back up for Poison Center calls throughout their fellowship and spend 3 months at the Poison Center. Fellows will become familiar with administrative skills as necessary for directorship of a regional poison control center and the role of regulation and legislation in poison prevention.

8. The Program provides a rich opportunity for fellows to learn and apply effective teaching techniques, and effective skills for oral and written communication and effective teaching techniques through presenting case conferences, lectures, ground rounds.

**Supervision**
Fellows will be supervised by the Toxicology Faculty in conjunction with designated rotation attendings.

**Other Resources**
Consultation from specialty consultants related to toxicology (mycology, herpetology, botany, HazMat, etc.) is available and is obtained when appropriate, and provides immediate feedback on patient problems. Follow-up of admitted patients is at the discretion of each fellow physician and provides valuable information on clinical course and outcomes. A quality improvement program is in place and, when appropriate, the fellow is included in this process.

**Evaluation**
Fellows are informally evaluated during their rotations. A written evaluation is completed at the conclusion of the rotation by several faculty members or supervisors. An evaluation of the rotation by the fellow is encouraged.
NEUROLOGY

CONTACT PERSON JoAnn Niemi
PHONE 651-254-3705

LOCATION 2 North, Room N2135
Regions Hospital

STAFF Bret Haake, MD, Department Chair
Geoffrey Alt, MD
Ellie Choi, MD
Paula Cotruta, MD
Tenbit Emiru, MD
Vivian Fink, MD
Julia Johnson, MD
Richard Peterson, MD
Mike Rosenbloom, MD, Program Site Director
Melissa Samuelsson, MD
Bruce Snyder, MD

David Tullar, PA
Amy Larson, NP

DESCRIPTION OF DEPARTMENT/SERVICE

Neurology is composed of full time board certified adult neurologist and advanced practice providers. General neurology clinics are held five days a week at the HealthPartners Specialty Center and at HealthPartners Riverside Clinic. The Parkinson’s clinic and the Center for Memory & Aging hold clinics one day a week.

The inpatient consultation service is covered by an assigned ‘on-call’ neurologist.

The Neurodiagnostics Laboratories include EEG, EMG, and all modalities of evoked potential. Neurology residents, medicine residents, psychiatry residents and medical students rotate on the neurology service at Regions Hospital. Third and fourth year medical students and some residents on elective rotate in the outpatient neurology clinics. Medical student’s elective rotations are available by request in both the outpatient and inpatient settings.
LOCATION
Neuroscience Administrative Offices and
Neurosurgery Physician Offices
North Building, 2nd Floor N2135

Clinic:
Neurosurgery Department, 4th Floor
HealthPartners Specialty Center
401 Phalen Boulevard
St. Paul, MN 55130

CONTACTS
Laurie Hurtgen, Specialty Operations Manager 651.254.7031

Neurosurgery
Melinda Cortez, Administrative Assistant Scheduling 651.254.3490
Cheryl Sarno, RN, Danielle Wilson, RN 651.629.0185
1st Call Pager (Neurosurgery Nurse Clinicians)

JoAnn Niemi, Senior Administrative assistant, Neurosciences 651.254.3705

Staff
Matthew Kang, MD, Section Head
Jon McIver, MD
Alex Mendez, MD

DESCRIPTION OF DEPARTMENT/SERVICE
The Department of Neurosurgery provides neurosurgical consultation and care for Regions Hospital inpatients and HealthPartners Medical Group outpatients. Referrals are welcome. Referral sources are both internal (hospital and clinic departments) and external. Neurosurgeons provide outpatient consultation and follow-up care at the HealthPartners Specialty Center, 401 Phalen Boulevard, St. Paul. Elective surgeries are arranged through outpatient clinic visits.

Regions Hospital is a Level 1 Trauma center and the neurosurgeons provide coverage for trauma care on a 24-hour basis.
NURSING SERVICES

Description of Nursing Organization
The Vice President for Patient Care Services is Chris Boese RN MS at 254-3286. The Vice President for Patient Care Services is accountable for all nursing practice within the Regions organization.

Inpatient Care Units: The Inpatient nursing leadership team consists of Directors of Nursing, Nurse Managers, Inpatient Clinical Supervisors, and Patient Flow Coordinators.

Inpatient Nursing Leadership

<table>
<thead>
<tr>
<th>Directors of Nursing/Other Directors</th>
<th>Name</th>
<th>Phone #</th>
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<tbody>
<tr>
<td>Director of Nursing Birth Center</td>
<td>Julie Thompson Larson</td>
<td>651-254-3581</td>
</tr>
<tr>
<td>Director of Nursing Critical Care</td>
<td>Beth Heinly-Munk</td>
<td>651-254-3130</td>
</tr>
<tr>
<td>Director of Nursing Medical/Surgical</td>
<td>Julie Weegman</td>
<td>651-254-3350</td>
</tr>
<tr>
<td>Director of Cardiovascular Clinical Services</td>
<td>Mike Cannon</td>
<td>651-254-5184</td>
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<tr>
<td>Director of Mental Health</td>
<td>Wendy Waddell</td>
<td>651-254-1457</td>
</tr>
<tr>
<td>Director of Rehab Institute</td>
<td>Donna Jensen</td>
<td>651-254-1697</td>
</tr>
<tr>
<td>Director of Nursing Practice and Education</td>
<td>Julibeth Lauren</td>
<td>651-254-0966</td>
</tr>
<tr>
<td>Director of Clinical Informatics (EPIC)</td>
<td>Karen Jones</td>
<td>651-254-2797</td>
</tr>
<tr>
<td>Director of Corporate Risk Management</td>
<td>Jeremy Sundheim</td>
<td>651-254-0789</td>
</tr>
<tr>
<td>Director of Patient Safety</td>
<td>Deb Friend</td>
<td>651-254-9546</td>
</tr>
<tr>
<td>Director of Emergency Center</td>
<td>Richelle Jader</td>
<td>651-254-5097</td>
</tr>
<tr>
<td>Director of Surgical Services</td>
<td>Greg Mellesmoen</td>
<td>651-254-0071</td>
</tr>
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<thead>
<tr>
<th>Patient Care Units</th>
<th>Nurse Managers</th>
<th>Office Phone #</th>
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<tbody>
<tr>
<td>South 11 Trauma/Acute Surgery</td>
<td>SriWan (Lek) Kremer RN, Sue Priddy RN</td>
<td>651.254.1378, 651.254.1591</td>
</tr>
<tr>
<td>South 10 NeuroScience</td>
<td>Patsy Reed RN, Heather Gleason</td>
<td>651-254-0838, 651-254-0941</td>
</tr>
<tr>
<td>South 9 Orthopedics</td>
<td>Karen Lane RN, Keith Jensen RN</td>
<td>651-254-3360, 651-254-3365</td>
</tr>
<tr>
<td>C9300 Rehabilitation (re-locating to C51/C52 Aug 2014)</td>
<td>Deb Spotts RN</td>
<td>651-254-3290</td>
</tr>
<tr>
<td>C9100 Medicine</td>
<td>Susan Becht RN</td>
<td>651-254-1540</td>
</tr>
<tr>
<td>South 8 CLIU/Telemetry</td>
<td>Sarah Cassell RN, Mary Costello RN</td>
<td>651-254-1398, 651-254-5055</td>
</tr>
<tr>
<td>South 7 CV Surgery/CICU/Cardiac Tele</td>
<td>Emilienne Anderson RN, Deb Marchev RN</td>
<td>651-254-1708, 651-254-3190</td>
</tr>
<tr>
<td>South 6 MICU/ProgressiveCare/Oncology/Med</td>
<td>Pam Peine RN &amp; Bonnie Sweeney RN</td>
<td>651-254-3673, 651-254-3398</td>
</tr>
<tr>
<td>C6200 Dialysis Contracted Services DaVita</td>
<td>Mike Cannon RN, DON (Regions' liaison), Ruth Kuzniar (Davita)</td>
<td>651-254-3350</td>
</tr>
<tr>
<td>C6300 Observation</td>
<td>Cheryl Laine RN</td>
<td>651-254-0941</td>
</tr>
<tr>
<td>C5400 Burn Center</td>
<td>Candyce Kuehn RN</td>
<td>651-254-3596</td>
</tr>
<tr>
<td>W3 SICU</td>
<td>Hannah Grace RN, Denise Teuber RN (supervisor)</td>
<td>651-254-1554, 651-254-9257</td>
</tr>
<tr>
<td>W2 Post Partum/Newborn Nursery</td>
<td>Kathy Kuzelka RN</td>
<td>651-254-1673</td>
</tr>
<tr>
<td>W1 Labor &amp; Delivery</td>
<td>Susan Gehlsen RN</td>
<td>651-254-3825</td>
</tr>
<tr>
<td>Special Care Nursery</td>
<td>Level II Special Care Nursery, Sue Claseman, RN (supervisor)</td>
<td>651-254-3353</td>
</tr>
<tr>
<td>NE4 Mental Health</td>
<td>Gayle Godfrey RN</td>
<td>651-254-1896</td>
</tr>
<tr>
<td>NE5 Mental Health</td>
<td>Marie Mortek RN</td>
<td>651-254-1588</td>
</tr>
<tr>
<td>NE8 Mental Health</td>
<td>Vicki Mortensen RN</td>
<td>651-254-3104</td>
</tr>
<tr>
<td>NE6 Mental Health</td>
<td>Beckie Langenbach RN</td>
<td>651-254-3341</td>
</tr>
<tr>
<td>NE7 Mental Health</td>
<td>Charles Aluko RN</td>
<td>651-254-4164</td>
</tr>
<tr>
<td>Patient Flow Coordinator</td>
<td>Patient Bed Placement, handles bed placement for all admissions &amp; patient transfers</td>
<td>Pager 651-629-2002 or 651-254-BEDS</td>
</tr>
<tr>
<td>Inpatient Clinical Supervisors: Critical Care / Med/Surg</td>
<td>Monday – Friday day hours, direct inpatient care issues to Nurse Manager, After hours, contact Inpatient Clinical Supervisors.</td>
<td>Pager 651-629-0123</td>
</tr>
</tbody>
</table>
Surgical Services: The Director for Surgical Services (Operating Rooms, Same Day Surgery, Post Anesthesia Care Unit, Anesthesia and Reprocessing) is Greg Mellesmoen at 651-254-0071. Greg is also responsible for HealthPartners Specialty Center Same Day Surgery.

Emergency Center: The Nursing Administrative Director for the Emergency Center is Richelle Jader RN at 651-254-5097. The Nurse Manager is Michelle Noltimier at 254-1554.

Ambulatory Care:

Clinics: Each ambulatory clinic is managed by a manager or supervisor, collaborating with the Lead Physician and Clinic Administrator regarding the overall management of the primary and specialty clinics.

Cardiology: The Manager for Heart Center is Terri Carter at 254-0873.

Digestive Care Center: The manager for the Digestive Care Center is Terri Meister at 254-8603. Gastrointestinal or endoscopic procedures are completed for both inpatients (Regions site) and outpatients (Health Specialty Center site). Patients are prescheduled for procedures during day hours. These services are also provided urgently or emergently during evening, night and weekend hours through the use of on call scheduling.

Chemotherapy Infusion Nursing Services: The Manager of Cancer Care Center is Diana Christensen-Johnston at 651-254-3978. In this location, patients receive outpatient chemotherapy and other selected non-chemotherapy infusions (e.g. blood transfusion) during the day hours, Mon-Friday.

Adult Drug and Alcohol Program: This program is an outpatient day program with some boarding capabilities. It is located at 445 Etna Street, Suite 55, St Paul MN 55106. The program manager is Michaelene Spence at 651-254-9443.

Inpatient Care Units:

- Eighteen inpatient care units are roughly organized by medical specialty. Patients may be admitted to another unit if a unit is at capacity, a patient needs isolation, or there is some other clinical situation.
- Remote telemetry access is managed by South 8 and is available to all med/surg units. A physician may order remote telemetry via EPIC through Order Entry function.
- Dialysis Unit is located adjacent to C6200 for patients undergoing acute hemodialysis. ICU patients who need dialysis receive dialysis in the patient ICU room. Dialysis Nursing Services are provided by contract from DaVita.

Operations:

Patient Logistics (bed placement) – Patient Flow Coordinator on duty 24/7/365 to be reached by pager 651-629-2002.

DIRECT ADMISSIONS

All admissions from referring locations must be communicated to the Patient Flow Coordinator prior to directing the patient to Regions. REGIONS DIRECT (physician support phone line) will facilitate the admission process. REGIONS DIRECT is 24/7 coverage at 651-254-2000. The Patient Flow Coordinator will subsequently be contacted by Regions Direct to coordinate appropriate patient placement. Upon securing a staffed hospital bed, the Patient Flow Coordinator will provide Regions Direct with the hospital destination. Regions Direct staff will then communicate the plan to the referring physician/referring facility. Communication through Regions Direct for direct admissions is essential to ensure a smooth admission for the patient including assurance that a staffed hospital bed will be available and ready upon the patient arrival.

IN-HOUSE TRANSFERS

Request for in-house patients requiring a change in level of care should be communicated through EPIC. Communication from EPIC system to Tele-Tracking system is essential to ensure timely and appropriate transfers are coordinated by the Patient Flow Coordinator.

The Patient Flow Coordinator acts as an administrative liaison with delegated authority to carry out the administrative policies and practices of the hospital. They also have notary public authorization. The Patient Flow Coordinator is available 24/7 on pager 612-629-2002. The Patient Flow Coordinators directly report to the Manager of Access/Flow, Jeanette Hofmeister at 651-254-5087.
Patient Care Issues/Nursing Staffing Coverage – Inpatient Clinical Supervisors
The Inpatient Clinical Supervisors are available to assist resident physicians with policy interpretations, patient/family complaints and concerns, obtaining legal consultation and other patient care issues during the 1500–2300 hours. During the night shift (2300 – 0700), the functions are covered by the Patient Flow Coordinator and can be reached at pager 651-629-2002. During the daytime hours, please work through the nursing unit manager. The Inpatient Clinical Supervisors report to the Director of Critical Care, Beth Heinly-Munk, at 651-254-3130.

Patient Care
All communication regarding patient care should be directed to the patient’s registered nurse. This includes the medical plan, anticipated discharge date and anticipated needs after discharge. This will ensure that the necessary referrals are coordinated in a timely fashion. It is also very helpful to include this information in your progress notes. Case managers and other nurse clinicians will also support you in caring for patients. Interdisciplinary care planning rounds occur on each patient care unit 2-3x/week.

Medical Orders
Medical orders are entered into the EPIC electronic health record and require a physician name to enter into the system. In the event of emergency downtime, please write orders legibly. A printed/stamped name and pager number is required under your signature. Medication orders are entered by pharmacists into a medication system and also require a legible signature to enter orders into the system.

Preparing patients for discharge
- Communicate anticipated discharge date as soon as possible in the patient course. Write discharge or transfer orders before the day of discharge/transfer so that medications/home needs/supplies/equipment/transportation can be arranged in advance. On the day of discharge, discharge orders should be written by 0900. Our goal is to discharge medically ready patients by 1200.
- All narcotic orders require a valid DEA number or the prescription will not be filled. Patients will be given the completed discharge medication form and may fill these prescriptions at Regions or at the outside pharmacy of their choice.
- An order to “discharge the patient” is done by completing EPIC.
OBSTETRICS & GYNECOLOGY

LOCATION  North Building, First Floor, Room N1060       DEPT PHONE  651-293-8191
CONTACT  Jo-Ellyn Pilarski, Residency Program Coordinator       PHONE  651-254-3725

STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Chi Chi Ayika, M.D.</td>
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<tr>
<td>LeeAnn Hubbard, M.D.</td>
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<td>Ruth Merid, M.D.</td>
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<tr>
<td>David Baram, M.D.</td>
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<tr>
<td>Barbara Hyer, M.D., Medical</td>
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<tr>
<td>Director, OB/GYN</td>
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<tr>
<td>Seth Myles, M.D.</td>
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<tr>
<td>Tess Barrett, M.D.</td>
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<td>Curtis Keller, M.D.</td>
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<td>Soumathy Prosper, M.D.</td>
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<tr>
<td>Kamalini Das, M.D., Residency Site Director</td>
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<tr>
<td>Becky Kleager, M.D.</td>
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<td>Rose Ramirez, M.D.</td>
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<td>Clarice Decker, M.D.</td>
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<td>Richard Kopher, M.D.</td>
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<td>Buvana Reddy, M.D.</td>
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<td>Lisa Fall, M.D.</td>
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<td>Joan Kreider, M.D.</td>
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<td>Adrienne Richardson, M.D.</td>
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<td>Heather Gammon, M.D.</td>
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<tr>
<td>Katie Krumwiede, M.D.</td>
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<tr>
<td>Dianna Teoh, M.D., GYN Oncologist</td>
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<td>Myriah Hanno, M.D.</td>
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<td>Javed Malik, M.D.</td>
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<td>Christopher Thiel, M.D.</td>
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<td>Lawrence Harms, M.D.</td>
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<td>Michael Maurice, M.D.</td>
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<td>Eric Trygstad, M.D.</td>
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<td>Gerald Hautman, MD.</td>
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<td>Laura Mayer, M.D.</td>
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<td>John Vickers, M.D.</td>
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<td>John Hering, M.D.</td>
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<tr>
<td>Abby Mello, M.D. Regions</td>
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<tr>
<td>Medical Student Site Director</td>
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<tr>
<td>Diane Horvath-Cosper, M.D.</td>
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CERTIFIED NURSE MIDWIVES

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<thead>
<tr>
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<tbody>
<tr>
<td>Debra Albert, CNM</td>
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<td>Deborah Haqq, CNM</td>
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<td>Michelle Stegeman, CNM</td>
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<td>Sheila Billstein, CNM</td>
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<td>Karin Larson, CNM</td>
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<td>Margaret Szondy, CNM</td>
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<td>Ann Bruce, CNM</td>
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<td>Karin Marshall, CNM</td>
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<td>Lois Cannon, CNM</td>
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<td>Marsha Travis, CNM</td>
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<td>Georjeanne Croft, CNM</td>
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<td>Jeri Dentz, CNM</td>
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<td>Marie Pederson, CNM, MS</td>
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<td>Midwife Director</td>
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<td>Tori Washington, CNM</td>
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<td>Ann Dohrmann, CNM</td>
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<td>Colleen Rusch, CNM</td>
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<td>Patricia Wilson, CNM</td>
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<td>Jody Ford, CNM</td>
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<td>Nasrid Sanei, CNM</td>
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<tr>
<td>Maria Wolff, CNM</td>
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<td>Lori Geller, CNM</td>
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<td>Nahid Shokohi, CNM</td>
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<tr>
<td>Mary Wood, CNM</td>
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<tr>
<td>Lorene Gilliksen, CNM, MSN</td>
<td></td>
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<tr>
<td>Mary Skorczeski, CNM, MS</td>
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<tr>
<td>Edie Ziegler, CNM, M</td>
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DESCRIPTION OF DEPARTMENT/SERVICE
The Department of Obstetrics and Gynecology is a major primary care department with diversified programs and extensive community involvement. The department also provides high risk and complicated gynecologic and obstetric care and has a Level 2 NICU. Its main function is to provide comprehensive and personal health care to women to meet a wide spectrum of individual patient needs while at the same time fulfilling its educational obligations. The educational obligations include teaching of Phase D medical students and Regions Emergency Department residents in addition to OB/GYN residents from the University of Minnesota.

The services within the Department include:
Obstetrics, high-risk obstetrics (perinatology), inpatient consultations, outpatient office GYN procedures and clinics, inpatient gynecology and surgery, Da Vinci surgery, Uro-gynecology, OB/Gyn pelvic ultrasound, colposcopy, reproductive endocrine/infertility, GYN oncology and a large OB midwife service.

Didactics are held on Monday afternoons from 2:00 p.m. to 5:00 p.m. at the University of Minnesota. The didactics at Regions include Obstetrics Morbidity and Mortality Conferences, Fetal Monitor Strip Review Conferences, and Pre-operative Gynecology Conferences and Friday afternoon GYN conferences. Also team simulations of obstetrical emergencies such as shoulder dystocia, and emergency cesarean section are held 2-3 times a year.
OCCUPATIONAL MEDICINE

LOCATION
HealthPartners St. Paul Clinic
HealthPartners Riverside Clinic
HealthPartners West Clinic
HealthPartners RiverWay Clinics-Anoka

APPOINTMENTS 952-883-6999

CONTACT Paula Geiger, Residency Coordinator

PHONE 651-293-8269

CLINIC HOURS 8:00 a.m. to 5:00 p.m.

STAFF
Fozia Abrar, MD, MPH, Department Head
Kirsten Koos, MD, MPH, Interim Program Director
Shawn Olson, MD, MPH, Assistant Program Director
Robert Gorman, MD, MPH
Mike McGrail, MD, MPH
David Parker, MD, MPH
Gary Johnson, MD, MPH
Modupeola Adewunmi, MD, MPH

DESCRIPTION OF DEPARTMENT/SERVICE

HealthPartners Occupational and Environmental Medicine Clinic offers comprehensive medical services, evaluation, care and consultation regarding occupationally or environmentally related health conditions or issues. This includes evaluation and treatment of work related illness and injuries, toxicologic and environmental exposure assessments, disability prevention, and employee surveillance and toxicology screening. As a collaborator with the University of Minnesota School of Public Health, Division of Environmental and Occupational Health, we are a core component in the National Institute of Occupational Safety and Health recognized and funded University of Minnesota based Educational Resource Center. We have a strong academic and research emphasis. Our educational and training programs include an occupational medicine residency, with practicum rotations for medical students and graduate level occupational health nurses, as well as family practice and internal medicine residents.

Practice and Research Interests:
Dr. Abrar: Global health and disability management

Dr. Koos: Disability prevention and management, work place safety, communication facilitation amongst stakeholders in workers’ compensation, clinical occupational medicine, and the opioid epidemic

Dr. Gorman: Low back pain and upper extremity disorders, injury disability prevention as well as clinical care guideline development and outcomes research

Dr. Parker: Worksite health and safety

Dr. Johnson: Injury care, return to work strategies, and disability prevention

Dr. Olson: Identification and management of occupationally related injury and disease, occupational toxicology, environmental exposures, negotiation with employees and employers, disability management, as well as occupational regulations and policy

Dr. Adewunmi: Clinical occupational medicine, environmental exposures, workplace safety, disability prevention and early return to work after injury

Dr. McGrail: Population and employee health, wellness and disability prevention
OFFICE OF INTEGRITY AND COMPLIANCE / PRIVACY

LOCATION 8170 Building

CONTACTS Eric Anderson, Director, Integrity and Compliance  952-883-6241  8170 Bldg
Tobi Tanzer, Vice Pres. Office of Integrity and Compliance, Chief Compliance Officer and Privacy Officer  952-883-5195  8170 Bldg

HOURS 8:00 a.m. – 5:00 p.m.

DESCRIPTION OF DEPARTMENT/SERVICE  Integrity and Compliance Program, including Privacy

General Description:
The mission of the Office of Integrity and Compliance is to provide the organization’s employees, care providers, business units and oversight bodies with the knowledge, tools and support necessary to participate meaningfully in the Integrity and Compliance Program. The purpose of the Integrity and Compliance Program is to prevent, detect and correct violations of legal, professional and ethical standards. The Integrity and Compliance Program includes the following elements:

Hotline and Complaint Reporting:
Residents can report potential compliance issues through several channels, including an option to report information anonymously through our toll-free HOTLINE number: (866) 444-3493. If you suspect that a business practice or relationship could be illegal or unethical, our knowledgeable staff can answer your questions and provide you with guidance. You may also E-mail any compliance questions or concerns to the Office of Integrity and Compliance - IntegrityandCompliance@healthpartners.com.

Investigations:
Our staff will ensure that reports of potential concerns are documented and thoroughly investigated. We gather information by conducting thorough reviews to confirm compliance with company policies, various government regulations and laws.

Corrective Action:
As compliance issues are identified, our staff assists in developing corrective action plans to appropriately respond to the issue. Corrective actions can include, but are not be limited to: training, policy development or revision, employee discipline and refunds.

Training Support:
We provide formal and informal training support to help personnel navigate through the many laws, regulations and policies that health care organizations must comply with.

Policy Development:
We provide guidance and direction to business operations regarding with the development and consistency of company policies.

Self-Assessment:
We conduct a variety of auditing and monitoring activities to promote compliance with applicable laws, regulations and organizational policies.

Privacy Office:
The Office of Integrity and Compliance serves as the organization’s Privacy Office. In this capacity, we establish privacy-related policies, conduct privacy training, investigate privacy concerns, facilitate corrective actions and monitor ongoing privacy compliance.

Learn more about the Office of Integrity and Compliance and the Integrity and Compliance Program on myPartner at:
http://mypartner.healthpartners.com/
Regions Hospital Code of Conduct

I'm your partner
Code of Conduct

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Dear Partner,

At Regions Hospital we accomplish our mission by working with our colleagues, our patients and our community in partnerships based on integrity and trust. In simple terms, each of our partners trusts us to bring integrity to our interactions with them.

However, there are times when the path to integrity is not entirely clear. That is why our organization has a Code of Conduct. Our Code of Conduct is a resource each one of us can use to know how to act with integrity in our partnerships.

Please take some time to read our Code of Conduct. Being familiar with our Code of Conduct will help make all of your partnerships a success.

Sincerely,

Brock Nelson
President
Regions Hospital
INTRODUCTION

Successful partnerships are built on Passion, Respect, Teamwork, and Integrity. It is no accident that Integrity is one of our organizational values.

At Regions Hospital, our Code of Conduct is the cornerstone of our integrity. Our Code of Conduct applies to every person who represents Regions Hospital: staff, providers, officers, Board members, volunteers, residents and students, and many contractors. We all work together toward a common Mission — to improve the health of our patients and the community. It is important that we all use the same guide — this Code of Conduct — to accomplish that Mission.

We expect that all of us will behave according to this Code of Conduct. We want and need to hear about suspected violations of the Code of Conduct or other irregularities. We also want and need you to ask questions if you don’t know what to do or how to act. There are several ways you can raise your questions or voice your concerns:

• Talk to your immediate supervisor
• Contact the Corporate Compliance Officer or other members of the Corporate Integrity Department
• Call the Corporate Integrity Hotline – 1-866-444-3493

You will see these resources listed throughout the Code of Conduct. Also, there are other places you can bring your questions and concerns, depending on the nature of the issue. Those additional resources are referenced in the Code of Conduct, too.

There are two main sections in the Code of Conduct.

1. Regions Hospital’s Standards of Conduct include how we do our work and how we relate to each other in the workplace. In this section you will learn about our partnership expectations in particular situations so that we always deal with our patients, regulators, communities and each other with integrity.

2. Regions Hospital’s Corporate Integrity Program is designed to support a culture of integrity at Regions Hospital. In this section you will learn how the Corporate Integrity Program works, how to raise concerns about organizational and individual conduct and how each of us can create and maintain successful partnerships built on integrity.

Our Values

Teamwork — We work together to achieve excellent results.

Passion — We are deeply committed to the work we do and the people we serve.

Respect — We respect all and embrace and value diversity.

Integrity — We are open and honest in all of our actions.
HOW TO USE THIS CODE OF CONDUCT

This Code of Conduct is in an electronic format to help you easily find the information you need. There are several navigation tools:

• The **tab called “Bookmarks”** on the left of your screen is a table of contents available at any time. Simply click on the Bookmarks tab, then on the word or phrase you want to learn more about, and you will jump to that section in the Code of Conduct.

• Throughout the Code you will see **information boxes**, which give additional detail or explain how to apply a particular provision in the Code.

• Throughout the Code you will also see **underlined words or phrases in blue**. If you click on these, you will jump to another section in the Code of Conduct or to another site on the HealthPartners/Regions Hospital intranet (ERIC).

• You will also see **underlined words or phrases in red**. If you wave your cursor over one of these, you will see a pop-up definition. These words and phrases are also defined in the Glossary of Terms at the end of the Code of Conduct.

• Finally, if you prefer to have a **paper copy** of the Code of Conduct, you may print it by clicking [here](#).
SECTION 1

Standards of Conduct

One of Regions Hospital’s core Values is Integrity. In this section, we discuss how integrity is critical to making every partnership a successful partnership.

The Standards of Conduct are divided into four parts:
1. Integrity in Our Business Partnerships
2. Integrity in Our Community Partnerships
3. Integrity in Our Care and Service Partnerships
4. Integrity in Our Workplace Partnerships
 Integrity in Our Business Partnerships

*Regions Hospital is recognized as a national leader in health care. As a leader, Regions Hospital relies on, and must continually demonstrate, that we conduct our business relationships with personal and professional integrity. We must all follow the legal, professional, personal and ethical standards that are described in the following sections.*

- Billing, Coding and Documentation
- Business Confidentiality
- Conflicts of Interest
- Contracting, Procurement and Purchasing
- Entertainment, Gifts and Favors
- Fair Competition and Antitrust Laws
- Outside Employment and Consulting Arrangements
- Recruiting and Compensation
- Referrals of Care and Service
Integrity in Our Business Partnerships

BILLING, CODING AND DOCUMENTATION

Regions Hospital is committed to complying with all state and federal laws and third-party payor requirements that govern billing, coding, documenting and submitting claims for payment and cost reports. These laws and requirements are intended to prevent health care fraud and false claims. Claims for the services we provide or bill for must be supported by documentation that is:

• Accurate,
• Timely,
• Legible, and
• Accessible

All information supporting claims and cost reports must be appropriate and consistent with Regions Hospital’s policies and procedures. We make only truthful statements when representing or making claims for services. Due to the complex nature of reimbursement rules, those of us who are involved in delivering health care are expected to participate in and cooperate with education and monitoring activities related to billing, coding and documentation.

What exactly is a “false claim’’?

“False claim” can be defined in several ways, but it basically means this: If a provider is asking for — or planning to keep — payment from the government that it knows it is not entitled to, then it most likely is a false claims situation. There are many examples of situations that can lead to a “false claim,” but some of the most commonly reported are:

• Making duplicate claims for services
• Up-coding to more complex procedures
• Billing for services that were not provided
• Billing for services that were not medically necessary
• Billing for services of professionals who were not present
• Inappropriate bundling and unbundling of claims
• Falsely certifying compliance and other conditions of payment or participation

I'm your partner
Integrity in Our Business Partnerships

BUSINESS CONFIDENTIALITY

Health care is extremely competitive; our success depends in part on the unique nature of our products, systems and information. Regions Hospital’s proprietary and business information must be kept confidential.

This means that you must never share confidential business information with friends, family members or others in the community. There may also be times that you will be asked to limit the information you share with people even within the organization.

If you are unsure if you should be sharing information related to Regions Hospital with others, either within or outside the organization, ask your supervisor. It is very important that we all protect the confidentiality of vital business information.

What kinds of business information must be kept confidential?

Proprietary and confidential information include non-public information related to:

- Pricing and costs
- Acquisitions, divestitures and other strategic relationships
- Business and marketing plans
- Facility service or expansion plans
- Staffing level plans
- Employee and customer lists
- Financial information
- Research and quality data
- Product development planning
- Privileged information, such as attorney-client communications or peer review information, and
- Many other things that are important to the organization and our strategic or competitive position
Integrity in Our Business Partnerships

CONFLICTS OF INTEREST

Conflicts of interest can occur if personal activities or interests could influence your ability to make decisions that are in the best interests of Regions Hospital. As a representative of Regions, you have a duty of loyalty to Regions and are expected to act solely in the best interests of the organization. This means that you should not engage in activities that result in gain or profit for yourself or others at the expense of the organization, or that interfere with your work duties or judgment. We expect you to use company resources wisely and appropriately. Resources such as materials, equipment, time and space should be used only for your work, unless your supervisor has specifically made an exception according to company policy.

The test for whether there is a conflict of interest is an objective test — that is, whether a conflict exists “in the eyes of a reasonable person,” not whether you think there might be a conflict. That is why if you, or any member of your family, has an outside interest or activity that might create the possibility of this sort of conflict — whether real or perceived — you must disclose this, in writing, to your supervisor; he or she will then work with you and the Law Department to determine whether a conflict exists and, if so, how to resolve the conflict.

What’s a “conflict of interest”?

It seems like a lot of my personal relationships could be a conflict of interest. What if my spouse works for one of our competitors? What if I invest in a supplier?

It’s important to look at the facts and circumstances to decide if something is a conflict. A friendship with someone who works for a competitor is fine — but you should be careful not to discuss business topics with them, so that you don’t inadvertently disclose confidential information or put yourself or the organization in an inappropriate — or even illegal — situation. Some activities automatically create a conflict — such as being on the board of a competitor — while other activities may raise the possibility of a conflict — such as having a financial relationship with a competitor or vendor. That’s why it’s important to let your supervisor know if you are involved in any activities that may even just raise that possibility. Even the appearance of a conflict may have negative effects on both you and the organization.
Integrity in Our Business Partnerships

CONTRACTING, PROCUREMENT AND PURCHASING

Our goal is to buy quality goods and services through an objective selection process. This process includes several protections:

• We make purchasing decisions based on criteria such as price, quality, timely delivery, service standards and adequate supply.

• Contractors and vendors are expected to comply with Regions Hospital policies.

• We do not do business with individuals and organizations that have been excluded from or sanctioned under federal health care programs or other federal contracts, or who have other restrictions on their eligibility to work with government contractors.

• People who make purchasing and contracting decisions on behalf of Regions Hospital must act with integrity in negotiating and awarding contracts in all purchasing and service transactions.

• We are also committed to ensuring that we meet appropriate diversity supplier standards in our purchasing practices.

• All contracting and purchasing activities must comply with the organization’s contracting policy. That policy and a contract process checklist are available on ERIC.
Integrity in Our Business Partnerships

ENTERTAINMENT, GIFTS AND FAVORS

Occasionally we might be offered gifts or other tokens of appreciation from vendors, patients, their families, competitors and others. In many industries, entertaining customers and exchanging gifts are customary practices. But in health care, we are in a unique position of trust. Our patients need to know that the work we do is not inappropriately influenced by gifts and other offers that we may receive from time to time from the people we do business with.

We do not accept or solicit gifts, entertainment opportunities or favors if doing so would create even an appearance of impropriety, undue influence by the giver or preferential treatment by us to the giver. Likewise, it is important to maintain appropriate professional boundaries when a patient or former patient offers you a gift.

Regions Hospital encourages appropriate interactions between staff and vendors as long as those interactions

• Are designed to benefit patients or to educate Regions Hospital staff;
• Will not lead to overutilization, underutilization or inappropriate utilization of health care services;
• Will not raise patient safety or quality of care concerns;
• Would comply with federal and state laws including those relating to referrals (Anti-Kickback and Stark), tax-exemption and public programs;
• Do not present a conflict of interest;
• Will not compromise staff’s independent judgment or interfere with professional duties;

Here are some other basic rules about entertainment, gifts and favors:

• You may not accept cash or cash-equivalents (such as gift certificates) from vendors or others.
• You may not accept any item or service worth more than $75 that is primarily intended for your personal use. Any item or service that is worth more must be intended and actually used primarily for professional or business activities.
• You may not participate in leisure activities sponsored by a third party, such as golf, sporting events, theater, “spa days”, etc., unless it is a legitimate charitable event, or unless staff pay their own way and participation would not compromise independent judgment, interfere with professional duties, or embarrass or damage the organization’s reputation.
• You may not provide consulting or other services for which you are compensated by another organization without full and continuing disclosure to the organization and prior written approval of the Vice President or Medical Director to whom your department or division reports.
• Anything that is not permissible for you to accept is also not permissible for your immediate family (spouse, partner, parent, child) to accept from an organization or person we work with.

continued
Basic rules about entertainment, gifts and favors, continued

- Will not embarrass or damage the reputation of the organization; and
- Comply in all other ways with the organization's Code of Conduct.

Regions Hospital has developed a Guide to Vendor Relationships to help you answer questions about entertainment, gifts and other items you may be considering. The Guide contains these basic rules, lists third party interactions that are permissible (and not permissible) and describes a decision-making process you should use each time you are considering an offer from a third party. You can find the Guide to Vendor Relationships on ERIC. For information about appropriate behavior when Regions Hospital itself is the vendor, please consult departmental policies.

If you have any doubt about whether it would be appropriate to accept or give a gift, entertainment offer, meal or other item or service, you must consult with your supervisor.

I love gifts! Which ones can I accept?

A gift is anything that is offered for free or for less than its actual value. Gifts can take many forms, such as cash, gift cards, travel expenses, loans, favors, free or subsidized education or training opportunities, tickets to events, meals, etc. Whether something is an acceptable gift depends in part on the context and the value. For example, it is perfectly acceptable to accept a plate of cookies from a grateful patient, so long as appropriate professional boundaries are observed. Accepting occasional modest meals offered as a business courtesy can also be acceptable. On the other hand, accepting frequent meals, items you would use personally or event/entertainment tickets would not be appropriate.
Integrity in Our Business Partnerships

FAIR COMPETITION AND ANTITRUST LAWS

At Regions Hospital we believe that a healthy competitive marketplace is good for patients. Antitrust laws are designed to encourage fair trade and competition in the marketplace. We will not behave in a way that is anti-competitive or violates antitrust laws.

Whenever we are considering entering into an arrangement with another organization or person in the same line of business that we are in — be it hospital, care delivery or clinical research — it is important to consult with the Law Department to make sure that the arrangement complies with applicable antitrust laws.

Trade group and professional association activities can sometimes raise antitrust issues too, so talk with the Law Department if potential competitive issues arise in those situations as well.
Integrity in Our Business Partnerships

OUTSIDE EMPLOYMENT AND CONSULTING ARRANGEMENTS

Employees and board members have a legal duty of loyalty to the organization. If you are considering working or consulting for another organization during your relationship with Regions Hospital, you must discuss this with your supervisor. Your supervisor will then work with the Law Department to determine if the outside relationship would be consistent with your duties to the organization and would comply with specific policies in your area.
Integrity in Our Business Partnerships

RECRUITING AND COMPENSATION

There are special laws that relate to recruiting and compensating our employees and consultants, especially physicians and executives. Those laws are the Antikickback, Stark and tax laws we discuss in other places in this Code of Conduct. Our recruiting and compensation activities must adhere to Regions Hospital requirements, which include:

- Compensation and recruiting packages must be at fair market value
- Compensation and recruiting packages must not include incentives to induce patient referrals
- Executive compensation must be established in accordance with board-approved processes
- The Law Department should review any unique recruitment or compensation packages.
Integrity in Our Business Partnerships

REFERRALS OF CARE AND SERVICE

There are several laws that regulate patient and referrals to other providers, facilities, suppliers and plans. These laws, some of which are known as the Antikickback, Stark and Patient Freedom of Choice laws, can be complicated, so it is important to consult with the Law Department whenever you are considering an arrangement that might impact patient referral patterns. Here are some general rules relating to referrals of patients:

• We are prohibited from soliciting, accepting or offering anything of value in exchange for patient or member referrals
• Physicians and dentists may not refer patients to other providers or facilities with which the provider or his or her family has a financial relationship
• Patients who need and patients who need a referral outside the organization should generally be given options of various providers, facilities, or suppliers that can meet their particular needs and situations

What are inappropriate “arrangements that might impact referrals”?

Here are a few examples:

• A hospital providing free or discounted space or equipment to a physician, to encourage the physician to admit patients to its facility.
• A pharmacy routinely waiving copays or coinsurance, to give customers an incentive to get prescriptions filled there.
• A supplier giving gifts to clinic employees as a “thank you” for increasing their supply orders.
Integrity in Our Community Partnerships

Creating successful partnerships throughout our community has been a vital part of Regions Hospital’s success. As a nonprofit organization in a highly-regulated industry, and as good stewards of limited health care resources, we act with integrity in our dealings with regulators, public officials and candidates, funders and the community. The following standards are critical to upholding our community commitments.

Environmental Stewardship
Financial Reporting
Fraud, Waste and Abuse
Fundraising, Contributions and Solicitations
Political Contributions and Policy Advocacy
Record-Keeping, Record Retention and Record Destruction
Research and Funding
Tax-Exempt and Nonprofit Status
Truthfulness and Cooperation
Integrity in Our Community Partnerships
ENVIRONMENTAL STEWARDSHIP

Regions Hospital is committed to responsible, safe disposal of waste products. Regions works hard to comply with laws governing the handling of waste — including storage, treatment, incineration, disposal and discharge — and other environmental safety requirements. We expect employees and providers to follow all occupational health and safety, waste management and environmental guidelines adopted by the organization.
Integrity in Our Community Partnerships
FINANCIAL REPORTING

Regions Hospital is committed to fair, accurate, complete and timely financial and other data reporting. Our statements about significant financial and other data reporting matters must be made fully and truthfully. We must not be misleading to others receiving or using that information. Regions Hospital’s officers and management must maintain a system of internal controls designed to provide reasonable assurance that the organization meets financial and other data reporting obligations and objectives.
Integrity in Our Community Partnerships

FRAUD, WASTE AND ABUSE

Regions Hospital is committed to preventing, detecting and correcting fraud, waste and abuse related to health care benefits, regardless of whether those benefits are paid by a commercial health plan, an employer or the government. Whether you are a provider of health care, researcher or provide administrative or service support, you are responsible for reporting any suspected health care fraud to any of the following resources:

- Your supervisor
- The Corporate Integrity Department
- The Special Investigations Unit in the HealthPartners Claims Department

Regions Hospital periodically assesses the risk that illegal conduct might occur, in our facilities or by subcontractors. These assessments include claims reviews, medical record audits, member and patient satisfaction surveys, provider billing patterns, and other auditing, monitoring and outreach techniques. Regions Hospital works hard to comply with all laws requiring the reporting of suspected fraud, waste and abuse to state and federal authorities. If you are involved in the provision of care or in the administration of care or government sponsored plans, you will be required to participate in periodic training to help prevent, identify, report and correct practices that may be fraudulent, wasteful or abusive.

What is fraud?

Fraud is when a person lies (or ignores the truth) in a way that could result in an unauthorized benefit to him or herself or to another person. The most frequent kind of health care fraud occurs when a person makes a false statement claiming they are entitled to payment under a state or federal health care program, such as Medicare. Unfortunately, there have been many instances of fraud in the health care industry, both large-scale and small-scale. Health care fraud could be committed by providers, facilities, plans, suppliers and beneficiaries, and costs the government, taxpayers, employers and health plans billions of dollars every year. Regions Hospital is committed to working with state and federal authorities to help combat health care fraud.
Integrity in Our Community Partnerships

FUNDRAISING, CONTRIBUTIONS AND SOLICITATIONS

Charitable fundraising events and solicitations sponsored by Regions Hospital or a Regions Hospital department must comply with the organization’s reporting, record-keeping and registration procedures.

You may only use the organization’s name as a sponsor for fundraising events or when soliciting contributions if:

• It is authorized by a division Vice President, and
• Conducted in accordance with standards established by the Regions Hospital Foundation

Charitable fundraising activities and solicitations made on behalf of Regions Hospital must be truthful, accurate and complete. Consult the Fundraising Guidelines on ERIC, or call the Regions Hospital Foundation, to learn more about soliciting or accepting financial or in-kind donations on behalf of Regions Hospital.
Integrity in Our Community Partnerships
POLITICAL CONTRIBUTIONS AND POLICY ADVOCACY

As a tax-exempt organization, Regions Hospital:
• Is prohibited from making political contributions, and
• Must observe restrictions on its public policy advocacy activities.

Regions Hospital itself may not make direct or indirect contributions to candidates running for federal, state or local office or to political parties, organizations, or committees, except as permitted by federal or state law.

As private individuals we can make personal contributions, but we may not contribute to candidates, political parties or political action committees on behalf of Regions Hospital, except as permitted by law. Check with the Law Department if you have any questions about political contributions or the organization’s lobbying and advocacy activities.

As an employee, can I be active in a political party?

You may, as a private citizen, participate in political, charitable, educational, community, religious, and similar organizations, so long as
• Participation does not raise a conflict of interest under the Code of Conduct, and
• You do so as a private citizen and do not imply endorsement by or representation of Regions Hospital.
Integrity in Our Community Partnerships

RECORD-KEEPING, RECORD RETENTION AND RECORD DESTRUCTION

Keeping accurate records is important. There are many requirements — such as accreditation standards and billing rules — that rely on good record-keeping.

You must be thorough, timely and truthful with medical and business records, whether paper or electronic. Records must be kept for the appropriate retention period, and then destroyed in the appropriate manner.

You can find Regions Hospital’s Record Retention Policy on ERIC. This policy describes the retention periods for certain types of records, including:

- Medical Records
- Business Records
- Records created for purposes of Medicare, Medicaid and other government sponsored programs
- Records related to HIPAA
Integrity in Our Community Partnerships

RESEARCH AND FUNDING

Regions-related organizations and individuals that conduct research and grant-related activities must do so in a manner that is consistent with ethical and legal standards. To ensure that these standards are met, all research projects must be appropriately reviewed and approved through the research review process before any activity begins. The HealthPartners Research Handbook contains a comprehensive guide to these standards, and anyone who engages in research activity is expected to be familiar with and abide by that handbook.

Regions Hospital complies with laws that govern federal- and state-funded grants and contracts, including appropriate expenditures and accurate reporting of and accounting for funds received.

Likewise, protecting research participants is of the utmost importance to Regions Hospital. The patients and others who participate in clinical research activities must be fully informed about the risks, benefits, experimental nature and procedures involved. Regions Hospital will not discriminate against patients on the basis of participation or non-participation in research activities.
Integrity in Our Community Partnerships

TAX-EXEMPT AND NONPROFIT STATUS

Regions Hospital and several of its related organizations are nonprofit and tax-exempt organizations. This means that we must only use Regions Hospital nonprofit and tax-exempt assets to further the organization’s Mission and nonprofit purpose, and not to serve the personal interests of any individual.

In addition to restrictions on fundraising and political contributions already discussed in the Code of Conduct, our special tax and nonprofit status puts very important restrictions on how we conduct our business and how we use our resources. For example, Regions Hospital is permitted to pay only reasonable compensation in exchange for goods or services provided by others, including providers, employees and vendors. Similarly, Regions Hospital and its related organizations are committed to providing charity care and other financial assistance to patients who meet our organizational guidelines, in accordance with law and as part of our Mission.

The laws that govern our tax-exempt and nonprofit status are very complicated — and very important. If you have any questions about whether Regions Hospital is putting its assets and other resources to proper use, you should voice those concerns to your supervisor or manager. You can also raise these concerns to the Law Department or the Corporate Integrity Department.
Integrity in Our Community Partnerships

TRUTHFULNESS AND COOPERATION

Health care is a highly regulated industry. This means that Regions Hospital is subject to regular and extensive oversight by government agencies, law enforcement authorities and external auditors. You must be truthful and cooperative whenever submitting a regulatory filing or certification or responding to an external inquiry on behalf of Regions Hospital. Likewise, you must be truthful and cooperative whenever you are involved in an inquiry or investigation led by someone in the organization, such as the Law, Internal Audit or Corporate Integrity Departments.

Consult immediately with the Law Department if, as a representative of Regions Hospital, you receive any summons, subpoena, inquiry, or other communication from a court, law enforcement official, government agent, or any outside lawyer. Before submitting to an interview, answering any questions, producing any documents, or even responding to any requests about litigation or an investigation, you are strongly encouraged to consult with the Law Department. This applies to matters in which Regions Hospital is involved directly, like an investigation or a lawsuit involving Regions Hospital. It also applies to matters in which Regions Hospital is involved indirectly, including investigations of suppliers, dealers, or competitors.

I was approached in the parking lot by someone claiming to be from a government agency!

He says he wants me to turn over some documents I’ve been working on! What should I do?

Because of the nature of our work, all health care organizations need to be prepared to respond to government investigations. But even though you are expected to cooperate with these investigations, you should do so with the guidance and assistance of the organization. If you are ever approached by someone claiming to be from the FBI, police or other government investigators or enforcement authorities, follow these simple but important steps:

1. Remain calm — most likely neither you nor the organization is in trouble. Cooperate — but don’t speculate about what you think they want to hear.
2. You may refuse to answer questions and you may ask for help from one of the organization’s lawyers.
3. Ask for ID — government officials should be able to identify themselves with a badge or other official documentation. Photocopy or write down this information.
4. Call your supervisor and the Law Department — the sooner you do this the better — they will help you decide what to do next — and they will help you stay calm. The Law Department, once notified, can arrange for legal counsel to be present for your interview.
Integrity in Our Care and Service Partnerships

The partnerships we build with our patients are the foundation of everything we do at Regions Hospital: no one relies on our integrity more than our patients. Each of the following standards is vital to ensuring that we earn and maintain our patients’ trust every day.

- Emergency Treatment
- Information Security
- Patient Privacy
- Patient Rights
- Professionalism, Eligibility, Debarment and Exclusion
- Quality of Care
Integrity in Our Care and Service Partnerships

EMERGENCY TREATMENT

Regions’ patients are entitled to prompt and appropriate emergency care. Our caregivers follow the laws related to the provision of emergency care at hospitals (EMTALA). Emergency care should not be delayed for any non-medical reason, and transfers should be made only when the patient is stable or when more appropriate care can be provided by another facility that accepts the transfer. Regions caregivers who work at hospital sites are expected to be familiar with and follow the facility’s policies regarding emergency treatment, stabilization and transfer procedures, which can be found on ERIC.
Integrity in Our Care and Service Partnerships

INFORMATION SECURITY

In addition to protecting our patients’ privacy, we are also required to keep their information secure. This means that not only must Regions Hospital maintain confidentiality, we must also ensure the integrity and availability of patient information. We do this by complying with information security policies and procedures and by reporting any suspected information security concerns. You can learn more about information security on ERIC.

“Information Security” seems like such a big and scary issue. Can I really do anything to stop hackers and others who want to steal information?

Not only is it realistic — it’s vital. With just a few simple precautions, each and every one of us can reduce threats to information security:

1. Don’t share your computer passwords with anyone — ever.
2. Lock your computer work station and/or use password-protected screensavers that automatically kick in when you are away from your work station.
3. Secure personal computing devices, such as laptops, hand-holds, PDAs and cell phones.
4. Do not open email attachments that are suspicious or come from unknown senders.
Integrity in Our Care and Service Partnerships

PATIENT PRIVACY

Each one of us is expected to respect patient privacy at all times, even after our individual association with Regions Hospital has ended. You may get access to, use and release patient information only as allowed by the organization’s policies and procedures governing privacy and confidentiality, including:

• We use and share only the minimum amount of information reasonably necessary to accomplish our assigned work.
• We may not access anyone’s information except to the extent necessary to accomplish our assigned work.
• We may not release information to anyone outside the organization except as authorized by the patient or as otherwise permitted by law.
• We safeguard all information that is within our possession or control, and take appropriate steps to make sure that information is not lost or accessible to people who do not have the right to access it.

Visit ERIC for more information and resources about Regions Hospital’s privacy policies and for privacy support resources, including the organization’s privacy discipline policy.

My coworker is in the hospital. Can I use my system access to find out how she’s doing?

No — absolutely not! Your coworker is now a patient, first and foremost, and therefore is entitled to the same privacy protections all of our patients are entitled to. Patient information should never be accessed for personal reasons — even if your job allows access and even if you just want to check on a friend, coworker, or family member.
Integrity in Our Care and Service Partnerships

PATIENT RIGHTS

Patients and other individuals in our care have the right to receive high quality care that is respectful of individual and cultural differences. We treat all patients and others with respect, dignity and fairness, and we provide care and access to care that is medically necessary and appropriate. We provide care and access to care equally, without regard to race, marital status, gender, sexual orientation, national origin, age, disability or religion. We listen to our patients’ wishes about their care, and we respect the choices they express in advance directives. We also do not discriminate against patients who have chosen not to adopt advance directives about their care.
Integrity in Our Care and Service Partnerships

PROFESSIONALISM ELIGIBILITY, DEBARMENT AND EXCLUSION

Regions Hospital expects that all employed and contracted caregivers maintain appropriate professional relationships with their patients, within and outside the clinical setting. We expect that caregivers follow all standards of professionalism established by their respective licensing boards.

Regions Hospital only employs or contracts with caregivers who are eligible to perform their work duties within the scope of their licenses, certifications or other professional standing.

Regions Hospital does not knowingly employ or contract with individuals or organizations that are ineligible to perform work related directly or indirectly to Federal health care programs.

If you are a licensed, certified or registered professional, you are required to keep your professional eligibility in good standing. You must tell your supervisor immediately if any adverse action has been taken against you, including, without limitation, suspension, revocation, expiration or lapse of eligibility. Likewise, you must immediately tell your supervisor or primary business contact if you have been debarred or excluded from government-sponsored health care or other contracting programs.

In addition, there are certain issues that some licensed caregivers are required to personally report to their professional licensing boards. If you are a caregiver and have questions about your individual reporting duties, contact Regions’ Medical Staff Office or HealthPartners’ Physician Services department.
Integrity in Our Care and Service Partnerships

QUALITY OF CARE

Regions Hospital is committed to providing each patient with Best Care and Best Experience – that is, care delivered with respect, skill and empathy. Each of us is responsible for maintaining and contributing to the quality of care we provide to each patient. At Regions Hospital we are all expected to follow the Institute of Medicine’s STEEEP principles: That is, we deliver care and service that is Safe, Timely, Effective, Efficient, Equitable and Patient-centered.
Integrity in Our Workplace Partnerships

Each one of us plays an important role in our collective success. We rely on each other to exercise good judgment, to be accountable for our commitments, and to help create a safe and respectful work environment. That is why it is so important that we build our work partnerships on integrity. We create and maintain a productive, safe and respectful workplace by fulfilling the following expectations.

Accountability and Discipline
Alcohol, Firearms and Controlled Substances
Compliance Education
Organizational Policies and Procedures
Personal Communications
Protection of Personnel – Non-Retaliation
Reporting Code of Conduct Violations and Other Compliance Concerns
Responsibilities of Managers and Supervisors
Workplace Relations
Integrity in Our Workplace Partnerships

ACCOUNTABILITY AND DISCIPLINE

We are confident that employees, providers, Board members, volunteers, residents and others who represent Regions Hospital are directed by the organization’s Mission and a sense of what is right. Please use this Code of Conduct and other resources made available to you by the organization to help you make the right decisions.

A violation of the standards described in this Code of Conduct — or in any Regions Hospital policy — can result in disciplinary action, up to and including discharge from employment or termination of your contract or staff privileges. Disciplinary action taken by the organization to uphold this Code of Conduct will be imposed fairly and consistently, commensurate with the violation in question and Regions Hospital discipline guidelines, and, if applicable, with terms of employment, medical staff bylaws and collectively bargained labor agreements.
Integrity in Our Workplace Partnerships

ALCOHOL, FIREARMS AND CONTROLLED SUBSTANCES

Regions Hospital strives to maintain a safe and healthy work environment. You may not work while under the influence of alcohol or drugs, and may not possess weapons or other contraband while on Regions Hospital property or conducting Regions Hospital business. Access to and dispensing of controlled substances is limited to licensed individuals specifically authorized to handle them. Go to ERIC to read our policies about alcohol, firearms and a drug-free workplace.
Integrity in Our Workplace Partnerships

COMPLIANCE EDUCATION

Regions Hospital is committed to making sure that all employees and other representatives of the organization receive information about what we expect of them at work. Each of us, in turn, needs to make sure we understand those expectations and act accordingly. One important way to do this is by participating in compliance (Corporate Integrity) education opportunities. Compliance education — whether formal group presentations, computer-based training, self-study materials, broadcast communications, department-specific or one-on-one-focused training sessions — is an important part of our professional development and our commitment to our organization and Mission. Because we must all act in compliance with relevant laws, regulations and rules, Regions Hospital expects all of us to participate in required compliance education.
Integrity in Our Workplace Partnerships

ORGANIZATIONAL POLICIES AND PROCEDURES

All policies and procedures adopted by Regions Hospital and its business units should be aligned and consistent with the Code of Conduct. The organization or your department may adopt more detailed or more restrictive policies and procedures relating to the standards addressed in the Code of Conduct, and may adopt policies and procedures that are not specifically addressed in the Code of Conduct, so long as they do not conflict with the Code of Conduct. Be sure to check with your supervisor to see if there are additional policies or procedures that apply to the work you do.
Integrity in Our Workplace Partnerships

PERSONAL COMMUNICATIONS

One of Regions Hospital’s greatest assets is its reputation, and we are all responsible for maintaining that reputation. You must not publish, post or otherwise communicate negatively or make disparaging statements about Regions Hospital, its related organizations or your coworkers. Likewise, you must refrain from publishing, posting or otherwise communicating in a way that would embarrass the organization or its staff. This applies to communications in any form – verbal, written, electronic, visual or otherwise. It is up to each of us to bring concerns about the organization to the organization itself, rather than to air our concerns in a public forum. If you, as an individual, choose to discuss your work in a public setting, such as at a conference or on a personal “blog,” you must comply with organizational policies on privacy, business confidentiality and conflicts of interest.

There are many resources for information and information sharing, such as email and the internet. If you have access to these resources as part of your work, you must comply with applicable organizational policies. You can find our email and internet usage policies on FRIC.
Integrity in Our Workplace Partnerships
PROTECTION OF PERSONNEL – NON-RETALIATION

Retaliation against anyone who, in good faith, reports suspected non-compliance with this Code of Conduct, the Corporate Integrity Program, or any organizational policy, is strictly forbidden. You will not suffer any penalty or retribution for reporting, in good faith, any known or suspected concern. Regions Hospital will take appropriate disciplinary action against anyone that penalizes, ostracizes or harasses someone who has reported concerns in good faith. However, this non-retaliation policy does not allow people to avoid discipline if they are engaged in improper behavior. Anyone who has been involved in inappropriate activity will be subject to appropriate discipline.

If you believe you have experienced retaliation for reporting a concern in good faith, contact the Corporate Integrity Department or the Hotline.

What is a “good faith” report?

When a person makes a report about something that he or she believes is true, and that he or she believes violates the Code of Conduct or another organizational policy — that’s a good faith report. Reports that are made frivolously or maliciously are not considered good faith.
I'm your partner

Integrity in Our Workplace Partnerships

REPORTING CODE OF CONDUCT
VIOLATIONS AND OTHER COMPLIANCE CONCERNS

If you think a business practice or relationship is or could be illegal or improper, then it is your responsibility to tell the organization about your concern. There are many ways to do this:

• The best place to start is with your supervisor. He or she will be able to identify the policies and procedures we have in place to guide our conduct.

• If you are not comfortable talking to your supervisor then contact the Corporate Compliance Officer or any member of the Corporate Integrity Department.

• You may also call the Corporate Integrity Hotline at 1-866-444-3493. Hotline callers may remain anonymous. All reports to the Hotline must include enough information for Corporate Integrity staff to investigate concerns raised.

When you contact the Corporate Integrity Department, we will make every attempt to treat your report as discreetly and sensitively as possible. We cannot guarantee confidentiality in all cases, however, unless the report itself was made anonymously and the reporter’s identity does not become known through the normal course of investigation. Regions Hospital will protect your identity to the extent possible and as permitted by law.

I called the Corporate Integrity Hotline to report a concern I have. What happens next?

Depending on the nature of your report, the Corporate Integrity Department may refer the matter to another part of the organization (such as Human Resources, for employment issues), or will conduct its own review. Reviews by the Corporate Integrity Department often include document reviews, interviews and coordination with the Law Department and affected business units. After this review, Corporate Integrity staff will make recommendations to department or organizational leaders about appropriate corrective actions. When the review is complete and a corrective action plan is in place, if needed, the Corporate Integrity Department will notify the person who made the report. While they may not be at liberty to share details about their findings or other follow-up with you, Corporate Integrity staff will provide general information about the status of their review and the organization’s response.
Integrity in Our Workplace Partnerships

RESPONSIBILITIES OF SUPERVISORS AND MANAGERS

Everyone who represents Regions Hospital is responsible for doing their work with integrity and in accordance with the Code of Conduct. But if you are a supervisor or manager, you have added responsibilities. For example:

• When an employee comes to you with a compliance concern, you must take it seriously. This means that you must listen to their concerns with an open mind and follow up appropriately.
• When the organization identifies mandatory compliance-related training, you must ensure that your staff receives that training.
• When compiling an employee’s performance review, you should consider whether the employee’s behavior has been consistent with the Code of Conduct.
• If an employee reports suspected health care fraud to the government, he or she is entitled to “whistleblower” protections. These include protection against retaliation. While we encourage employees to report their concerns to the organization first, we must make sure that we observe appropriate whistleblower protections if someone chooses to report to the government instead.
• Never retaliate against or ostracize an employee for bringing up a compliance concern in good faith.
Integrity in Our Workplace Partnerships

WORKPLACE RELATIONS

Everyone deserves to work in an environment where they are treated with respect, dignity and fairness. Regions Hospital supports equal opportunity employment and complies with federal, state, and local equal opportunity and affirmative action laws. Regions Hospital does not tolerate discrimination based on:

- Race
- Color
- Creed
- Religion
- Ancestry
- Sex
- National origin
- Pregnancy
- Sexual orientation
- Age
- Disability
- Marital status
- Veteran status
- Familial status
- Status with regard to public assistance

We expect you to treat your coworkers with respect, dignity and fairness. Regions Hospital does not tolerate any form of harassment, sexual or otherwise, or any form of workplace violence or threats of violence. You can find the organization's policies on violence in the workplace, sexual harassment and equal employment opportunity on ERIC.
Corporate Integrity Program

*Regions Hospital has created a Corporate Integrity Program to help prevent, detect and correct violations of the legal, professional and ethical standards we are committed to upholding. The Corporate Integrity Program is one of the most important partnership tools available to each of us. It is designed to support sound decision-making by everyone in the organization. The Corporate Integrity Program consists of several elements:*

- **Proper Oversight** ensures that people in all areas and at all levels of the organization — from the Board of Directors to operations staff — are appropriately informed about, and accountable for, the Corporate Integrity Program.
- **Written Standards of Conduct** (such as the Code of Conduct and organizational policies and procedures) establish clear standards for how each of us is expected to act.
- **Education and Training** help explain what is expected under the Corporate Integrity Program, and in our daily work.
- **Reporting and Complaint Channels** ensure that communication is open so that you are able to voice compliance concerns in a safe, non-retaliatory environment.
- **Investigations and Corrective Actions** are taken to identify and fix organizational or individual conduct that is inconsistent with the laws, policies and other standards that we are committed to upholding.
- **An Appropriate Discipline Process** is in place to ensure that non-compliant activities are addressed in a fair and consistent manner.
- **Self Assessment Activities**, such as auditing and monitoring, help us verify that we are keeping the commitments we’ve made to compliance and other standards of conduct.

**How am I expected to participate in the Corporate Integrity Program?**

Each component of our Corporate Integrity Program is an important tool that helps us keep our compliance commitments. **But no tool is as important as your participation in the Corporate Integrity Program.** You participate by doing the following:

1. Read and understand the Code of Conduct and the other policies and procedures that affect your work.
2. Remember that we are all responsible for keeping the organization in compliance. Everyone will be asked to complete an online Certification every year, as a condition of employment or other position in the organization. This lets the organization know of your commitment to compliance and to the Corporate Integrity Program, and gives you an added opportunity to bring your concerns to the organization’s attention.
3. **Ask questions** if you don’t understand what’s expected of you, and **report your concerns** if you believe the organization is not upholding its commitment to compliance.
Corporate Integrity Program

ASKING QUESTIONS

If you are unsure of anything in the Code of Conduct or any other organizational policies, or if you ever have a compliance or privacy concern, it is important to voice your questions and concerns. It’s easy to do — just follow the steps below.

• Discuss the issue with your immediate supervisor. If you are not comfortable discussing the issue with your supervisor, go to the next step.

• Call the Corporate Compliance Officer or any member of the Corporate Integrity Department.

• If you would prefer to voice your concern anonymously, call the toll-free Corporate Integrity Hotline at 1-866-444-3493.

REPORTING CONCERNS — THE CORPORATE INTEGRITY HOTLINE

The Corporate Integrity Hotline is a way for anyone to bring up his or her compliance and privacy concerns, even anonymously. However, you are encouraged to identify yourself when making a report so we can investigate your concern promptly and thoroughly. Call anytime — toll-free: 1-866-444-3493

No employee will suffer any penalty or retribution for reporting in good faith any suspected misconduct or non-compliance.
Corporate Integrity Program

CORPORATE INTEGRITY CONTACTS AND OTHER HELPFUL RESOURCES

Corporate Integrity Department — 952-883-5124
Corporate Compliance Officer — Tobi Tanzer 952-883-5195
Corporate Integrity Hotline — 1-866-444-3493
Corporate Integrity Intranet Site on ERIC

Do you have an employment or HR concern or question? Call Human Resources at 651-254-4784.

Are you concerned about Information Security? Call the IS&T Help Desk at 952-967-6600.

Is there a medical error or quality issue you wish to report? Call 651-254-2020.

Do you have a medical ethics question? Call 651-254-3456 for an ethics consult.

A question about Region's Hospital health research? Call 952-967-5014.

Confused about what is a compliance issue versus one of these other kinds of issues?

Don't worry — if you call the Corporate Integrity Hotline or email the Corporate Integrity Department, we'll make sure your question gets forwarded to the right resource within Regions Hospital, even if it is not a compliance question after all.
### Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td><strong>Advance directives</strong></td>
<td>Advance directives are sometimes called living wills. These are a patient’s instructions for their health care treatment and decision-making, in the event that they are unable to make these decisions for themselves.</td>
</tr>
<tr>
<td><strong>Antikickback</strong></td>
<td>The federal Antikickback law prohibits health care organizations from paying, receiving or offering money or anything else of value in exchange for patient referrals.</td>
</tr>
<tr>
<td><strong>Antitrust laws</strong></td>
<td>Antitrust laws are intended to promote business competition. These laws prohibit anti-competitive behavior and unfair business practices, such as monopolies, bid rigging and price fixing, especially by businesses or groups of businesses that are a dominant force in the market.</td>
</tr>
<tr>
<td><strong>Cash equivalents</strong></td>
<td>Cash equivalents include gift cards, gift certificates, tokens, credits or other things that may be used instead of cash.</td>
</tr>
<tr>
<td><strong>Company resources</strong></td>
<td>Company resources include financial, material, personnel, electronic and informational resources owned, leased or developed by Regions Hospital.</td>
</tr>
<tr>
<td><strong>Compliance question</strong></td>
<td>Compliance issues relate to any organizational activity that is regulated by federal or state law. However, they are typically issues that relate to reimbursement, licensure, privacy, security, patient referrals, purchasing, conflicts of interest, vendor relations and other business practices.</td>
</tr>
<tr>
<td><strong>Corporate Compliance Officer</strong></td>
<td>Regions Hospital Corporate Compliance Officer is Tobi Tanzer.</td>
</tr>
<tr>
<td><strong>Corporate Integrity Hotline</strong></td>
<td>1-866-444-3493</td>
</tr>
<tr>
<td><strong>Employment or HR</strong></td>
<td>Employment or HR questions would include matters relating to payroll, benefits, leaves of absence, workload and the workplace environment generally.</td>
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<tr>
<td><strong>EMTALA</strong></td>
<td>Emergency Medical Treatment and Active Labor Act of 1986</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>This includes spouse; birth or adoptive parent, child or sibling; step-parent, -child, or -sibling; parent-, child- or sibling-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.</td>
</tr>
<tr>
<td><strong>Financial relationship</strong></td>
<td>This includes an ownership or investment interest in an entity (or its owner) or a compensation arrangement between the physician and the entity.</td>
</tr>
<tr>
<td><strong>Glossary of Terms continued</strong></td>
<td></td>
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<td>--------------------------------</td>
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<tr>
<td><strong>Health research</strong></td>
<td>Investigating, developing, testing and evaluating health information in order to contribute to the general body of knowledge on that subject. This may include clinical studies as well as health services research, whether sponsored by HealthPartners or another organization.</td>
</tr>
<tr>
<td><strong>HIPAA</strong></td>
<td>Health Insurance Portability and Accountability Act of 1996</td>
</tr>
<tr>
<td><strong>Hotline</strong></td>
<td>1-866-444-3493</td>
</tr>
<tr>
<td><strong>Information Security</strong></td>
<td>Information security means maintaining the confidentiality, integrity and availability of electronic information.</td>
</tr>
<tr>
<td><strong>Medical error or quality issue</strong></td>
<td>Medical errors and quality concerns include issues like patient safety, provider competence and quality of care.</td>
</tr>
<tr>
<td><strong>Medical ethics</strong></td>
<td>Medical ethics involves evaluating the merits, risks, and social concerns of health care activities. Medical ethics includes questions of death and dying, health care decision-making for impaired or minor patients, reproductive medicine, evaluation of conventional and alternative treatments, and the distribution and utilization of health care resources.</td>
</tr>
<tr>
<td><strong>Nominal</strong> or <strong>minimal value</strong></td>
<td>Nominal/minimal value means no more than $75.00, although some departments may set a lower amount in light of regulatory requirements or professional responsibilities.</td>
</tr>
<tr>
<td><strong>Mission</strong></td>
<td>Our Mission is to improve the health of our patients and the community.</td>
</tr>
<tr>
<td><strong>Nonprofit purpose</strong></td>
<td>Nonprofit organizations do not serve private interests, unlike for-profit organizations, which ultimately serve the interests of their shareholders. Often when people refer to the purposes of nonprofit organizations they are referring to scientific, educational and other charitable purposes.</td>
</tr>
<tr>
<td><strong>Patient Freedom of Choice</strong></td>
<td>The federal Freedom of Choice Law guarantees Medicare and Medicaid patients the right to obtain health services from a qualified provider.</td>
</tr>
<tr>
<td><strong>Privacy</strong></td>
<td>There are many federal and state laws that require us to safeguard the confidentiality of patients and research participants. Some of those laws also give individuals additional privacy rights, such as the right to access their records, the right to request an amendment to their records, and the right to receive a list of who we have disclosed their information to.</td>
</tr>
<tr>
<td><strong>Members of the Corporate Integrity Department</strong></td>
<td>You will find information about the Corporate Integrity Department and its staff on ERIC.</td>
</tr>
</tbody>
</table>
Professional boundaries  If you are a caregiver or other licensed professional, you are subject to certain restrictions on interpersonal relations with your patients and former patients. Even if you don’t think you are crossing a line, your patient might. You will jeopardize your professional status if you cross these boundaries, so you need to make sure that you are familiar with these restrictions — talk to your supervisor if you are unsure.

Regions Hospital  Regions Hospital belongs to a family of health care organizations that provide health care, health promotion, health care financing and health care administration services. It includes: Group Health Plan, Inc.; HealthPartners Administrators, Inc; Midwest Assurance Company; and HealthPartners Institute for Medical Education.

Research  Activities relating to investigation, development, testing and evaluation that are designed to contribute to the general body of knowledge. This may include clinical studies as well as health services research, and may be sponsored by Regions Hospital or another organization.

Research participants  Patients or other individuals who are, or whose information is, involved in research.

Research review process  This process involves the review and approval of research protocols by the organization’s Institutional Review Board in order to protect research participants.

Retaliate  Supervisors, coworkers and others are not permitted to retaliate against a person for something they did in good faith. Retaliation can include things like demotion, failure to promote, hostility, adverse changes in job conditions or requirements, or other undesirable actions by an employer, supervisor or coworker.

Retaliation  Retaliation is a negative consequence for something done in good faith. Retaliation can include things like demotion, failure to promote, hostility, adverse changes in job conditions or requirements, or other undesirable actions by an employer, supervisor or coworker. It is never appropriate to retaliate against an employee for a good faith action.

Stark  The “Stark” law is a federal law that prohibits referrals from physicians to certain designated health services in which that physician or his or her family members have a financial interest.

Values  The organization’s Values are Teamwork, Respect, Passion and Integrity.
LOCATION  Health Partner Health Specialty Clinic (HSC)  
401 Phalen Blvd, 2nd Floor  

DEPT PHONE  651-254-7500  

APPOINTMENTS  952-967-7911  

CONTACT  Patricia A Morris, Clinic Lead  

PHONE  651-254-7531  

HOURS  8:00 a.m. to 4:30 p.m. Monday-Friday  

Ophthalmology Staff  
Michael Floyd, MD, Pediatric Ophthalmology  
Dave Johnson, M.D., Comprehensive  
John Knapp, MD, Comprehensive  
Leslie A. Kopietz, M.D. – Comprehensive  
Jerry Kobrin, M.D., Comprehensive  
Charles Kim, MD, Oculoplastics  
J. Daniel Nelson, M.D., Cornea Dry Eye  
Anthony J. Pfaff, M.D., Comprehensive  
Paul Tani, M.D., Vitreoretinal Disease  

DESCRIPTION OF DEPARTMENT/SERVICE  
A wide variety of ophthalmological services are available to patients at the Health Specialty Center. We provide a full service Eye clinic that includes routine exams and contact lens fittings/evaluations done by our optometry department, medical and surgical ocular evaluations done by our ophthalmologists and a full service optical department. We provide both in-patient consultation and Emergency Department coverage at Regions Hospital. We are surgically equipped to handle most types of ocular trauma including lid lacerations, corneal lacerations, ruptured globes and traumatic cataracts. We are also capable of treating congenital, infantile, and age related cataracts. Several of our ocular surgeons perform refractive surgery, including LASIK, LASEK, and photorefractive keratectomy.

Inpatients at Regions Hospitals are evaluated daily by one of our ophthalmologists on Regions Rounds, done daily (Monday through Friday from 8 – 10AM). Consults are placed via EPIC. Specifics as to why the consult is being sought will direct our evaluation of the patient. Patients needing urgent consults should have those directed to the on-call ophthalmologist outside of the 8-10 AM hours. Visit the AMION website to determine the ophthalmologist on call.
ORTHOPAEDICS

LOCATION:
Orthopaedic Clinic
1st Floor, Main Building, Regions Hospital and
HealthPartners Specialty Center
435 Phalen Boulevard
St. Paul, MN 55130

Orthopaedic Office
Second Floor, North Building, Ste. 273N
Tricia Corbo, Education Program Director

APPOINTMENTS
651-254-8300

NURSE LINE
651-254-8300 Option 3

MD Referral Line
651-254-8377

CLINIC FAX
651-254-8379

OFFICE PHONE
651-254-1514

OFFICE FAX
651-254-1519

651-254-3247

FACULTY:
Peter Cole, M.D., Chief
Paul Lafferty, M.D., Residency Program Site Director

University Affiliated:
Sarah Anderson, M.D.
Peter Cole, M.D.
Mengnai Li, M.D.
Paul Lafferty, M.D.
Thuan Ly, M.D.
Scott Marston, M.D.
Christina Ogilvie, M.D.
Julie Switzer, M.D.
Christina Ward, M.D.

HPMG: (no resident coverage)
Heather Cichanowski, M.D. Non-operative orthopaedics and sports medicine
Steven Greer, M.D. Non-operative orthopaedics and sports medicine
Michael D'Amato, M.D.
Rick Davis, MD
Matt Hofkens, MD Non-operative orthopaedics and sports medicine
Todd Johnson, MD
Kate Pico, MD
Gavin Pitman M.D.
Randy Twito, M.D.
Jonathan Cooper, M.D.
Thomas Lange, M.D. Non-operative orthopaedics and sports medicine
Drew Thomas, M.D. Non-operative orthopaedics and sports medicine

DESCRIPTION OF DEPARTMENT/SERVICE:
The Department of Orthopaedics provides services for the diagnosis and treatment of diseases and injuries of the musculoskeletal system, including the cervical, thoracic and lumbar spine, pelvis, and extremities.

REFERRALS AND CONSULTATIONS
Daily coverage is provided by a "First Responder" who is an orthopaedic or emergency medicine resident, PA, or orthopaedic staff physician available for immediate consultation. A daily call schedule is published and can be obtained through the operator or the orthopaedic office. Call schedules are also posted on AMION.

To obtain consultations or to make a referral:

For Emergencies: Page the First Responder directly.

For Inpatient Consults: Page the First Responder directly.

For Outpatient Consults: Please call the Clinic Appointment Center to schedule patients (651-254-8300).
DESCRIPTION OF DEPARTMENT/SERVICE

Otolaryngology-Head and Neck Surgery is a medical and surgical specialty. The clinic at HealthPartners Specialty Center is staffed by the HealthPartners and University of Minnesota, Department of Otolaryngology Head and Neck physicians. As a part of our commitment to research and education, resident staff, as well as medical students, rotates through our department.

The physicians who make up our department are Board Certified in Otolaryngology Head and Neck Surgery. Many of our staff members have additional certifications that required additional training with expertise in Facial Plastic and Reconstructive Surgery, Neuro-otology, Head and Neck Oncology, Pediatric Otolaryngology, and Laryngology. Regions Hospital and HealthPartners offer a wide variety of medical and surgical services for conditions such as:

Cancers of the Face, Head, and Neck
Dizziness and Vertigo
Ear Infections/Hearing Problems
Facial Cosmetic Abnormalities - Facial Fractures
Microvascular Surgery & Head and Neck Reconstruction
Nasal Allergies, Sinusitis
Pharyngitis/Tonsillitis

Sleep Apnea
Skullbase Tumors
Temporomandibular Joint and Associated Dental Disorders
Soft Tissue Injuries of the Face and Neck
Surgery of the Thyroid and Parathyroid
Throat and Voice Problems

Many of the procedures undertaken are performed on an out-patient basis either in a small operating room for minor cases located in our clinic area, at the HealthPartners’ Same Day Surgery facility located on Phalen Boulevard, or in the hospital's main operating rooms.

The Otolaryngology Clinic at HealthPartners Specialty Center has a full-time nurse specifically trained in ear, nose, and throat disorders to assist in patient care. The physicians and staff provide the specialty care necessary to serve the Metro and surrounding suburbs.
PATIENT REPRESENTATIVE DEPARTMENT

LOCATION  2nd Floor, Main Building, and Room 2020

DEPARTMENT PHONE:  651-254-2372

CONTACTS
Mary Albrecht, Lead Patient Representative  651-254-3677
Abby Miller, Patient Representative  651-254-3073
Deb Friend, Director of Patient Safety, Regulatory and Corporate Compliance

HOURS
8:00 a.m. – 4:30 p.m., Monday-Friday.
Messages can be left after hours and will be returned the next business day

DESCRIPTION OF DEPARTMENT/SERVICE

Regions Hospital is committed to providing the best care and best experience for all of our patients and their families, however, sometimes things get in the way and patient satisfaction is compromised. If an issue cannot be resolved at the department level, the patient, the family, or staff may contact the patient representative.

The patient representatives are complaint and grievance management experts. Please don't hesitate to call them if you would like help with a difficult patient situation, or if you want some tips for handling a sensitive patient or family interaction.

Patients always have the option to contact an outside agency to register a complaint, including:

Minnesota Board of Medical Practice
2829 University Avenue SE – Suite 400
Minneapolis, MN 55414-3246
(612) 617-2130 or (800) 657-3709

Office of Health Facility Complaints
85 E. Seventh Place, P.O. Box 64970
St. Paul, MN 55164-0970
(651) 215-8702 or (800) 369-7994

Office of Ombudsman for Older Minnesotans
121 E. 7th Place, Suite 410
St. Paul, MN 55101
(651) 431-2555 or (800) 657-3591

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(800) 994-6610
complaint@jointcommission.org

Laboratory Quality/Safety Concerns
College of Accredited Pathologists
(866) 236-7212 (toll free)
ANATOMIC AND CLINICAL PATHOLOGY LABORATORY
GENERAL INFORMATION – May 8, 2014

- CLIA License # 24-D0651198
  Accreditation: Joint Commission

General Information Available On:
- MyPartner: Homepage / Departments / Laboratory (Regions) / Regions Medical Lab & Pathology Services / Medical Lab
- Or click on the following link to MyPartner: Resident Handbook Webpage (revised 3/26/14)

<table>
<thead>
<tr>
<th>Client Services – General Information- 24 Hours/365 Days</th>
<th>651-254-4795</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Services Fax</td>
<td>651-254-1529</td>
</tr>
<tr>
<td>Pathology Administration-General Information</td>
<td>651-254-4796</td>
</tr>
<tr>
<td>Pathology Department Provider to Pathologist Hotline</td>
<td>651-254-4794</td>
</tr>
<tr>
<td>Pathology Administration Fax</td>
<td>651-254-2741</td>
</tr>
<tr>
<td>Manager/Charge Tech On Duty</td>
<td>24 Hours/365 Days @ 651-254-4795</td>
</tr>
<tr>
<td>STAT/Emergency Service/Routine Holiday Service</td>
<td>24 Hours/365 Days Limited Specialty Services/Some On-Call</td>
</tr>
<tr>
<td>Morgue Access – Regions Hospital Security – 24 Hours/365 Days</td>
<td>651-254-3979</td>
</tr>
<tr>
<td>Pathologist-On-Call Monday – Friday, 8:00 AM – 5:00 PM, Call 651-254-4796, Option #1 After Hours/Holiday - Call Charge Tech – 651-254-4795 or check <a href="http://www.amion.com">www.amion.com</a></td>
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</tr>
</tbody>
</table>

LOCATIONS:
The Pathology Main Laboratory and Offices are located on the 3rd Floor of the Central Section
640 Jackson Street, Mail Stop: 11103E
St. Paul, MN 55101-2595

The Morgue is on the First Floor of the Education Building, Room 106.
The Outpatient Drawing Lab is on the First Floor of the Central Section, Room M1293AA

<table>
<thead>
<tr>
<th>Pathologists</th>
<th>*Medical Director/Fellowship Specialty</th>
<th>Extension/Pager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas Olson, M.D.</td>
<td>Assistant Medical Director</td>
<td>651-254-9618</td>
</tr>
<tr>
<td></td>
<td>Clinical &amp; Laboratory Medicine</td>
<td>612-510-0005</td>
</tr>
<tr>
<td></td>
<td>HPMG &amp; Regions Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*HP Central Laboratory &amp; *Regions Hospital, *Westfields Hospital Lab, *Molecular</td>
<td></td>
</tr>
<tr>
<td>Janet Beneke, M.D., Ph.D.</td>
<td>Surgical Pathology,</td>
<td>651-254-9640</td>
</tr>
<tr>
<td></td>
<td>*Hudson Hospital Laboratory</td>
<td>651-629-1199</td>
</tr>
<tr>
<td>Anna Marie Carley, M.D.</td>
<td>*Histopathology,*Immunohistochemistry, Surgical Pathology</td>
<td>651-254-1576</td>
</tr>
<tr>
<td></td>
<td>Surgical Pathology</td>
<td>651-629-1695</td>
</tr>
<tr>
<td>Christine Colbach, M.D.</td>
<td>*Cytopathology, Surgical Pathology</td>
<td>651-254-9607</td>
</tr>
<tr>
<td></td>
<td></td>
<td>612-539-4399</td>
</tr>
<tr>
<td>Warren Goodman, M.D.</td>
<td>*Dermatopathology</td>
<td>651-254-1575</td>
</tr>
<tr>
<td></td>
<td></td>
<td>651-629-2506</td>
</tr>
<tr>
<td>Elizabeth Jordan, M.D</td>
<td>Assistant Director of Cytopathology, Surgical Pathology</td>
<td>651-254-9626</td>
</tr>
<tr>
<td></td>
<td></td>
<td>651-629-2195</td>
</tr>
<tr>
<td>Suzanne Keel, M.D.</td>
<td>Bone/Soft Tissue Pathology</td>
<td>651-254-1908</td>
</tr>
<tr>
<td></td>
<td></td>
<td>651-629-1596</td>
</tr>
<tr>
<td>Zena Khalil, M.D.</td>
<td>*Transfusion Services, Surgical Pathology</td>
<td>651-254-3423</td>
</tr>
<tr>
<td></td>
<td></td>
<td>651-629-0708</td>
</tr>
<tr>
<td></td>
<td>651-629-0834</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>651-629-0612</td>
</tr>
<tr>
<td>Sunil Patel, M.D.</td>
<td>*Lakeview Hospital, *Stillwater Medical Group</td>
<td>651-430-4625</td>
</tr>
<tr>
<td></td>
<td></td>
<td>651-430-4633</td>
</tr>
<tr>
<td>Ajay Rawal, M.D.</td>
<td>Hematopathology</td>
<td>651-254-3415</td>
</tr>
<tr>
<td></td>
<td></td>
<td>651-629-0938</td>
</tr>
<tr>
<td>Ellen B. Rest, MD</td>
<td>Dermatopathology</td>
<td>651-254-9625</td>
</tr>
<tr>
<td></td>
<td></td>
<td>612-336-0152</td>
</tr>
<tr>
<td>Amar Subramanian, M.D</td>
<td>*Tissue Oversight, *Pathology Informatics</td>
<td>651-254-9628</td>
</tr>
<tr>
<td></td>
<td></td>
<td>612-580-9939</td>
</tr>
<tr>
<td>Kalen Olson, Ph.D., DABCC</td>
<td>Clinical Laboratory Director</td>
<td>651-254-9650</td>
</tr>
<tr>
<td></td>
<td>*Chemistry,*Point of Care &amp; *Toxicology</td>
<td>651-629-1598</td>
</tr>
<tr>
<td>Greg Siwek, M.D.</td>
<td>Infectious Disease, *Microbiology, Molecular</td>
<td>651-254-7820</td>
</tr>
<tr>
<td></td>
<td></td>
<td>651-629-1129</td>
</tr>
</tbody>
</table>
## PHYSICAL HOSPITAL LOCATIONS

- **Pathology Main Laboratory and Offices**: Located on the 3rd Floor of the Central Section
- **Outpatient Drawing Lab (OPD)**: On the First Floor of the Central Section, Room M1293AA
- **Morgue**: On the First Floor of the Education Building, Room 106

## PATHOLOGY ADMINISTRATIVE OFFICE

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Information</td>
<td></td>
<td>651-254-4796</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>Vicki Krstich</td>
<td>651-254-9609</td>
</tr>
<tr>
<td>Death Related Information</td>
<td>Patient Flow Coordinator</td>
<td>651-629-2002 (Pager)</td>
</tr>
<tr>
<td>Autopsy Service/Morgue Questions</td>
<td>Monday-Thursday – 7:30 a.m. – 4:00 p.m.</td>
<td>651-629-0169 (Pager)</td>
</tr>
<tr>
<td>• Pathologist Assistant</td>
<td>Friday/Saturday/Sunday – 7:00 AM-11:00 PM</td>
<td></td>
</tr>
<tr>
<td>• Pathologist On-call</td>
<td>After Hours/Holiday</td>
<td>Call Charge Tech – 651-254-4795 or check <a href="http://www.amion.com">www.amion.com</a></td>
</tr>
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### FAX

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Morgue Access – Regions Hospital Security</td>
<td>24 Hours/365 Days</td>
<td>651-254-3979</td>
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### PHONE

<table>
<thead>
<tr>
<th>Position</th>
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<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Laboratory Operations Manager</td>
<td>Charlotte Janita</td>
<td>651-254-3016</td>
</tr>
<tr>
<td>Keely Ellyson, Client Services Supervisor</td>
<td>651-254-0833</td>
<td>651-629-2532</td>
</tr>
<tr>
<td>Scott Pundsack, Client Services Specialist</td>
<td>651-254-1677</td>
<td>651-629-0030</td>
</tr>
<tr>
<td>Ken Gard, Client Services Specialist</td>
<td>651-254-9697</td>
<td>651-629-1166</td>
</tr>
<tr>
<td>Outpatient Drawing Lab (OPD)</td>
<td>651-254-9642</td>
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### CLIENT SERVICES (24 HOURS/DAY-365 DAYS/YEAR)

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<tbody>
<tr>
<td>Keely Ellyson, Client Services Supervisor</td>
<td>651-254-0833</td>
<td>651-629-2532</td>
</tr>
<tr>
<td>Scott Pundsack, Client Services Specialist</td>
<td>651-254-1677</td>
<td>651-629-0030</td>
</tr>
<tr>
<td>Ken Gard, Client Services Specialist</td>
<td>651-254-9697</td>
<td>651-629-1166</td>
</tr>
<tr>
<td>Outpatient Drawing Lab (OPD)</td>
<td>651-254-9642</td>
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### FAX

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>FAX</td>
<td></td>
<td>651-254-1529</td>
</tr>
<tr>
<td>Medical Laboratory Services</td>
<td></td>
<td>651-254-1785</td>
</tr>
<tr>
<td>Accounting and Budgeting Services</td>
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<td>651-254-1529</td>
</tr>
<tr>
<td>Patient Flow Coordinator</td>
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<td>651-629-0039</td>
</tr>
<tr>
<td>Clinical Laboratory Operations Manager</td>
<td>Charlotte Janita</td>
<td>651-254-3016</td>
</tr>
<tr>
<td>Client Services Supervisor</td>
<td>Keely Ellyson</td>
<td>651-254-0833</td>
</tr>
<tr>
<td>Clinical Laboratory Operations Manager</td>
<td>Scott Pundsack</td>
<td>651-254-1677</td>
</tr>
<tr>
<td>Candidate Services Supervisor</td>
<td>Ken Gard</td>
<td>651-254-9697</td>
</tr>
<tr>
<td>Outpatient Drawing Lab (OPD)</td>
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### PHONE

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Manager/Supervisor/Charge Tech On Duty</td>
<td>24 hours/365 days</td>
<td>651-254-4795</td>
</tr>
<tr>
<td>Keely Ellyson, Client Services Supervisor</td>
<td>651-254-0833</td>
<td>651-629-2532</td>
</tr>
<tr>
<td>Scott Pundsack, Client Services Specialist</td>
<td>651-254-1677</td>
<td>651-629-0030</td>
</tr>
<tr>
<td>Ken Gard, Client Services Specialist</td>
<td>651-254-9697</td>
<td>651-629-1166</td>
</tr>
<tr>
<td>Outpatient Drawing Lab (OPD)</td>
<td>651-254-9642</td>
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### Evening/Night Clinical Laboratory Supervisor

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Evening/Night Clinical Laboratory Supervisor</td>
<td>Ettafa Boka</td>
<td>651-254-9960</td>
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</table>

### Billing/Compliance/Marketing/Outreach Customer Service

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>General Customer Service</td>
<td></td>
<td>651-254-9636</td>
</tr>
<tr>
<td>Lynne Preese, Clinical Pathology</td>
<td></td>
<td>651-254-1785</td>
</tr>
<tr>
<td>Shelly Semerad, Anatomic Pathology</td>
<td></td>
<td>651-254-1699</td>
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### Anatomic Pathology

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Shelly Semerad, Anatomic Pathology Manager/Autopsy Service/Safety</td>
<td>651-254-1699</td>
<td>651-629-2132</td>
</tr>
<tr>
<td>Lynnette Savaloja, Anatomic Pathology Operations Supervisor</td>
<td>651-254-2412</td>
<td>651-629-0482</td>
</tr>
<tr>
<td>Cytology - Heidi Davis, Technical Specialist</td>
<td>651-254-3332</td>
<td>651-629-0915</td>
</tr>
<tr>
<td>Histology - Dorothy Webb, Technical Specialist</td>
<td>651-254-2962</td>
<td>651-629-2165</td>
</tr>
<tr>
<td>Immunohistochemistry – Paula Overn, Technical Specialist</td>
<td>651-254-5144</td>
<td></td>
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<tr>
<td>Pathologist Assistant Lead – Jesse Spates</td>
<td>651-254-4913</td>
<td>651-629-0170</td>
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### Quality and Compliance Laboratory Manager

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Lynne Preese – Patient Safety &amp; Quality/Informatics/Best Practices</td>
<td>651-254-1785</td>
<td>651-629-0402</td>
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### Clinical Pathology Laboratory Services (Technical Specialists)

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Blood Bank/Tissue – Cindy Majzner</td>
<td></td>
<td>651-254-9614</td>
</tr>
<tr>
<td>Chemistry – Reed Nystrom</td>
<td></td>
<td>651-254-3261</td>
</tr>
<tr>
<td>Blood Gases/Coagulation - Jeff Evens</td>
<td></td>
<td>651-254-9656</td>
</tr>
<tr>
<td>Flow Cytometry – Ry Rybar</td>
<td></td>
<td>651-254-9613</td>
</tr>
<tr>
<td>Hematopathology/Urinalysis</td>
<td></td>
<td>651-254-3262</td>
</tr>
<tr>
<td>Microbiology/Virology/Parasitology/Mycology/Mycobacteriology</td>
<td>651-254-9671</td>
<td></td>
</tr>
<tr>
<td>Robert Bergsbaken</td>
<td></td>
<td>651-254-3264</td>
</tr>
<tr>
<td>Microbiology/Virology/Parasitology/Mycology/Mycobacteriology</td>
<td>651-254-3544</td>
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<tr>
<td>Nicole Trutwin</td>
<td></td>
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<tr>
<td>Toxicology – Jennifer Brown</td>
<td></td>
<td>651-254-3574</td>
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### Laboratory Informational Systems

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Jodi Lang, HP &amp; Regions Hospital Lab Business Manager</td>
<td>952-883-5844</td>
<td></td>
</tr>
<tr>
<td>Anne Nicholas, LIS/EPIC Lab Operations Supervisor</td>
<td>651-254-3393</td>
<td>612-580-0063</td>
</tr>
<tr>
<td>Todd Sommer, LIS/EPIC Lab Technical Systems Coordinator</td>
<td>651-254-3989</td>
<td>651-629-1747</td>
</tr>
</tbody>
</table>

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*ANY QUESTIONS OR COMMENTS SHOULD BE DIRECTED TO THE GENERAL INFORMATION PHONE LINE: 651-254-4796 – OPTION #4*
## PHARMACY SERVICES

**LOCATION**
Regions Hospital  
**DEPT PHONE** 651-254-9627

**CONTACT**
Craig Harvey  
Pharmacy Director  
**PHONE** 651-254-9560

### LOCATIONS
- **Inpatient Pharmacy** 651-254-9627  
  24 hours a day
- **Sterile Products (IV Pharmacy)** 651-254-5178  
  24 hours a day
- **OR Satellite Pharmacy** 651-254-8897  
  0600-1430 Mon-Fri
- **Outpatient Pharmacy/Discharge Rx** 651-254-9561  
  0700-1900 7 days/week
- **ED Pharmacy** 651-254-4494  
  0900-0100 7 days/week

### PHARMACY MANAGEMENT
- **Craig Harvey, Pharmacy Director** 651-254-9560  
  n/a
- **Tanya Barnhart, Manager, Compliance & Clinical Program** 651-254-0869  
  651-629-0497
- **Pending Manager, Inpatient Pharmacy Services** 651-254-3828  
  651-629-0737
- **Julie Vollmer, Manager, Outpatient Pharmacy Services** 651-254-1447

### SERVICES

#### INPATIENT
Provides comprehensive unit-dose distribution services.

#### OR SATELLITE
Provides comprehensive unit-dose distribution services for OR.

#### OUTPATIENT
Provides comprehensive outpatient Rx services for Discharge and Employee prescriptions.

#### ED PHARMACY
Provides comprehensive outpatient Rx services for ED prescriptions.

#### CLINICAL
Provides drug-related information and consultation for physicians, nurses, and other health care professionals. Pharmacology and pharmacokinetic consultative services are available to assist the physician in obtaining desired therapeutic endpoints rapidly without toxicity. Some of these consult services are provided automatically and others are available upon physician request.

**Contact Clinical Pharmacists on AMION**
- Decentralized Clinical Pharmacists (DCP) are available seven days a week from 7am to 11pm.
- They attend multidisciplinary rounds on most floors and round with some services M-F.
- Each patient’s medication list, labs, and ongoing treatment plan is reviewed daily.

**Contact Pharmacy Residents on AMION**
We have 2 PGY-1 pharmacy residents who rotate through a variety of medical services. They are generally available for questions regarding the service’s patients 7am to 5pm Monday-Friday. They also rotate through other pharmacy service areas on weekends.

<table>
<thead>
<tr>
<th>Automatic Pharmacy Consults/Services</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vancomycin &amp; aminoglycoside dosing</td>
<td>Consult orders should be placed through EPIC and provide useful information, however doses will be adjusted regardless of the presence of a consult.</td>
</tr>
<tr>
<td>Warfarin dosing</td>
<td></td>
</tr>
<tr>
<td>Hemodialysis medication list review</td>
<td></td>
</tr>
<tr>
<td>Clozapine monitoring</td>
<td></td>
</tr>
<tr>
<td>Methadone (for opiate withdrawal) dose verification</td>
<td>Consult orders are not needed.</td>
</tr>
<tr>
<td>Renal dosing adjustments</td>
<td></td>
</tr>
<tr>
<td>Automatic Therapeutic Substitutions</td>
<td></td>
</tr>
<tr>
<td>Available Pharmacy Consults/Services</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>Antiepileptic dosing/monitoring</td>
<td>Consult orders must be placed through EPIC or by speaking to a pharmacist.</td>
</tr>
<tr>
<td>Digoxin dosing/monitoring</td>
<td></td>
</tr>
<tr>
<td>Direct-thrombin inhibitor dosing/monitoring</td>
<td></td>
</tr>
<tr>
<td>Heparin and Enoxaparin dosing</td>
<td></td>
</tr>
</tbody>
</table>

**Antimicrobials Requiring ID Approval Before Dispensing**

Please call Infectious Diseases before ordering these agents and notify the pharmacist of approval. Any lipid-based amphotericin B product (Amphotec®, Abelcet®, Ambisome®)

- Caspofungin
- Ceftaroline
- Quinupristin/Dalfopristin
- Tigecycline
- Voriconazole (IV & PO)

Daptomycin and Linezolid (IV & PO) are available to the Medical and Surgical Critical Care teams for empiric coverage of Gram positive cocci in groups/clusters for up to 48 hours without ID approval. Other services need ID approval to begin therapy.

**Drug Shortage Information**

- Is available through your Department Chair
- Is available via a link on the pharmacy webpage

**Formulary Information**

- Is available via a link on the pharmacy webpage

**PHARMACY DOSING PROTOCOLS –**

Located on COMPLIANCE 360 website on the intranet and Pharmacy Services webpage

- Renal Dosing Protocol - ADULT
- Renal Dosing Protocol - PEDIATRIC
- Automatic Inpatient Therapeutic Drug Substitution List
- Pediatric Standardized Dosing Protocol
- IV to PO Automatic Conversion Policy
- Non-Formulary Alternative Options List
- Restricted Antibiotics Policy
- Pharmacist Management of Warfarin Therapy Protocol
- Medications with Restricted Prescribing Privileges
- Category X Medications
- Lactation - Breastfeeding Policy for Female Patients
- Nonformulary Medication Request - Special Order
- Enoxaparin Guidelines
- Inpatient Methadone use for Opiate Withdrawal – Maintenance Requests for Formulary Addition or Deletion
Pharmacy Services (continued)

P&T Approved Flow Diagram - Non-formulary Medications:

1. MD wants non-form med & calls Pharmacist
2. Pharmacist suggests a formulary alternative
3. If physician says no, pharmacist calls purchasing (cost, availability, etc.)
4. Pharmacist contacts P&T Committee Chair w/ request & cost/availability information
5. P&T Committee Chair Decides
   - If NO: P&T Committee Chair calls MD back & explains & asks provider to write a different order
   - If YES: Pharmacist to enter order, fill out non-formulary form, call purchasing
   - If MAYBE: P&T Committee Chair to contact MD have discussion & if yes will call Pharmacist back with approval.

Additional Information:
* Effective: Monday, August 21, 2006

* Evening/Nights: Pharmacist and physician to clinically evaluate the drug and the timeframe in which needed. If medication is critical for patient care during the evening/night shift, and plans are to acquire the medication from another facility, pharmacist should instruct physician that the PHYSICIAN must page P&T Committee Chair personally with the request. If the physician determines that the medication can wait until the morning, the pharmacist should pass the information on to the AM shift and P&T Committee Chair should be paged at that time. Pharmacist's discretion and professional judgment should be used.
* Evening/Nights: No purchasing information will be available to provide P&T Committee Chair.
* This process should also be used if a physician refuses to adhere to the automatic substitution policies approved by P&T.

Current P&T Committee Chair: Dr. Warren, Pager #: (612) 580-0528
Pharmacy Services (continued)

Antibiotic Stewardship

Stewardship of our antibiotic resources is becoming increasingly important with the evolution of multiple drug resistant pathogens and a limited number of novel antibiotics available both now and in the future. Use of antibiotics in specific patients or patterns of antibiotic utilization in the medical center all have an effect on resident bacterial flora and their susceptibility to individual antibiotics or an entire chemical class of drugs.

Misuse and under-dosing of antibiotics have been shown to drive bacterial resistance; a phenomenon often termed collateral damage. At the same time a delay of appropriate initial antibiotic therapy has been shown to contribute to patient mortality.

Patient exposure to appropriate or inappropriate antibiotic therapy carries the risk of adverse drug reactions. For these reasons, antibiotic stewardship is a responsibility of all healthcare professionals and the governing structure of the Hospital. Our goal in treating bacterial infections is an optimal clinical outcome without antibiotic induced side effects.

In January of 2007 the Infectious Disease Society of America published a position paper on antibiotic stewardship which will likely in the future be incorporated into the hospital accreditation process.

For the last ten years, Regions has maintained a program that links measures of antibiotic utilization with changes in bacterial resistance patterns. These initial efforts were multidisciplinary including an infectious diseases physician, an infectious diseases trained pharmacist, and a microbiologist. This program was sanctioned by the P&T Committee with the approval of hospital administration, the pharmacy director, the patient care committee, and medical executive committee. The P&T Committee also created an antibiotic subcommittee.

Goals of Antibiotic Stewardship

1. Optimize the utilization of antibiotics within Hospital.
2. Reduce antibiotic adverse drug events, drug-drug, drug-food interactions, & promote appropriate dosing that optimize appropriate pharmacodynamic outcome parameters.
3. Limit growth in bacterial resistance or collateral damage.
4. Optimize parenteral to oral conversion of antibiotics
5. Use the optimal route and method of antibiotic administration
6. Duration of antibiotic therapy should be guided by patient response.
7. Reduce overall cost and utilization of antibiotic therapy
8. Create a seamless process for practitioners.

Tenants of Antibiotic Stewardship

1. Obtain appropriate cultures or diagnostic tests apriori
2. Direct antibiotic against intended bacterial pathogens
3. Do not delay antibiotic therapy
4. Make sure your initial antibiotic/s cover/s likely bacterial pathogens.
5. Dose your antibiotic for maximal performance.
6. Streamline your antibiotic therapy once culture and susceptibility data become available. Avoid unnecessary duplication of antibiotic therapy.
7. Limit the duration of antibiotic therapy to treat the specific problem.
Outpatient Pharmacy

To: Regions Hospital Residents

From: Julie Vollmer, Outpatient Pharmacy Manager

Date: March 2013

Re: Outpatient Pharmacy Services

Regions Outpatient Pharmacy operates under **Federal Regulation 340B** which restricts prescription service to “Regions qualified patients.” Service provided to the following:
- Regions Hospital discharged patients
- Regions Hospital ED patients
- Regions Hospital owned clinic patients, and
- Regions Hospital employees. Residents are included when ID badge presented.

**Access and Flow -- Discharge prescription orders:**
“Access and Flow” is a Regions process improvement program to facilitate an orderly and planned discharge of the hospitalized patient. The goal is to discharge 35% of all patients prior to noon on the day of discharge. All patients being discharged will be identified and assigned an “Anticipated Discharge Date and Time”. From a Pharmacy perspective, **discharge medication orders should be sent to Outpatient Pharmacy at least 2 hours prior to the “Anticipated Discharge Date and Time”**. Ideally, orders can be sent the day prior to discharge and Pharmacy will deliver to the nursing unit 1 hour before the scheduled “anticipated discharge time”. “Regions 1Main” pharmacy is the default pharmacy in EPIC to speed up the discharge process for providers. Controlled substance prescriptions (II-V) will print on the patient’s floor and **MUST** be signed in non-black ink before being sent to pharmacy.

**Can Residents have prescriptions filled at Regions OP Pharmacy?**
Yes, as long as the prescription is from a Healthpartners prescriber and you have Healthpartners insurance. Please bring your Regions ID badge to qualify for this Regions employee benefit. In addition, OTC products are available for purchase as an employee at 20% off regular price.

**Regions Pharmacy accepts 1,000’s of insurance plans.** Co-pays for prescriptions are the same at Regions Pharmacy as at a typical retail pharmacy. In addition, Regions Pharmacy accepts a variety of charity care programs offered and funded by the hospital.

**Questions about Regions Outpatient services, call or e-mail**
- Julie Vollmer, Regions Outpatient Pharmacy Manager  651-254-1447
- OP Pharmacy  651-254-9561, option 0.
LOCATION North Building, 2nd Floor, N273
Regions Hospital

DEPT PHONE 651-254-3792

CONTACT Willie Braziel, Manager

PHONE 651-254-1530

STAFF
Warren Schubert, MD, Chair
James Fletcher, MD, Chief of Hand and Wrist
Cherie Heinrich, MD
Loree Kalliainen, MD
Martin Lacey, MD, Chief of Craniomaxillofacial
Ashish Mahajan, MD
Dean Mann, MD
Sue Mi Tuttle, MD
Kate Pico, MD
Christina Ward, MD
Ned Bruce, PA-C
JoAnne Eller, PA-C
Tara Olson, PA-C
Sarah Jorgenson PA-C
AnnMarie Fox, NP
Brooke Hovick, PA-C
Jim Johanning, PA-C

DESCRIPTION OF DEPARTMENT/SERVICE

Nine surgeons, six physician assistants, one nurse practitioner and RN's staff the Department of Plastic & Hand Surgery. There is a Plastic Surgery Resident, a General Surgery Intern and an Emergency Department Resident (most months). There is also an Oral & Maxillofacial Surgery Resident. There are two Hand Fellows from the University of Minnesota who participate in the call schedule, some of the operative procedures, and clinics.

The Plastic & Hand Surgery office is located on the 2nd floor of the North Building North Section off of the North Building elevator. The specific daily schedules of the attending, clinics and OR schedules can be obtained from LuAnn Zeilinger (651-254-3792) for Drs. Schubert and Tuttle, Valery Rousseau (651-254-0883) for Drs. Mann, Lacey, Heinrich and Mahajan; Jesi Woodford (651-254-4870) for Drs. Fletcher and Kalliainen; Kathy Cherry (651-254-1513) for Drs. Ward and Pico

<table>
<thead>
<tr>
<th>Every Monday – 6:30 a.m.</th>
<th>Combined Rounds with ENT maxillofacial trauma cases from the previous week are reviewed.</th>
<th>North Shore Conference Room 2nd floor North</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st, 3rd &amp; 5th Wednesdays</td>
<td>Case Discussions in Plastic Surgery Complications &amp; Conditions Conference</td>
<td>South Conference Room 2446, 2nd Floor of the South Section</td>
</tr>
<tr>
<td>6:30 a.m.</td>
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<tr>
<td>2nd &amp; 4th Wednesdays - 6:30 a.m.</td>
<td>Hand Conference</td>
<td>South Conference Room 2446, 2nd Floor of the South Section</td>
</tr>
<tr>
<td>1st Thursday – 5:30 p.m.</td>
<td>Maxillofacial Trauma Conference</td>
<td>Regions 3rd floor Auditorium, 3rd floor, East Building</td>
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</tbody>
</table>

There are additional conferences at the University, which are part of the Regions Hospital Plastic & Hand Surgery Rotation. This conference list is also posted in the Plastic & Hand Surgery Office.

Some students perform their entire rotation at Regions Hospital. Others have constructed a rotation in which they alternate between Regions, the University of Minnesota and VA hospitals. The phone number for the University office is 612-625-1188. Dr. James Fletcher is the Chairman of Plastic & Reconstructive Surgery at Regions Hospital and has welcomed involvement of students.
PSYCHIATRY

LOCATION
Room E2921, 2nd floor, East Building, Regions Hospital

CONTACT
Mary Barraclough, Residency Program Manager
651-254-3103
mary.m.barraclough@healthpartners.com

STAFF
Scott Oakman, MD, PhD. Residency Program Director
Diane Dahl, M.D., Asst. Residency Director
Michael Trangle, M.D., Assoc. Medical Director, HP Med. Group, Behavioral Health
John Kuzma, M.D., Medical Director for Inpatient Behavioral Health Services
Carol Novak, M.D., Medical Director for Outpatient Behavioral Health Services

Shehla Alavi, MD  Tom Gratzer, MD  Alex Solovey, MD
Onaiza Ansar, MD  Charlotte Guest, MD  Kristen Sparks, MD
Heather Berg-Patel, MD  Suzanne Harris, MD  Christine Stanson, MD
James Black, MD  Richard Holt, MD  Karen Ta, MD
Linda Brevitz, MD  Jeffrey Jacobson, MD  Stefan Tchepichev, MD
Elizabeth Canepa, MD  Puneet Nang, MD  Tracy Tomac, MD
Lisa Capell, MD  JJ Rasimas, MD  In-Lin Tuan, MD
Kathryn Curdue, MD  Sudhir Reddy, MD  James VanDoren, MD
Jane Dever, MD  Elizabeth Reeve, MD  Allison Williams, MD
Christina Frazel, MD  Jeffrey Richards, MD  Janet Zander, MD
Timothy Gendron, MD  Chhabilall Sharma, MD

DESCRIPTION OF DEPARTMENT/SERVICE
The Psychiatry Department is a multi-disciplinary health care delivery system. It blends the disciplines of psychiatry and behavioral sciences in an academically focused community clinic. The house staff in Psychiatry is trained to develop the necessary skills including:

1. A working knowledge of clinical psychiatric disorders including their "natural history," diagnosis, treatment, and interface with other medical disorders.

2. Scientific habits of thought and attitudes to assess critically differential diagnosis, therapeutic alternatives, and contemporary medical literature.

3. The knowledge and skills for an academic professional while retaining a practical and relevant clinical style.

Behavioral Health has 100 adult psychiatric inpatient beds. Comprehensive outpatient services include programs in adult, child and adolescent services, substance abuse, international/cultural psychiatry, and other specialty services. Additionally, DayBridge is a partial hospitalization program for adults who need intensive therapy but can return home at night with the support of family and friends.

Residents at Regions have the opportunity to provide direct patient care under the supervision of staff psychiatrists. The resident physician functions within a psychiatric team composed of a supervising psychiatrist, a psychiatric social worker, an occupational therapist, and nursing staff.

Residents may elect to devote their advanced years of training to consultation-liaison, community psychiatry, forensics, crisis, suburban private practice, or administration, under the direction and supervision of faculty staff.
RADIOLOGY

LOCATION
1st Floor, Regions Hospital, Central Section
3rd Floor, Central Section, Regions Hospital for Interventional Radiology
Health Specialty Center 401 Phalen Boulevard for Outpatient Imaging
Breast Health Center, Regions Hospital

CONTACT
Dorothy Walden-Woodworth, Director of Radiology

STAFF
Susan M. Truman, MD – Chief of Radiology
Azhar Ali, MD
Tara Bowman, MD
George Edmonson, MD
Jorge Leon, MD
Greg Rathmann, MD
Patricia Sullivan, MD
Donald Wiese, MD
Rick Aizpuru, MD
Peter Bretzman, MD
Andrew Hartigan, MD
Suzanne Parrino, MD
Vladimir Savcenko, MD
Angela Tai, MD
Martin Asis, MD
Rick Castaneda, MD
Edith Kang, MD
Jeff Phelan, MD
Thinesh Sivapatham, MD
Joseph Tashjian, MD

DESCRIPTION OF DEPARTMENT/SERVICE

The Radiology Department provides a full range of modalities related to diagnostic imaging including Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Ultrasound, Nuclear Medicine, Angiography, Angioplasty (stent placement), DEXA, PET/CT, Interventional Radiology, Percutaneous Imaging Guided Biopsy, Mammography, and General Diagnostic Radiology. Coverage of the Radiology Department is provided by St. Paul Radiology who provides 24/7 subspecialty radiology interpretations and consultation, including neuroradiology, musculoskeletal radiology, emergency radiology, breast imaging, nuclear medicine, abdominal imaging, pediatric radiology, interventional radiology and neurointerventional radiology.

A. KEY PHONE NUMBERS

1. Main Radiology Department: Phone 651-254-3766; Fax 651-254-5680. To reach a Radiologist, call this number and a receptionist will answer and page one for you.
3. Central Scheduling (7:30 AM to 6:00 PM): Phone 651-254-8200; Fax 651-254-2379.
4. File Room: Phone 651-254-3794; Fax 651-254-5705.

B. SCHEDULING OF EXAMINATIONS

1. Required Information
   • An order is required for all exams performed. Ordering is done through EPIC, the electronic medical record.
   • All orders must include: Name of exam, indication or symptoms and the ordering physician beeper number.
   Radiologic services are available 24 hours per day, seven days per week. In order to serve you better, appropriate clinical information is essential to both interpretation and performance of the correct procedure. Please do not hesitate to get in touch directly with one of the radiologists if you have a question or problem. The radiologists, in turn, may wish to directly convey a result to you, or seek your approval to proceed with further diagnostic procedures. Including your beeper number and/or telephone number where you can be reached will expedite your patient’s procedure in the Radiology Department.

   2. Routine Requests
   • The routine workday for examinations is 7:00 AM to 4:30 PM. We would prefer to perform non-emergent exams during this time period; however, examinations outside of these hours will also be performed without hesitation if you deem necessary. Feeding tube placements will not be performed routinely after 5:00 PM.
   • CT, general diagnostic imaging (x-ray), and US are staffed 24 hours per day, seven days per week. Examinations may be scheduled at any time.
3. "STAT" Requests
   • Because of the nature of this Hospital, there are frequently several simultaneous requests for immediate examinations. We may ask why the examination is STAT in order to set priorities. Films to check chest tube placement and exclude pneumothorax are generally not considered emergent, but will usually be performed within 30 minutes.

4. Portable Examinations
   • Radiographs should be obtained portably in the patient's room when there would be difficulty transporting the patient to the Radiology Department. Such patients are those on ventilators or cardiac monitoring. They generally do not include patients with IV's, NG tubes, or multiple chest tubes, if such are attachable to transport carts. The quality of the portable exam is less, generally has more radiation, and costs more than a more definitive examination done in the Radiology Department.

5. Emergency Procedures
   • Radiologic consultation is available 24 hours per day. To discuss or schedule an emergency procedure, contact the Radiology Front Desk at 651-254-3766. There is a staff radiologist in the Hospital 24 hours per day. Please do not hesitate to contact us.

6. Protective Measures for the Radiologic Technologist
   • Because of their repeated exposure to radiation, Radiologic Technologists are not to hold the patient in position for the radiographic examination. If the patient cannot maintain the position for the examination requested by the clinician, the examination will be changed to one which the patient can tolerate or other means of support and/or restraint will be used.

C. LOCATION OF FILMS

Films are available in the PACs (Picture Archiving Computer System) and viewed through the Web Browser (a desktop icon on many computers) or EPIC Imaging Link (viewable through any computer on which you can access EPIC – the electronic medical record). There are also PACS view stations in many clinics and in the Emergency Department and several inpatient units.

D. RADIOLOGY CONSULTATION AND CONFERENCES

The Radiology Department is available for consultation 24 hours per day. In addition, participation in several specialty conferences occurs during each week and month. If you have a special request, please contact us.

E. RELEASE OF PATIENT INFORMATION

For the protection of the patient and ourselves, we must have a release of information statement signed by the patient or his or her legal guardian for all radiographs, CD's and/or reports to be sent out or taken from the Hospital. The original films are the property of Regions Hospital and are the legal responsibility of this Hospital.

If a patient is transferred from Regions Hospital to another hospital by ambulance, the images will be copied on a CD and sent with the patient if a release of information form has been signed and left with the Radiology Department. We are able to deliver films to any local hospital or doctor's office by means of the Hospital delivery service, within a few hours after receiving a request for such transfer. Such requests should be directed to the Radiology File Room. Films made here after 4:00 PM can be delivered by the following weekday morning after 8:30 AM. If there are any questions about release of films and/or reports, please call or see the Radiology File Room at 651-254-3794.

F. ACCESS TO WRITTEN REPORTS

All reports are available in EPIC; however, if you need a copy of the written report, call 651-254-3794.
QUESTIONS/CONCERNS

If you have additional questions or concerns regarding Radiology Services, please contact/e-mail one of the following individuals:

Dorothy Walden-Woodworth, Administrative Director  651-254-3777
Eric Nelson, Clinical Operations Manager   651-254-5628
Phyllis Jaeger, Breast Health Center, IR, OR   651-254-2193
Susan Truman, M.D., Medical Director    651-254-3766
REHABILITATION INSTITUTE

Clinic Location: Health Specialty Center
401 Phalen Blvd, 4th Floor
St Paul, MN  55101

DEPT PHONE 651-254-7761

STAFF

* Physiatry
Rebecca Koerner, M.D., Medical Director
Jess Olson, MD., Staff Physiatrist
Richard Timming, MD, Staff Physiatrist
Keith Moench MD, Staff Physiatrist
Gretchen Niemioja  MD, Staff Physiatrist

* Psychology
Rich Young, Ph.D., L.P., Rehab Psychologist

* Rehabilitation Admission Coordinator, Cathy Meakins, RN

* Speech and Language Pathology

* Physical Therapy

* Occupational Therapy

* Hand Occupational Therapy

Therapeutic Recreation

* Therapeutic Aquatics

* Social Work

Laura Senst

* Acute Inpatient Rehabilitation Program on C93

Deborah Spotts RN, Nurse Manager on C93

C93 Ward

DESCRIPTION OF DEPARTMENT SERVICE

The Rehabilitation Institute (RI) provides comprehensive inpatient and outpatient rehabilitation services to maximize person's physical, cognitive, social, emotional, and behavioral, and vocational abilities. The emphasis is on providing high quality patient care and functional outcomes cost effectively. Services include:

Physiatry

Physiatrists are physicians who treat medical conditions that limit function or cause pain. They provide a full spectrum of care-from diagnosis to treatment and rehabilitation-to restore maximum health, function, and quality of life. They work with patients to develop a customized treatment plan which may be in an inpatient or outpatient setting, such as the hospital (inpatient/outpatient), nursing home, transitional care unit, or in the home. They prescribe adaptive equipment, orthoses and prostheses, wheelchairs/mobility devices, and determine therapy needs. They use several nonsurgical treatments for pain including, therapy, medications, and various injections. They also perform permanent partial disability and independent medical exams.

Psychologists evaluate and treat cognitive, emotional, and behavioral difficulties as this relates to patients' rehabilitation progress. Issues that interfere with therapeutic progress or medical treatment may be areas of therapeutic focus, including difficulty adjusting to new abilities, changes in familial roles, relationship issues, chemical use patterns, or long standing difficulties with mood. Patients can be seen while hospitalized or on an outpatient basis. Neuropsychological evaluations are used to formally evaluate cognitive and memory functioning following neurologic illness or injury, especially as this relates to practical issues in patients' lives.
Psychology

Psychologists evaluate and treat cognitive, emotional, and behavioral difficulties as this relates to patients’ rehabilitation progress. Issues that interfere with therapeutic progress or medical treatment may be areas of therapeutic focus, including difficulty adjusting to new abilities, changes in familial roles, relationship issues, chemical use patterns, or long standing difficulties with mood. Patients can be seen while hospitalized or on an outpatient basis. Neuropsychological evaluations are used to formally evaluate cognitive and memory functioning following neurologic illness or injury, especially as this relates to practical issues in patients’ lives.

Rehabilitation Admissions Coordinator
This person facilitates the admission process to rehabilitation and helps decide whether or not an admission to the rehabilitation unit is the most appropriate placement.

Speech and Language Pathology
Speech and language pathologists provide diagnosis and evaluation of speech and language disorders including: developmental speech and language disorders and acquired neurogenic and cognitive disorders, learning disabilities, hearing impairment, and reading problems. Services are also provided for problems related to voice, dysphagia, laryngeal) speech, and cleft palate.

Physical Therapy
Physical therapists provide evaluation and treatment for musculoskeletal disorders, orthopedic and neurological disabilities, and physical rehabilitation of major disabilities. Services are provided at the bedside, in the physical therapy clinic on the main campus, in the therapeutic pool, and at the off-campus site at Suburban Square.

Occupational Therapy
Occupational therapists provide an extensive range of services for patients whose ability to cope with tasks of daily living is impaired by physical, cognitive and/or emotional injury or illness. Services include evaluation and treatment of limitations in: activities of daily living, upper extremity function, visual perception and cognition, as well as provision of adapted equipment and upper extremity orthoses.

Hand Occupational Therapy
Hand occupational therapists provide assessment and treatment of patients with traumatic injuries to the upper extremity (crush injuries, tendon injuries, amputations) and provide preventative and post-op management for overuse syndromes such as carpal tunnel syndrome, lateral epicondylitis, etc. The therapists provide treatment in the areas of wound and scar management, edema control, sensory re-education, range of motion exercises, strengthening, coordination training, prosthetic training and orthotic fabrication and training.

Therapeutic Aquatics
Therapeutic Aquatic staff provides physical therapy and adapted aquatics in a warm water pool, to people affected by disease or disability. Treatment emphasis is on the use of exercise, activity, or swimming to meet an individual's rehabilitative or fitness needs. Community programs are also offered and include: Arthritis exercise, fibromyalgia classes, open swim, and group adapted aquatics for special schools, group homes, and developmental achievement centers.

Social Work
The social worker evaluates the patient, family, and community resources and helps make plans for discharge from the hospital to an independent setting and as active a lifestyle as possible. Referrals may be made to various community agencies. After discharge, support is provided to the patient and family during the period of adjustment to home and community. The social worker continues to act as a resource person as needed.

Therapy Referrals
A physician referral to rehab is appropriate if the patient has had functional change from baseline, which may prevent a return to independent or assisted living. The treatment team will work with the patient to improve function and make recommendations for rehabilitation and the most appropriate discharge destination.
Rehabilitation Institute (continued)

For changes in:

- swallowing or communication: send orders to speech therapy.
- activities of daily living: send orders to occupational therapy.
- mobility: send orders to physical therapy.
- cognition: send orders to speech and occupational therapies.
- hand function: send order to hand occupational therapy.

PM&R Referrals

If you think the patient may benefit from admission to our acute inpatient rehab unit on C93, send a consult to physical medicine & rehabilitation (PM&R) write the orders in the medical chart. You can also consult PM&R physician (whether or not the patient need inpatient rehab) for treatment recommendations for neurologic and musculoskeletal disabilities including spasticity, pain, bowel/bladder issues, tbi, equipment needs and rehab programming.

Acute Inpatient Rehabilitation

What is it?

It is an intense treatment program for adults (≥16 years of age) with functional limitations in: eating, dressing, grooming, bowel and bladder management, transfers, mobility, memory, problems solving, communicating or swallowing. We specialize in treating individuals with complex rehabilitation needs. This 16-bed, DRG-exempt inpatient rehabilitation unit on C93, is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 1990.

How is it different from a TCU?

Our program is for people who need daily medical and rehabilitation management by a physician, rehabilitation nursing and education, and 3 hours of daily therapy. We also offer rehabilitation psychology, recreational therapy, hand therapy, burn rehabilitation, pain management and physical therapy in a warm therapeutic pool.

Who gets admitted?

Patients who:

- are able to benefit (or work towards) 3 hours of daily therapy.
- have a primary admitting diagnosis of: stroke, brain injury, multiple trauma, spinal cord injury, amputation (with complication), femur fracture (with complications), hip or knee arthroplasty (with complications) polyarthritis, neurological disorders, burns, severe debilitation and other disability requiring intensive rehabilitation care.
- are medically stable. They can be on heparin, IV’s, dialysis, tube feedings, 02, routine BIPAP, cycle TPN, restraints, isolation, safety, safety assistant, or have a tracheostomy. They cannot have chest tubes, be on a ventilator, constant infusion, or require hourly monitoring.
- have a funding source.

How do I get a patient admitted?

- Send a PM&R consult.
- Get approval from PM&R to transfer patient.
- Do discharge summary and discharge orders.
- Any questions, page the rehabilitation admissions coordinator at 651-629-1019. On weekends, page the on-call physician.
RESPIRATORY CARE SERVICES / PULMONARY REHAB/ SLEEP HEALTH CENTER

LOCATIONS

Respiratory Care
3rd Floor Central Bldg.
Suite C-3194, Regions Hospital

Pulmonary Function Lab
401 Phalen Blvd
HealthPartners Specialty Center

Sleep Health Center
2688 Maplewood Drive

CardioPulmonary Rehab
2575 University Avenue West, Suite 140

DEPT PHONE
651-254-2721

651-254-7690

651-254-8150

651-254-2353

CONTACTS

Dino Valdivia, Respiratory Care Mgr. Phone: 651-254-2721 Pager: 651-629-0412

David Weber, Sleep Services Mgr. Phone: 651-254-8153

Ted Wawryzniak, HME Mgr. Phone: 651-523-8453

Jennifer Gregor, CardioPulm Rehab Mgr Phone: 651-254-2346 Pager: 651-629-4301

HOURS

Respiratory care and hemodynamic monitoring services are available 24 hours a day. Pulmonary Function Lab is staffed 8am to 4:30pm, Monday through Friday.

DESCRIPTION OF DEPARTMENT/SERVICE

Respiratory Therapy/ Pulmonary Function Laboratory/Hemodynamic Monitoring/ Bronchoscopy

Pulmonary Rehab (See Below)

Sleep Health Center (See Below)

Respiratory Care Services

Statement of Function

Services are provided to medical/surgical departments under the direction of the Pulmonary/Critical Care Section of the Department of Internal Medicine. Respiratory Therapists provide assistance to you in your evaluation, care, and management of patients with impaired or abnormal cardio-respiratory function. Specific expertise in the technical operation of respiratory equipment and clinical application of procedures is offered.

Beepers

Respiratory Care staff carries beepers and Vocera communicators to enhance communication. Each unit/area will be informed as to the practitioner and corresponding beeper number assigned to their area at the beginning of each shift. For questions or problems pertaining to respiratory care/hemodynamic procedures, contact the Lead Respiratory Therapist on Beeper (651) 629-0434 or Phone 651-254-0901.

Services Offered

Mechanical Ventilator Support - Respiratory Care staff will set up, troubleshoot, and maintain ventilators. The primary adult ventilator at Regions Hospital is the Puritan-Bennett 840. Weaning/extubation protocols are used in adult ICU,s and automatically started on all ventilator patients except those with a trach. Discussion between the physician and Respiratory Care concerning the rationale for the weaning/extubation is encouraged. Non-invasive ventilation, bedside ICU, inpatient and outpatient bronchoscopy and intubation assist, as well as high frequency oscillatory ventilation with the Sensor Medics 3100B is also available as well as other critical care services.

Oxygen Therapy - Systems available include: Nasal cannula, Venturi mask, non-rebreathing mask, high flow oxygen nebulizer, and high flow humidity systems. Respiratory Care staff will monitor and document therapy. Since oxygen is a drug, please write precise orders for initiation or discontinuance of oxygen. Continuous oximetry and arterial blood gas puncture is available as per physician order.

Bronchial Hygiene and Chest Physiotherapy - A variety of procedures and combinations of procedures are available on order. Procedures include humidity, aerosol bronchodilator therapy, bronchial drainage with percussion/vibration, (manual and mechanical) flutter valve, sputum inductions, CPAP and BiPAP mask therapy.
Respiratory Care Services (continued)

All are included in the Respiratory Care Protocols which are automatically initiated on any general or progressive care patient with respiratory treatment orders for Respiratory Care Services. Incentive spirometry is normally a responsibility of the nursing staff.

Pulmonary Function Laboratory - Limited pulmonary function tests are available for inpatients at Regions Hospital. Bedside testing consisting of spirometry and spirometry before and after bronchodilator are available for inpatient testing. These Pulmonary Screens, which include FVC, FEV1, FEV1, and FEF 25 to 75% are generally available with minimal advanced scheduling and uninterpreted results are placed in the chart immediately to facilitate pre-surgical or discharge evaluations. The Pulmonary Function Laboratory, located in the Lung and Sleep Health Clinic at HealthPartners Specialty Center, is equipped to provide you with a variety of pulmonary function measurements including: flow/volume determinations with or without bronchodilators, CO diffusion, nitrogen washout, lung volumes, ABGs at rest, oximetry during and following exercise with or without oxygen, and methacholine challenge testing. When ordering these outpatient studies, please specify all of the tests you would like done. All final pulmonary function reports include interpretations by a pulmonary physician. Complex and simple Cardio-Pulmonary Stress testing are also available in the Pulmonary Function Laboratory.

Inpatient pulmonary function testing is limited to bedside spirometry.

Bronchoscopy – Respiratory Care Services also provides set-up and assistance with Critical Care bronchoscopies as well as general care and inpatient bronchoscopy done in the Digestive Care and Interventional Pulmonology Center located on 3rd floor of the hospital. For more information contact the department, or the Lead RCP on pager 651-629-0434 or Phone 651-254-0901.

Hemodynamic Monitoring — Respiratory Therapist will assist with arterial, CVP, ICP, and PA insertions, pressure line monitoring and maintenance (arterial, atrial, PA, wedge, and ICP), discontinuance of arterial and central lines, cardiac output measurements, 02 consumptions, and in-house transport monitoring.

Patient Education - Asthma, COPD, MDI with spacer, dry powder inhaler, peak flow meter instruction and related patient education materials are provided by respiratory care. Home nebulizer therapy and CPAP education is generally provided by the participating DME, but Respiratory Care staff are available for questions and concerns.

Smoking Cessation counseling is also provided by Respiratory Care upon receipt of an order.

Respiratory Care Protocols

Respiratory Care Protocols have been created at Regions Hospital to assist the physician with evaluating patients’ respiratory care needs, determining the indications for respiratory treatments, and selecting the appropriate modalities. Respiratory Care Protocols are automatically started when the physician writes an order for a Respiratory Care treatment. Respiratory Care treatments are defined as: M.D.I instruction, Nebulizer Tx, CPAP or BiPAP Tx (used in place of IPPB), or Chest Physical Therapy. If preferred, the physician may also write a general order such as "respiratory care to evaluate." In both instances, respiratory care staff will perform a complete patient evaluation for respiratory therapy treatments within 24 hours of the initial order.

Respiratory Care Protocols will be utilized for all patients for whom respiratory care treatments are written with the exception of Pediatric patients under the age of 18. Patients ordered to receive short-term therapy of less than 24 hours. Respiratory Care Staff are also a part of the Rapid Response Team for Regions Hospital.

Discussion between the physician and Respiratory Care concerning the rationale for the therapy is encouraged. If you have any questions about this service or would like more information on Respiratory Protocols, please contact the Respiratory Care Supervisor on beeper 629-0434 or call the Respiratory Care Manager at 651-254-2723. In an acute situation, any immediate physician orders will be followed until a complete RC evaluation has been made. If a physician would like to overwrite the orders for respiratory care protocols, it must be done by a staff physician and be written as an "overwrite of RC Protocols."
Respiratory Care Services (continued)

Verbal Orders

Verbal/telephone orders are accepted for procedures consistent with common practices for respiratory care in this institution. Subsequent documentation of the order is expected.

Priorities for Service

Priorities are established to ensure the care of critically ill patients and are listed in the medical guidelines of the department.

Consultation

Jagdeep Bijwadia, M.D.  Department Head, Medical Director Sleep Health Center
Kealy Ham, M.D.       Medical Director of Medical ICU
Krista Graven, M. D.  Pulmonary, Critical Care Medicine, Medical Director of Respiratory Care, Pulmonary Function Lab and Pulmonary Lab
Jannica Groom, M.D.   Pulmonary Critical Care Medicine
Missy King-Biggs, M.D. Pulmonary Clinic
Eric Korbach, M.D.    Pulmonary Critical Care Medicine
John J. Marini, M.D.  Medical Director of Pulmonary Research
Charlene McEvoy, M.D. Medical Director of Pulmonary Clinic

Physician members are invited to seek consultation of the Pulmonary/Critical Care Medicine Section regarding the management of patients with impaired or abnormal respiratory function and any respiratory therapy procedures. Usually, upon perusal of the medical record, the indication and objective for therapy procedures is found clearly documented. If, however, there appears to be no indication for therapy, or objectives appear unclear, or continued therapy appears unwarranted, the respiratory care practitioner will consult with the responsible physician to outline and document the objectives of therapy. If indications and objectives are not outlined, subsequently, or are inconsistent with the department's guideline for respiratory therapy procedures, the practitioner will consult the Medical Director to review the therapy. In such an instance, the respiratory care practitioner will proceed as authorized by the Medical Director of the Department.

Pulmonary Rehab

The Pulmonary Rehab Program is an outpatient exercise and education program. It is offered through the Cardiopulmonary Rehabilitation Department. Those with diagnosed chronic obstructive and restrictive pulmonary disease may qualify. Sessions are held twice a week at the Westgate Business Center located at Hwy #280 and University Avenue. Contact Cardiopulmonary Rehab at (651) 254-9999 for questions and/or fax referrals to (651) 254-4776. Additional information is also available by visiting the Cardiopulmonary Rehabilitation link on ERIC.

Sleep Health Center

The Sleep Health Center is an outpatient unit located in Maplewood. The Sleep Health Center is a state-of-the-art sleep center which provides overnight and day sleep testing, home sleep testing devices, day nap testing (MSLT’s), MWT’s, actigraphy, mask fitting and PAP-NAP/desensitization procedures. All tests include interpretation by a BC/BE Sleep Specialist (Physician). At this time, direct referrals to the Sleep Health Center are limited to specific specialty groups as approved by the SHC Medical Director. All other patients must be seen by either The Lung and Sleep Health Clinic, the Neurology Clinic, or the Pulmonary Clinic located at the SHC for referral to the Sleep Health Center for sleep study purposes. Additionally, The Sleep Health Center partners with Hudson, Westfield’s, Osceola, and Lakeview Hospitals to offer sleep testing services in those locations. The Sleep Health Center does not provide inpatient testing at this time. Contact the Sleep Health Center at 651-254-8150 for questions.

HealthPartners Home Medical Supplies Durable Medical Equipment (DME) for Sleep Patients and other medical conditions, is located in Arden Hills at the Arden Woods Office Park. This is Home Medical’s only full service location, however, they also maintain limited service locations at West, Anoka Riverway, Hudson (Hudson Hospital), New Richmond (Westfields Hospital), HSC (401 Phalen), Osceola Medical Center, and Curve Crest Clinic (Stillwater). Contact Home Medical at 651-523-8440 for questions.
**Surgery**

**Location**
Regions Hospital
North Building, 2nd Floor

**Department Phone**
651-254-1633

**Contact**
Willie Braziel, Manager
Graduate Medical Education

**Phone**
651-254-1530

Deb Collier, Program Associate
Graduate Medical Education

**Phone**
651-254-1504

**Staff**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Ahrenholz, MD</td>
<td>Gary Collins, MD, Dept Chair</td>
<td></td>
</tr>
<tr>
<td>Joe Barbato, MD</td>
<td>David Dries, MD, Ass’t Med Director for Surgical Care</td>
<td>Cassandra Palmer, MD</td>
</tr>
<tr>
<td>Bruce Bennett, MD</td>
<td>Fred Endorf, MD</td>
<td>Gary Rosenthal, MD</td>
</tr>
<tr>
<td>Tom Blee, MD</td>
<td>Sandy Engwall, MD</td>
<td>James Schlaefer, MD</td>
</tr>
<tr>
<td>Dave Brusven, MD</td>
<td>Michael McGonigal, MD</td>
<td>Thamrong Suwan, MD</td>
</tr>
<tr>
<td>Robert Bulander, MD</td>
<td>William Mohr, MD</td>
<td>Seth Wolpert, MD</td>
</tr>
<tr>
<td>Ryan Carlson, ND</td>
<td>Todd Morris, MD</td>
<td></td>
</tr>
</tbody>
</table>

**Description of Department/Service**
The Department of Surgery is staffed by 25 surgeons. There is one fellow (Surgical Critical Care) and 13 residents, including 5 G-1’s. The Department has six surgical services: Trauma, Acute Care Surgery, General Surgery, Burn, Surgical Intensive Care, and Vascular Surgery.

The main Surgery office is located on the second floor of the North Building. The majority of the surgical patients are cared for on the Surgical Intensive Care Unit on 3 CM and General Surgery on South 11. The Burn Center on the 5th floor cares for burn patients and some plastic surgery patients. The Surgical Research Unit Laboratories are located on the 1st floor of the Education Building.

Trauma patients are seen in the Emergency Room by the Trauma Service. Acute General Surgery patients are seen by the Acute Care Surgery Service either in the Emergency Room or on the inpatient Units.

The Surgery Department conducts and participates in many conferences each week including a Chief’s Conference, a Multidisciplinary Trauma Conference, a Multidisciplinary Critical Care Conference, weekly case presentation, and a SICU Journal Club. One of the primary goals of the department is medical student and resident education. Information about conferences and education are available in the Surgery Office.
HealthPartners Geriatrics
TRANSITIONAL CARE, LONG TERM CARE & ASSISTED LIVING SERVICES

LOCATION
Mail Stop 26602G
P.O. Box 1309
Minneapolis, MN  55440-1309

PHONE  952-833-6805, Option 3

CONTACT
Robyn Hastings, Senior Manager

PHONE  952-883-6801

HOURS
8:00 AM – 5:00 PM, Monday – Friday

DESCRIPTION OF DEPARTMENT/SERVICE
HealthPartners Geriatrics provides on-site primary medical care services to residents in 10 transitional care settings, over 70 community nursing homes and over 70 assisted living sites across the metro area. Directed by the HealthPartners Division of Home Care, Hospice and Geriatrics, the program utilizes physician/nurse practitioner teams to manage the complex medical care needed by these patients. In the 10 dedicated transitional care units (TCU) (Ambassador Good Samaritan, Boutwells Landing, Capitol View, Galtier Health Care Center, Langton Place, Lyngblomsten Care Center, Maplewood Care Center, Maranatha Care Center, Presbyterian Homes of Bloomington, Southview Acres), medical teams are on site Monday through Friday and patients are seen by nurse practitioners and physicians a minimum of three times per week and as needed until discharged to home, assisted living or to long-term care facilities. Medical teams visit each long term care home at least monthly, with additional visits made when necessary. Medical teams visit assisted living sites at least monthly. In addition to visits, program personnel handle over 50,000 patient care phone calls each year. All patients discharged to a nursing home, assisted living facility or TCU are referred to the HealthPartners Geriatrics Program; communication with the medical team assigned to the facility is essential. The patient’s social worker or nurse case managers have lists of HealthPartners Geriatrics teams and their contact numbers.
LOCATION
Regions Hospital

CONTACT PERSON
Joshua Brewster, Director, Care Management  651-254-3780
Vicki Anderson, Supervisor of UM  651-254-2826
Sue Gruenewald, UM Coordinator  651-254-2948
Kim Short, UM Coordinator  651-254-2259

DESCRIPTION OF DEPARTMENT

The Utilization Management Program group utilization review experts who evaluate the appropriateness of admission, including medical necessity, continued stay, discharge practices, use of medical and hospital services, and all related factors which may contribute to the effective utilization of hospital resources and physician services. Using InterQual criteria, the team reviews all admissions and hospital stays; as necessary they communicate with payers to ensure reimbursement. UM staff are part of interdisciplinary, team rounds on medical and surgical units to answer questions and to facilitate timely discharges.

PURPOSE

- Admission review is conducted the within one business day of admission by the UM staff. The purpose is twofold:
  1. To determine the appropriateness of an inpatient admission. Using the Severity of Illness (SI) indicators as the guide for the review should establish the medical necessity of admissions to the Acute Care Setting.
  2. To obtain payer certification as required by contract agreements.

- Concurrent review:
  1. The purpose of this review is to assess periodically the patient’s need for continued treatment, using the aforementioned criteria, or standards of care. Intensity of Service (IS) indicators are used as the guide.
  2. To obtain payer certification throughout the hospital stay.

PROCESS

- Admission review and continued stay review:
  o The UM staff matches documentation of the patient’s problem and physician’s plan with the InterQual Acute Care Criteria. Staff notes the criteria met on the review and will review the record again concurrently.
  o If there is not adequate documentation to meet the medical necessity criteria for and/or continued stay, the UM staff contacts the attending MD.

- Third party payer denials are individually managed based on the contract requirements.

- Physician Peer Review:
  o Upon request of the UM staff, a physician reviewer will conduct a review by the end of the same day and document the findings. He/she will also contact the attending physician to discuss the case and plan of care.
  o If the physician reviewer is not available, or cannot concur with the attending provider, the case will be referred to the VP of Medical Affairs who will then review the case and contact the attending physician.
  o In cases of continued disagreement, the case will be referred to the Quality Peer Committee for a final decision. The attending physician will be contacted.
CARE MANAGEMENT DEPARTMENT
INCLUDING SOCIAL WORK AND CASE MANAGER SERVICES

LOCATION  East Building, Room 3876
Main Building, Room 6035
Regions Hospital

DEPT PHONE 651-254-9260

CONTACT PERSON  Joshua Brewster, Director, Care Management  651-254-3780
Renee Lewis, Manager of Care Management  651-254-3898
Karen Lovold, RN Supervisor of Care Management  651-254-5107
VACANT, SW Supervisor of Care Management  651-254-9259

HOURS  Monday through Friday: 8:00 am to 4:30 pm
Weekends-Saturday/Sunday: 8:00 am to 4:00 pm

NOTE: On weekends, Care Management coverage is limited to four staff, both case managers (CM) and social workers (SW). If you are trying to reach the assigned CM/SW please see AMION for contact information.

DESCRIPTION OF DEPARTMENT
The Care Management’s licensed social workers and registered nurse case managers are assigned to all inpatient medical and surgical units. Most units have a dyad/triad team of a social worker(s) and case manager(s) who collaborate to facilitate the progression of care, to coordinate discharge-planning needs, and to address psychosocial needs or barriers patient may have. Patients, families, health care providers and/or other concerned persons may request Care Management services. Hospital staff may make a referral via telephone, physician/nursing orders, or call the social worker and/or case manager directly.

CONTINUING CARE PLANNING
Contact the assigned social worker or case manager when it is determined that a patient may need supportive services in the community. The Care Management staff is knowledgeable about both local and out-of-area resources to best meet the needs of the patients/families.

In many cases, either the case manager or the social worker can handle discharge needs of a patient. However, the team discusses the cases and determines whether social work or case management intervention is more appropriate. In some cases, the team works together to best meet the needs of the patient/family.

PSYCHOSOCIAL ASSESSMENT
Following referral, the social worker will meet with the patient and family to assess psychosocial needs and develop a plan and/or recommendations to address the needs. The social worker will also consult with the referring person and will participate in the interdisciplinary patient care planning process. The social worker will work with the interdisciplinary team and the patient/family to accomplish agreed upon goals for discharge.

PROGRESSION OF CARE
The case manager is the main contact and facilitator of patient care, including progression of care and discharge planning. Case managers use the InterQual guidelines to assist them in determining best-care practices and appropriate care for patients. The case manager will work with the interdisciplinary team and the patient/family to accomplish agreed upon goals for discharge.

CARE MANAGEMENT INDICATORS

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment reaction to illness, injury or disabling condition.</td>
<td>Financial concerns such as loss of income or lack of medical insurance.</td>
</tr>
<tr>
<td>Chemical dependence or substance abuse.</td>
<td>Homelessness or lack of adequate, accessible or affordable housing.</td>
</tr>
<tr>
<td>Child welfare concerns such as suspected neglect, abuse, fetal exposure to</td>
<td>Inability to return to previous living situation or need for extended</td>
</tr>
<tr>
<td>controlled substances, or parental difficulty in following the treatment</td>
<td>care.</td>
</tr>
<tr>
<td>plan.</td>
<td>Issues related to progression of care.</td>
</tr>
<tr>
<td>Complex Medical needs (i.e. Wound care, IV antibiotics, Wound VAC’s).</td>
<td>Lack of clothing, food, transportation to medical appointments or other</td>
</tr>
<tr>
<td>Concerns about advance directives, living wills, conservatorship or</td>
<td>essentials.</td>
</tr>
<tr>
<td>guardianship.</td>
<td>Personal and family problems causing distress.</td>
</tr>
<tr>
<td>Discharges to nursing home for long term care, transitional care, and</td>
<td>Referrals to Clinics/ follow-up clinic appointments.</td>
</tr>
<tr>
<td>acute rehab.</td>
<td></td>
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<tr>
<td>Equipment or home care needs upon discharge.</td>
<td></td>
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<tr>
<td>Experience of sexual or physical violence.</td>
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</tr>
</tbody>
</table>
CHAPLAINCY SERVICES

LOCATION
Regions Hospital
2ND Floor, Central Section

DEPT PHONE 651-254-2072

CONTACT PERSON
Rob A. Ruff, Director

PHONE 651-254-1431

HOURS
There is a chaplain on-call at all times, 24 hours a day, 7 days a week. Chaplains are in-house Monday through Friday, 8:00 am to 10:00 pm. There is also a Catholic priest on-call at all times. The chaplain and priest on-call can be paged via the hospital operator (651-254-3456). The online Amion schedule also has a listing for which chaplain and priest are on-call.

STAFF
Rob Ruff, Director of Chaplaincy Services
Donald Patterson, Senior Chaplain
Helen O'Brien, Staff Chaplain
Beth Stassen, Staff Chaplain
Robert Osterlund, Staff Chaplain
Lisa Watson, Staff Chaplain
Fr. Ron Harrar & Fr. Antony Skaria, Catholic priests

DESCRIPTION OF DEPARTMENT/SERVICE

Chaplains provide spiritual* and emotional support to patients, families, and staff. The Chaplaincy Department supports the hospital’s commitment to holistic care by:

- Providing spiritual care with compassion and respect;
- Honoring the importance of spirituality and religious beliefs in health and healing;
- Promoting the integration of spiritual care into the total patient care program;
- Contributing to a healing environment within the hospital.

Hospital staff are encouraged to contact a chaplain whenever support for patients and family members might be helpful, especially in response to changes in medical condition, life-limiting diagnosis, death of a patient, code, significant personal loss, or other stressors which can raise spiritual and emotional concerns.

Chaplains serve as members of the interdisciplinary health care team. Each nursing station has a staff chaplain assigned to it. As their schedules permit, chaplains attend team rounds and care conferences. As non-medical personnel chaplains can serve as a bridge between staff, patients, and families. Chaplains are available as consultants and educators in the areas of spirituality, religious customs, and belief systems. Chaplains are among those staff members who serve as consultants for the Regions Ethics Consult team. A number of our chaplains are trained, experienced Critical Incident Stress Debriefing facilitators and are available to lead debriefing sessions for hospital staff after particularly difficult, stressful cases.

The regular work of chaplains includes: supportive visits through request, referral, and daily rounds; consultation with staff; worship opportunities and provision of sacraments; referrals as needed to community religious and spiritual resources. Worship is conducted in the Chapel of the Divine Healer located near the west entrance of the hospital. Services include daily Roman Catholic Mass, Friday Muslim prayer, Wednesday afternoon prayer service, Memorial Services, and special services.

Staff chaplains are Board Certified through the Association of Professional Chaplains. Requirements for certification include: endorsement by a denominational body, graduate theological education, ministry experience and clinical training. Chaplains have completed at least one year of full time residency through the Association for Clinical Pastoral Education (ACPE).

*Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred. (Puchalski, Ferrel, et al, Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference, Journal Pall Med, vol 12 no 10, 2009)
Switchboard Operators – Guest Experience

LOCATION 640 Jackson, Room 1271
Regions Hospital

CONTACTS Karen Peterson, Telecommunications
Krista Kretman, Switchboard Supervisor

DEPT PHONE 0 or 651-254-3456

HOURS 24 Hours per Day, 7 Days per Week

DESCRIPTION OF DEPARTMENT/SERVICE

Monday through Friday 7am-3pm there are three operators; evenings there are two operators 3pm-11pm and nights there is one operator (11pm-7am). Their responsibilities include:

1. Answer and expedite outside calls.
2. Patient Information
3. Page doctors and other key personnel, and make announcements.
4. Alert security of a disturbance.
5. Answer ALL hospital STAT calls/Page all Codes/Track all Hospital Codes
6. Send test pages to all code pagers daily
7. Answering Service for Geriatrics/Integrated Home Care
8. Pager Support Services for Hospital
9. After Hours AMION (On Call Schedule) Support

Important ways in which house staff should function to gain maximum use of the switchboard system are:

1. Dial '0' for hospital operator.
2. Dial '9' for an outside line.
3. Dial the desired 5 digit number for inter-hospital calls (Last 5 digits of telephone number, 4-XXXX)
4. Dial '11111' for STAT pages.
5. Answer all pages promptly or arrange for someone to take a message.
6. The hospital has a direct dial long distance system, which may be accessed from some phones. To place a long distance call, dial 9-1-area code and number followed by your department's account code. International calls can be made by using a credit card only.

Pager System:

All pagers have long-range capability. Any touch-tone phone can be used to place a page. There is no need to sign in or out of the system. On-call personnel are responsible for finding coverage when their pager is off. Most of the Pagers are equipped with a digital read out of the number to be called; these have no voice-message capability. If you feel your pager is defective take it to the switchboard and they will give you a replacement. Any University of Minnesota pagers are NOT serviced by the Regions hospital operators should be brought to the University of Minnesota for servicing.

To initiate a page to a digital beeper:

1. Dial '9' (if in the hospital).
2. Dial the 7 or 10 digit beeper number.
3. Listen for one ring and four quick beeps.
4. Dial the number to be called. (Due to many different 3 digit prefixes, it is always best to dial 10 digits when paging from within a medical center.)
5. If you wish to indicate the degree of urgency of your page, hit the asterisk sign (\*); this creates a dash on the beeper. Then dial 1, 2, 3 or 4. Press # to send the page.
HealthPartners Institute for Education and Research

**Location**
8170 33rd Ave. S., MS 21111R - Minneapolis, MN  55440

**Contacts**
- Jenilee Christy, Manager, Development and Planning  952-967-5084
- Bobette Godding, Sr. Manager, Research Subjects (IRB/ACUC)  651-254-3391

HealthPartners Institute for Education and Research (Institute) supports research activities that discover new knowledge and accelerate the use of knowledge to improve the health and health care of our members, patients and community. In particular, research efforts focus on projects that enhance health care outcomes and/or the cost effectiveness of health care delivery. Research activities conducted are intended to result in public-domain and/or in peer-reviewed publications.

**Research Oversight**
Three subcommittees, Clinical Research, Health Services Research, and Basic Science Research, review all research applications using established criteria related to the science of the proposal, the fit of the proposal in the HealthPartners organization, and the potential to improve the health or health care of patients, members and the community.

**Institutional Review Board/Animal Care and Use Committee**
All research using human or animal subjects must also be reviewed by the Institutional Review Board (IRB) or the Animal Care and Use Committee (ACUC) to ensure compliance with federal guidelines.

**Research Training**
All researchers and study staff must complete Responsible Conduct in Research training before beginning research (using human or animal subjects). The training pertains to both internally and externally funded research. For training requirements, contact the IRB office at 651-254-2928.

**Advisor Requirement**
All residents conducting research must have a HealthPartners employee as an advisor on the project.

**Grant Programs**
Each year, the Institute Board of Directors allocates funds through Sharing at Work donations to support Internal Grants (Discovery and Partnership). Projects with scientific merit and the potential to produce meaningful results are considered for funding on a competitive basis. Pilot projects that may evolve into a more developed investigation funded by an external source are encouraged. All employees of HealthPartners are eligible. To find out more, contact the IRB office at 651-254-3391.

**Grant Cycles and Receipt Dates**
The Institute Internal grant program has quarterly grant cycles (January, April, July, and October) with applications to be submitted on the third Thursday of the month.

**Electronic Application Forms**
Applying to conduct research at HealthPartners is through an electronic submission process. Please contact the IRB office for assistance in accessing the electronic forms (651-254-2928).

**Application Assistance – External Funding**
All research applicants for internal or external funding should contact Jenilee Christy at 952-967-5084 to help with questions about policies and procedures or for referral to experienced investigators and statisticians. Contact her as early as possible to ensure ample time for assistance.

**Institute for Education and Research/Graduate Medical Education Resident Research Support**
Residents in HealthPartners IME/GME programs may receive up to $2,000 to support a research project. This funding will be awarded after all internal reviews of a project are complete (including IRB review). For more information, contact Jen Augustson at 952-883-7285 or Jeanette.L.Augustson@healthpartners.com.
LINEN SERVICES

LOCATION  Dock Area, 1st Floor, Regions Hospital  DEPT PAGER: 651-629-GOWN (4696)

CONTACTS  Steve Meland, Dock & Linen Services Supervisor  PHONE  651-254-9587
           Kathy Resberg Housekeeping Manager  PHONE  651-254-9974
           Spectra Link – Linen Employee  PHONE  651-254-4696 or
                                      PAGER  651-629-4696

HOURS  “GOWN” phone/pager is available 3:00 am-6:00 pm Monday – Friday, and
       3:00 am-noon weekends and holidays. Off hours call the Materials
       Storeroom at x49589

DESCRIPTION OF DEPARTMENT/SERVICE

(Updates may occur after print date of this manual, please refer to most current information
updates provided by Linen Services).

The Materials Management department of Regions Hospital is responsible for a variety of services,
which will accommodate your experience as a resident here. A full-time Housekeeper is assigned
to cleaning resident call rooms and keeping them supplied with clean linen.

Scrubs are provided in the Residents Call Room locker room area located on 2nd Floor of the
south building. Please take only one set of scrubs and return them daily to one of the soiled linen
hampers located outside the call rooms. Scrubs are the property of Regions Hospital and must not
leave the hospital.

PROVISION AND DISTRIBUTION OF SCRUB ATTIRE

Policy: In order for the hospital to maintain control of the environmental conditions and certain
surrounding areas of patient care, the hospital will provide scrub attire and scrub attire
laundering services only to those areas of the hospital where scrub attire is approved by this
policy. Materials Management Linen Department will be responsible for the supply of scrub
attire in OR and Labor & Delivery. Residents may wear scrubs to other departments, but should
not wear scrubs unless necessary to help reduce linen laundering costs. Personnel in the
following areas must wear hospital-issued scrub attire:

APPROVED DEPARTMENTS FOR WEARING HOSPITAL SCRUBS

- Operating Room
- Post Anesthesia
- Burn Center (select staff)
- Pathology
- Ambulatory Surgery Center
- Bio-Med
- HP Same Day Surgery
- Cardiac Cath Lab
- Labor and Delivery - C-Section Suite only
- Reprocessing
- GYN Specialties
- Research

Scrub attire is NOT considered personal protective equipment (PPE). Personnel performing duties
requiring PPE will need to obtain barrier quality attire before performing these duties.

REQUIREMENTS FOR SCRUB USAGE

1. Staff working in the above departments must wear hospital provided scrubs, no other
   scrub attire will be allowed in these departments.

2. Entry into designated scrub locker rooms will require the display of a hospital ID photo card
   or department staff must accompany the individual.
3. Staff wearing hospital provided scrubs are expected to come to work in street clothes, and change back to street clothes when leaving the hospital. The hospital reserves the right to stop and question any individual leaving the building wearing or carrying hospital issued scrubs.

4. Staff leaving the hospital building (smoking, breaks) is expected to have a cover garment (isolation gown) on and not sit on the ground with their scrubs.

5. Staff assigned to perform duties in designated hospital scrub departments will use scrubs from that department, changing into their own uniform when leaving the designated scrub department to do other work in the hospital. (Examples: A housekeeper cleaning the O.R. and then moves to other area in the hospital where hospital scrubs are not required.)

**SCRUB POLICY # RH-SP-RM 01:11**

Surgical attire is worn to promote high level cleanliness and hygiene within the surgical environment and to provide a barrier to contamination that may pass from personnel to patients, patients to personnel, as well as from personnel to sterile instruments. Additional protective barriers are worn in order to prevent exposure to blood or body fluid contamination during the reprocessing of instruments and equipment. Scrub suits are appropriate for designated areas (e.g. OR and L&D). In all other areas, a long white coat must be worn over the scrub suit.

- Hospital provided scrubs are to be worn inside the hospital only.
- Scrubs are not to be worn outside for breaks or smoking
- Scrubs are not to be worn while traveling between hospitals
- Scrubs are not to be worn home; or to and from work
- Before leaving the hospital, staff should change into street clothes and deposit used scrubs in the laundry hamper

**PROVISION AND DISTRIBUTION OF LAB COATS**

Policy: In order for the Hospital to maintain control of the environmental conditions surrounding specified patient care areas and ancillary services, the Hospital will provide lab coats and lab coat laundering services only to those areas where scrub attire is required such as staff physicians, residents and the Pathology Department.

**Procedure:**

1. All resident and staff physician lab coats are purchased by the Clinics and they will make original and replenishment purchases of lab coats. Pathology is on a rental program.

2. Only hospitalists will be issued lab coats with embroidered names on them. Soiled lab coats should be returned to N2160, door C on second floor in the north section for processing. Clean coats will be returned in one to two weeks.

3. Resident physicians can pick up one lab coat from room N-2160 on second floor in north section. A soiled lab coat must be exchanged for a clean one. These are currently located in room N-2160 in a variety of sizes.

4. Lab coat provisions can be made for professional guests to the Hospital. The hosting department will be held responsible for acquiring and prompt, accurate return of the lab coats to room N-2160 upon completion of the visit.
LOCATION  Parking Office, 2nd Floor, Main Building  DEPT PHONE  651-254-3967

CONTACT  Terry Gustafson, Office Manager

HOURS  7:00 am to 5:00 pm, Monday through Friday

DESCRIPTION OF DEPARTMENT/SERVICE

Resident Parking
All Residents must park in the East Ramp for all shifts. This ramp is accessed using your ID badge.

Bus Passes
We carry “Go To” cards and 31 Day cards. See the Parking Office for more information. We also carry bus schedules.

Lockers
The Parking Office distributes lockers. There is a $10.00 deposit for each locker assigned. Lockers come furnished with combination locks. There are a limited number of available lockers. See the Parking Office for more information.

Escorts
Safety escorts to and from your vehicle are available through the Security Department 24 hours a day, 7 days a week. Please call 651-254-3979 for assistance.

VERY IMPORTANT MISCELLANEOUS INFORMATION

The control card you are issued is valid ONLY in the East Ramp. It will NOT be accepted in any other lot or ramp at any time.

If you have trouble with your parking card at any time, please drive into the West Ramp, pull a ticket and bring your ticket to the Parking Office with your ID badge. We do not want you to receive a warning or violation from Security nor do we want you to pay the full daily rate for parking. If you forget your parking card, you must come to the Parking Office for assistance.

The Security Department issues warnings to vehicles improperly parked. There is no fee charged for a warning. However, multiple warning citations may lead to a City of St. Paul Parking Citation. Once a City of St Paul Parking Citation has been issued, Regions Hospital has no jurisdiction over that citation. You would need to contact the City of St Paul to dispute or pay the citation. If you have questions about a warning, you may discuss it with Regions Security at 651-254-3979.

If you parked in the West Ramp, the booth attendants must have a validation from the Parking Office or you will be charged the regular published rate. Remember to stop by the Parking Office during office hours.

Any suggestions concerning parking should be sent in writing to the Manager of Parking. We welcome all comments.
REGIONS HOSPITAL MEDICAL LIBRARY

Location
2nd Floor, East Section, Room E2803
Regions Hospital

Dept Phone: 651-254-3607
Fax: 651-254-3427

Contacts
Mary Wittenbreer, MLIS, MALS
Head Librarian
Phone: 651-254-3609

Jennifer Feeken, MLIS
Librarian
Phone 651-254-3608

E-mail
MedicalLibrary@HealthPartners.com

Hours
8:00 AM – 4:30 PM, Monday-Friday

DEPARTMENT DESCRIPTION/SERVICE

Medical Library Intranet site (On myPartner)

- The Intranet site is your portal to subscribed databases, online journals and books and library services. The site can be accessed on all Regions Hospital, HealthPartners Clinic office computers. Go to MyPartner (HealthPartners' intranet site)
- Click on Departments
- Click on L then Library, Medical (Regions)
- Or you can bookmark the site at http://regionsmedicallibrary.healthpartners.com
- Please ask a librarian about remote access

Library Collection Description

- The collection consists of both online journals and books covering most disciplines. Most journal titles have been collected for 15 years while select titles have been collected over 50 years.

- Non-reference books are available for a two-week check-out period.

Library Services

- An interlibrary loan service is available for items not found in the library collection. Journal articles and books can be requested either in person, by phone, fax, using the form on the Intranet site or e-mail at MedicalLibrary@HealthPartners.com. Please allow 2-5 business days for delivery. Articles are sent electronically to your email address.
- The librarians also provide a literature search service.

Request a literature search the same as journal articles. Relevant citations will be sent to your email address.

Resources – Databases

- Access Medicine
- AccessEmergency Medicine
- ClinicalKey
- Cochrane Library
- DynaMed
- Micromedex
- Natural Medicines
- OVID Medline
- PsycINFO
- Psychiatry Online
- PubMed
- STAT!Ref
Other Resources

- **Online Journals Access and List** – Most of our journals are also available online. No user names or passwords are required. Look for this black and green icon to access full-text articles when searching PubMed or the Find it @ Regions Library icon in OVID Medline.

- **eBook List** – Use this to search our ebook titles by subject.

- **Small Group Meeting/Work Areas** – Several areas can accommodate groups of 2-5

- **Classes** – The librarians are available to teach small groups or instruct on an as needed basis.

- **Refworks: Personal Citation Manager** – Import citations from various databases and create bibliographies.

Internet Access and E-mail Access

- Twelve public end-user workstations are available for Internet and EPIC access

- Access to your Microsoft Outlook accounts

- Microsoft Office, including Microsoft Word, Excel, Access and Power Point are also available

Photocopying

The Library has one copy machine that is department code accessible. The Library limits photocopying to items from the Library collection only. Photocopying is self-serve; all patrons are expected to copy their own materials. The Library posts and enforces the United States Copyright Law (Title 17, United States Code).

After Hours Access

Swipe card after-hours access is limited to medical students, residents and physicians and other staff who are attending school.

Comments and Suggestions

Please do not hesitate to ask for further information, orientation to different databases or questions about electronic journal access. We welcome your suggestions!
<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Regions Hospital 1st Floor, Central Building Suite C 1381</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT PERSON</td>
<td>Rick Huston</td>
</tr>
<tr>
<td>PHONE</td>
<td>651-254-3629</td>
</tr>
<tr>
<td>HOURS</td>
<td>24 hours a day, 7 days a week</td>
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</tbody>
</table>

**DESCRIPTION OF DEPARTMENT/SERVICE**

The hospital's facility is patrolled on a 24-hour basis by the campus security department. Campus security officers are uniformed for high visibility to the public and to staff. All campus security officers are equipped with a two way radio to provide timely and efficient response to incidents or problems in and on the hospital's campus. The campus security department utilizes patrol vehicles for the purpose of maintaining routine patrols of and timely response to parking lots and other areas around the campus. To augment the patrol function, the campus security department utilizes closed circuit television and alarm systems to monitor areas both inside and outside the facility. The security control center serves as the control dispatch center for all calls received. The security control center is located on the first floor of the Main Building.

**Security Incident Reporting**

Security incidents include any crime, or unusual activity which could result in a crime, or which may result in harm or loss to individuals, or which may result in damage to the facility. The hospital's policy requires all employees to report security incidents upon discovery. This ensures a timely response and helps in the reporting of details which can aid in the prevention of further activity, identification of perpetrators and accurate reporting of facts surrounding the incident. Reporting security incidents immediately also ensures you that there will be a formal record of the event or activities to support your claim in the future. To report an incident, notify the campus security department by using the numbers at the top of the page.

**Safety Escorts**

The campus security department will offer a safety escort to anyone at any time of the day from any building, which the hospital leases and/or owns to the person's vehicle as long as it is parked in a lot which is leased and/or owned by the hospital. To acquire an escort to your vehicle, simply call the campus security department at 651-254-3979 and let the dispatcher know where you would like to be met and what your destination will be. An officer will be sent to your location to meet you, escort you to your vehicle and wait until you are safely in your vehicle and departing before clearing the area.

**Workplace Violence**

Regions Hospital will not tolerate violence in the workplace. Regions Hospital may take disciplinary action, up to and including termination, and may also support criminal prosecution of those who threaten or commit workplace-related violence against its employees, customers and other visitors.

**Who to call**

If you encounter/witness any act of violence, contact the Safety and Security Department at extension 43969 immediately. If you work off campus, you should call the police (911), and Security, if the situation is or potentially violent.

**Personal Safety Tips**

- When walking, be alert to your surroundings.
- When you feel afraid, your mind may be sending you a warning that something is not right or that you are in danger.
- Never walk alone at night.
- Park and travel in well-lit areas.
LOCATION: Room C2400, 2nd Floor, North Bldg.

DEPT. PHONE: 651-254-5709

CONTACT PERSON: Amy Greening, Volunteer Services Supervisor
Ali Hourigan, Volunteer Coordinator
Bonnie Watson, HealthPartners Volunteer Coordinator

PHONE: 651-254-2717
651-254-4770
651-254-9249

DESCRIPTION OF DEPARTMENT/SERVICE

Since 1965, Regions Hospital and HealthPartners volunteers have helped health care professionals and staff provide a positive experience for the patients, families and guests of Regions Hospital and the HealthPartners Clinics. Volunteer Services places over 925 volunteers annually for Regions Hospital, the Specialty Centers at 401 and 435 Phalen Avenue, and the HealthPartners Clinics. Since 2009, Volunteer Services has been a part of the overarching Guest Experience department at Regions and is continually striving to provide quality volunteer service to our departments, patients and guests. Volunteers can be easily recognized by their uniform of red polo shirts and black pants.

SERVICES

In 2013, volunteers offered over 58000 service hours to Regions Hospital and the HealthPartners Clinics. We welcome your referrals for potential volunteers. Please call our department at 651-254-5709 or email volunteerservices@HealthPartners.com, if we can be of assistance to you.
**SUBJECT**

**ACCESS TO ELIGIBILITY TO BOARD CERTIFICATION**

**NUMBER**

GME-32

**Attachments**

☐ Yes  ☒ No

---

**KEY WORDS**

Board, Certification, Compliance, Requirement

**EFFECTIVE DATE**

July 21, 2009

**CATEGORY**

Human Resources (HR)

**LAST REVIEW DATE**

May 27, 2014

**MANUAL**

Graduate Medical Education

**NEXT REVIEW DATE**

May, 2017

**ISSUED BY**

Graduate Medical Education

**ORIGINATION DATE**

July 21, 2009

**APPLICABLE**

Applies to all training programs with residents rotating at Regions Hospital.

**RETIRED DATE**

Not Applicable

**REVIEW RESPONSIBILITY**

Graduate Medical Education Committee (GMEC)

**CONTACT**

Graduate Medical Education

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**PURPOSE**

To establish a policy for all post-graduate training programs sponsored by the HealthPartners Institute for Education and Research to ensure compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institution, Common Program and/or Specialty Requirements.

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**SCOPE**

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research.

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**DEFINITION**

**Department** — refers to the home department of any given residency program.

**Residency Program (RP)** — refers to a residency or fellowship educational program, accredited by the ACGME or CPME, for purposes of clinical education.

**Resident Physicians** — refers to all interns, residents and fellows enrolled in a HealthPartners Institute post-graduate training program.

**Designated Institutional Official (DIO)** — refers to the Executive Director, Health Professional Education, of the Institute.

---

**POLICY**

The Graduate Medical Education Committee (GMEC) approved leave policies are in compliance with, and governed by, the regulations of the various specialty boards and accrediting organizations.

It is the responsibility of the department, residency program, and resident physicians to be in compliance with the ACGME Program Requirements concerning the effect of leaves of absence on satisfying the criteria for completion of the training program, and guaranteeing eligibility for certification by the relevant certifying Board prior to granting leave.

American Board requirements should be reviewed by the program director and resident physician to ensure that the trainee is familiar with the responsibility of having to make up time away from training. If
extended leave results in the requirement for additional training in order to satisfy American Board requirements, financial support for the additional training must be determined when arrangements are made for the leave and the makeup activity.

REFERENCES

Refer to the relevant Residency Program Manual for specific departmental policies and procedures.

###
APPROPRIATE DRESS/ATTIRE

Resident physicians are expected to present a clean and neat appearance. Jewelry, make-up, and fragrances must be in good taste, not extreme, and should not interfere with patient care.

POLICY

Professional attire is appropriate for all physicians while involved in patient care. For males, this preferably means dress shirt and tie. For females, this preferably means dresses, blouses, skirts, sweaters, or dress slacks. Footwear must be clean, in good repair, and provide for adequate safety.

For males and females, a long white coat over professional attire is appropriate.

Scrub suits are appropriate for designated areas; e.g. OR and L&D. In all other areas, a long white coat must be worn over the scrub suit. Scrub suits are never appropriate outside the hospital.
### PURPOSE

To establish a policy for all post-graduate training programs sponsored by, or affiliated with, the HealthPartners Institute for Education and Research (Institute) for business continuity and to ensure compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institution Requirements.

### SCOPE

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), and the Council on Podiatric Medical Education (CPME) sponsored by, or affiliated with, the Institute.

### DEFINITION

**Residencies** — refers to a residency or fellowship educational program, accredited by the ACGME or CPME, for the purpose of clinical education.

**Designated Institutional Official (DIO)** — refers to the Executive Director, Health Professional Education, of the Institute.

### POLICY

All residencies are accountable to the DIO. In the absence of the DIO, the Director of Graduate Medical Education shall serve as the DIO designee. In the absence of the DIO and the Director of Graduate Medical Education, the DIO designee shall be appointed by the President of the Institute.

### DUTIES OF THE DESIGNATED INSTITUTIONAL OFFICIAL (DIO)

The duties of the DIO are set forth in Attachment A to this policy.

#### Attachment

GME–30 Attachment A  Duties of the Designated Institutional Official
GME–30  Attachment A  

Duties of the Designated Institutional Official (DIO)

The DIO shall perform the following duties:

1. Oversee all ACGME and CPME accredited programs in collaboration with the Graduate Medical Education Committee (GMEC).

2. Ensure that all graduate medical education programs sponsored by the Institute are in compliance with all applicable accreditation and regulatory standards.

3. Provide leadership for the GMEC.

4. Collaborate with graduate medical education program directors, site directors, managers, and coordinators to identify opportunities for improvement in graduate medical education.

5. Understand graduate medical education financial mechanisms and apply the same effectively within Regions Hospital.

6. Conduct comprehensive feasibility studies for evaluation of new and existing programs.

7. Remain abreast of changes in accreditation requirements and lead implementation of the same for the Institute.

8. Develop and maintain relationships with the ACGME and CPME.


10. In conjunction with program directors, managers and coordinators, participate in local and national residency recruitment activities.

###
PURPOSE

A. To comply with the ACGME Institutional Requirement I.B.8. which reads as follows:

   I. INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES
      I.B. Commitment to Graduate Medical Education (GME)
      I.B.8. The Sponsoring Institution must have a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care. This policy should include assistance for continuation of resident assignments.

B. To provide guidelines for communication with and assignment/relocation of housestaff (resident/fellow) manpower in the event of a disaster impacting the graduate medical education programs sponsored by HealthPartners Institute for Education and Research.

C. To protect the well-being, safety and educational experience of residents enrolled in our training programs.

SCOPE

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research.

DEFINITION

A disaster is defined herein as an event or set of events causing significant alteration to the residency experience at one or more residency programs.

RESPONSIBILITIES/REQUIREMENTS

Following declaration of a disaster, the Graduate Medical Education Committee (GMEC) working with the Institute’s DIO and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster. In order to maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in that specialty, the Institute’s DIO and GMEC will make the determination that transfer to
another program is necessary. Once the Institute’s DIO and GMEC determine that the sponsoring institution can no longer provide an adequate educational experience for its residents, the sponsoring institution will, to the best of its ability, arrange for the temporary transfer of the residents to programs at other sponsoring institutions until such time as the HealthPartners Institute for Education and Research is able to resume providing the experience.

The Institute’s DIO will communicate with the Central Graduate Medical Education Office and Medical Staff Services at Regions Hospital to coordinate any issues regarding the temporary transfer, credentialing, relocation and housing of our residents.

Residents who transfer to other programs as a result of a disaster will be provided by their Program Director(s) with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the resident will be notified by their Program Director(s) using written or electronic means identifying the estimated time of the extension.

If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged.

The Institute’s DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the Institute’s DIO will work collaboratively with the DIO of the affected sponsoring institution(s) to accept transfer residents from other institutions. This will include the process to request complement increases from the ACGME as may be required for accepting additional residents for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents.

Programs will be responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster. This should include at least a plan for storage of data in a separate geographic location away from the sponsoring institution.

###
PURPOSE

To establish a policy for all post-graduate training programs within HealthPartners Institute for Education and Research to monitor and schedule appropriate work/duty hours of the residents.

SCOPE

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research. All information contained in this policy shall be the maximum limit for resident duty hours. More detailed duty hour information shall be delineated by each clinical department in its respective Departmental Policy for Resident Duty Hours. The Graduate Medical Education Committee must approve all policies.

DEFINITION

Resident/House Staff — refers to all residents and fellows enrolled in a post-graduate training program sponsored by HealthPartners Institute.

Post-Graduate Training Program — refers to a residency or fellowship educational program, accredited by the ACGME or CPME, for purposes of clinical education.

RESPONSIBILITIES/REQUIREMENTS

A. The Program Director is responsible for monitoring resident duty hours in his/her respective department with a frequency sufficient to ensure compliance with ACGME requirements. The Program Director is responsible for making the ultimate decisions regarding scheduling of all duty hours for all residents within their scope of supervision.

B. Duty hours including on-call duty hours must be in accordance with ACGME requirements.

1. Residents are limited to a maximum of 80 duty hours per week, averaged over a four-week period, including in-house call and moonlighting. In certain cases, individual residency programs will be allowed to increase duty hours by 10 percent or a maximum of 88 hours based on sound educational rationale and the program receives approval from the appropriate RRC.
2. Residents must be given a minimum of one day out of seven free from all clinical and educational responsibilities, averaged over four weeks.

3. Residents at the PGY-2 level and above must not be scheduled for in-house call more than once every three nights, averaged over four weeks.

4. Duty periods of PGY-1 residents must not exceed 16 hours.

5. Duty periods of PGY-2 residents and above must not exceed 24 hours, although residents may remain on duty for up to 4 additional hours to ensure effective transitions of care and/or participate in educational activities.

6. Residents should be given at least 10 hours and must be given at least 8 hours free of duty between scheduled duty periods. Exceptions for residents in the final years of education are allowed, based on clinical circumstances, however, must be monitored by Program Directors.

7. Residents must not be scheduled for more than six consecutive nights of night float.

8. In-house and external moonlighting (refer to policy GME-8: Moonlighting) counts toward the weekly limit. In addition, Program Directors must ensure that external and internal moonlighting do not interfere with the resident's achievement of the program's educational goals and objectives.

C. On a periodic basis, but no less than quarterly, Program Directors must review their duty hour schedules and processes. They must be reported to the Graduate Medical Education Committee at least once a year to ensure compliance with applicable ACGME/CPME requirements.

The Central Graduate Medical Education Office will conduct an audit of the duty hour processes and schedules on a periodic basis, but no less than once per year, to ensure compliance with applicable ACGME/CPME requirements.

D. Any resident working in excess of the hours specified in Section B (above) should report the excess hours to the Executive Director of Health Professional Education.

E. On-call rooms are provided for residents with night time duty hours.

F. All trainees must enter their work hours (including internal and external moonlighting activities) into the Residency Management Suite (RMS) for purposes of duty hour monitoring.

###
END OF TRAINING PROCEDURE

**PURPOSE**
To establish a policy within HealthPartners Institute for Education and Research to monitor continued quality improvement of residency experience at Regions Hospital. The End of Training Evaluation is utilized to enhance and improve the educational experience.

**SCOPE**
This policy will apply to all training programs with residents rotating at Regions Hospital.

**RESPONSIBILITIES/REQUIREMENTS**
As a continued quality improvement mechanism, the process for results of “End of Training” evaluation follows.

1. The Graduate Medical Education Manager will run a “program specific” report with an anonymous summary of comments for all training programs.
2. The summary and comments by residents will remain anonymous.
3. A copy of the summary report will be given to Program Directors for review.
4. Within 30 days, the Program Director will develop a plan for improvements.
5. The Program Director will report on the findings and the plan for improvement as appropriate, to the Graduate Medical Education Committee (GMEC).
6. The GMEC will make recommendations on the improvement plan and provide support as appropriate.
7. The GMEC will periodically review the progress of programs in resolution of outstanding issues.

###
PURPOSE
To establish a policy for all post-graduate training programs within HealthPartners Institute for Education and Research to use in the formal evaluation of residents’ performance and for the residents’ evaluation of the hospital and the program. Evaluation is utilized to enhance the educational process.

SCOPE
This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research. All information contained in this policy shall be used as minimum criteria for evaluation. More detailed evaluation criteria shall be delineated by each clinical department in their respective Departmental Evaluation Policy. The Graduate Medical Education Committee must approve all policies.

DEFINITION
Resident/House Staff — refers to all residents and fellows enrolled in a HealthPartners Institute for Education and Research post-graduate training program.
Remediation — the act or process of remedying or correcting; see Policy for Fair Hearing.
Probation — a formal level of academic or professional discipline; see Policy for Fair Hearing.

RESPONSIBILITIES/REQUIREMENTS
A. Evaluation of Residents
1. To enhance the educational process and keep all residents apprised of their educational progress/advancement, all Program Directors (or designees) must formally evaluate the performance of each resident at six (6) month intervals. The competence and academic performance of the resident will be evaluated by a careful and deliberate review, including documentation of the resident’s performance with respect to Core Competencies and/or Milestones. The Program shall maintain a confidential record of the evaluations. These evaluations shall be in writing, dated, and signed by both the Program Director and the resident.
2. A confidential record of all formal evaluations must be kept as part of the resident’s personnel file and be available upon request of the resident at all times.

3. At the conclusion or termination of each resident's training, a formal summation of performance during the duration of training will be completed by the Program Director and maintained as permanent documentation of the program.

4. All documentation of residents’ performance by the faculty, formal or informal, must be maintained as permanent documentation by the department.

5. The Program Director shall be responsible for communicating the Departmental Policy for Evaluation to all Resident/House Staff and faculty.

6. Evaluations will be one of the tools utilized in determining promotion, as specified in the policy for the Promotion of Residents.

B. Evaluation by Residents

1. Each Program Director shall assure that at least annually, each resident formally evaluates the teaching faculty and the program in writing.

2. These evaluations should be anonymous and confidential. Program Directors must assure residents are free to comment frankly and openly without fear of intimidation or retaliation.

C. Disciplinary Action

1. Residents are expected to meet and adhere to academic, clinical and professional standards set forth by the Institutional and Program Requirements, as well as the Institution and the Department. If a resident exhibits unsatisfactory performance, remediation is necessary. In most circumstances, the resident will continue to perform his/her daily duties during the remediation process.

2. Inadequate performance should be clearly communicated, in writing, to the resident as early as possible, and at minimum, at the six-month formal evaluation.

3. If the Program Director deems it necessary, the resident may be placed on one of two levels of discipline:

   a) Departmental Remediation: Any resident whose performance is assessed to be unsatisfactory by the Program Director may be placed on Departmental Remediation.
      (i) The Program Director shall inform the resident in writing of the deficiencies noted in academic, clinical, or professional performance.
      (ii) A specific program for Departmental Remediation should clearly be identified, in writing, as well as criteria for successful completion of the remediation.
      (iii) Departmental Remediation must be assigned for a specific period of time, not to exceed six (6) months in duration.
      (iv) Upon successful completion of Departmental Remediation, the resident will be removed from this disciplinary status. Documentation will remain part of the residents’ permanent file, but will only be disclosed upon written authorization of the resident or through legal process.
      (v) If the Departmental Remediation is not successfully completed, the remediation may be repeated for up to another six (6) month period, or the Program Director may increase the level of discipline to Institutional Probation (see below).
      (vi) Departmental Remediation is not considered to be a reportable disciplinary action.
      (vii) Assignment of Departmental Remediation is not grounds for a resident to request a Fair Hearing.

   b) Institutional Probation: If a resident fails to meet the requirements set forth in the Departmental Remediation, the next level of discipline, Institutional Probation, may be assigned.
(i) The Program Director shall inform the resident in writing of the decision to place him/her on Institutional Probation status. This letter must be copied to the Executive Director, Health Professional Education.

(ii) This letter should contain a very specific program for remediation, as well as criteria (goals and objectives) for successful completion of the probation.

(iii) Institutional Probation must be assigned for a specific period of time, not to exceed six (6) months in duration.

(iv) Upon successful completion of Institutional Probation, the resident will be removed from this disciplinary status. Documentation will remain part of the resident's permanent file, but will only be disclosed upon written authorization of the resident or through legal process.

(v) If the Institutional Probation is not successfully completed, the Probation may be repeated for another six (6) month period, or the resident may be recommended for termination (Refer to the Policy for Termination and the Policy for non-Renewal of Contracts).

(vi) Assignment of Institutional Probation is considered to be grounds for a resident to request a Fair Hearing.

c) In most circumstances, residents should be placed on Departmental Remediation prior to being assigned to Institutional Probation.

d) The Executive Director of Health Professional Education, pursuant to Minnesota Statutes Section 147.111, will report institutional Probation to the Minnesota Board of Medical Practice.

###
PURPOSE
To establish a policy for all post-graduate training programs within HealthPartners Institute for Education and Research to use in the adjudication of all actions to residents resulting in dismissal or otherwise threatening the career of the resident.

SCOPE
This policy will apply to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research.

DEFINITION
Resident/House Staff — refers to all residents/fellows enrolled in a HealthPartners Institute post-graduate training program.

Remediation — the act or process of remediying or correcting; refer to policy GME–3: Evaluation of Residents.

Probation — a formal level of academic or professional discipline; refer to policy GME–3: Evaluation of Residents.

Termination — the act of severing employment prior to the expiration date of the resident’s contract.

PROCEDURES

A. Dispute Resolution
First, the resident and Program Director will attempt to resolve all disputes through an informal, in-person, confidential meeting. If the dispute is with the Program Director, the resident may go directly to the Executive Director, Health Professional Education. The Program Director will afford the resident full opportunity to respond to any of the concerns raised.

B. Formal Hearing
1. A resident may request a Fair Hearing at any time which an action has been taken by the Program that may threaten the residents’ career or terminate the resident’s residency contract. Examples of these actions include Institutional Probation, Non-Renewal of Contract, and Termination.
2. A Fair Hearing must be requested within ten (10) working days of the written notification of the action. All requests for Fair Hearing shall be made in writing, and addressed to the Executive Director of Health Professional Education and copied to the Program Director. If the resident fails to request a hearing within the foregoing ten-day period, his/her rights pursuant to this policy shall be deemed to be waived.

3. Once the request for hearing has been received by the Executive Director of Health Professional Education, the Program Director will be notified and the Grievance Policy/Process will commence.

4. A designee of the Executive Director of Health Professional Education will appoint a Fair Hearing Board and the Chair as identified below. The first meeting of the Fair Hearing Board will be within fifteen (15) working days of the written request.

5. The Fair Hearing Board will consist of the following five voting members:
   a. CHAIRMAN: A physician representing the medical staff leadership of HealthPartners or Regions Hospital (e.g. Medical Director of HPMG, Regions Chief of Staff, Chair of the Patient Care Committee etc.)
   b. Two (2) faculty members of other programs not directly associated with the resident.
   c. Two (2) residents from programs other than that of the resident in question, and at similar levels of training.

6. In addition to the five voting members listed above, the following members of administration will staff and serve as advisors to all Fair Hearing Committees:
   a. Regions Hospital Vice President for Human Resources
   b. Regions Hospital Vice President for Medical Affairs

7. Neither the resident nor the Hospital shall be represented by legal counsel at the proceeding. However, each may produce witnesses and documentation on their behalf. In addition, at the hearing the resident shall have the following rights:
   a. the right to hear all adverse evidence, present his/her defense, present written evidence, and call and cross-examine witnesses; and
   b. the right to examine his/her residency files prior to or at the hearing.

8. The proceedings of the hearing shall be recorded.

9. The Fair Hearing Board shall establish the appropriateness of the discipline by a preponderance of the evidence.

###
**PURPOSE**

To establish a policy for all post-graduate training programs sponsored by HealthPartners Institute for Education and Research for freedom of expression in training.

**SCOPE**

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research. All information contained in this policy shall be used as minimum criteria.

**POLICY**

HealthPartners Institute for Education and Research believes in the principles of academic freedom and responsibility. These are rooted in the belief that the mind, ennobled by the pursuit of understanding and the search for truth, and the state are well served when instruction is available to individuals with adequate training, regardless of sex, sexual orientation, race, age, religion, color, national origin, disability, or veteran status at an institution dedicated to the advancement of learning.

Academic freedom is the freedom to discuss all relevant matters in the classroom, to explore all avenues of scholarship, research and creative expression and to speak or write as a public citizen without institutional discipline or restraint. Academic responsibility implies faithful performance of academic duties and obligations, the recognition of the demands of the scholarly enterprise and the candor to make it clear that the individual is not speaking for the institution in matters of public interest.

###
PURPOSE
To provide guidelines to Resident/House Staff regarding their general responsibilities as a postgraduate trainee.

SCOPE
This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research. More specific guidelines may be developed by each Program, and approved by the Graduate Medical Education Committee.

DEFINITION
Resident/House Staff — refers to all residents and fellows enrolled in a HealthPartners Institute for Education and Research post-graduate training program.

Post-Graduate Training Program — refers to a residency or fellowship educational program, accredited by the ACGME or CPME for purposes of clinical education.

RESPONSIBILITIES/REQUIREMENTS
A. Each resident is expected to avail himself/herself of the educational opportunities offered within the institution, provide medical treatment to the hospital's patients in a competent and caring manner, and conduct himself/herself in a moral, ethical and professional manner at all times.

B. To meet these responsibilities, the resident is expected to:
   1. Attend and actively participate in all conferences and teaching rounds within the assigned department.
   2. Render appropriate medical care to our patients in a kind and caring manner under the supervision of the attending physician.
   3. Attend assigned clinics.
   4. Participate in the evaluation of the program, his/her peers and teaching faculty as requested by the Program Director.
5. Do independent study using the services and resources offered through the medical library.
6. Participate in research activities and quality improvement of the Hospital.
7. Document care and complete/sign patient medical records in a timely manner.
8. Volunteer to serve as a member of various staff and hospital committees.
9. Be on time and present for all assignments.
10. Respond to pages promptly.
11. Conduct himself/herself in an ethical and moral manner.
12. Maintain a professional appearance and comportment.
13. Assume progressive responsibilities as he/she gains experience.
14. Contribute to the successful operation of the Hospital.
15. Provide supervision to less senior residents and medical students.
16. Document completion of procedures and submit information to Program Director's office.
17. "Sign out" before leaving the hospital, as appropriate for the clinical service.
18. Accept "Sign out" from departing residents.
19. Cooperate with nursing and other staff.
20. Report to the Program Director any event that may expose you and/or the Hospital to liability.
21. Comply with all departmental policies.

###
PURPOSE
To establish a policy for all post-graduate training programs within HealthPartners Institute for Education and Research to use in the formal evaluation of residents’ complaints and grievances.

SCOPE
This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research.

DEFINITION
Resident/House Staff — refers to all residents/fellows enrolled in a HealthPartners Institute post-graduate training program.

Grievance — a cause of distress (such as an unsatisfactory working condition) felt to afford reason for complaint or resistance.

RESPONSIBILITIES/REQUIREMENTS
Occasionally, problems may arise in the course of a training program that must be addressed. For incidents that occur during a specific shift on a patient unit, Residents/House Staff should report any problems directly to the resident in charge at that time. If the resident in charge is unable to rectify the situation, the attending on the team should be consulted. If the matter is still not resolved to the residents’ satisfaction, the following procedure should be observed:

A. For any grievance that is not associated with a particular incident on a patient unit or for any grievance that is not resolved as stated above, residents/fellows should report problems directly to their Chief Resident. If the resident does not feel as though the Chief Resident has effectively resolved the issue, or the service has no Chief Resident, he/she should take the problem to the Program Director for resolution.

B. If satisfactory resolution is still not apparent after the Program Director has become involved, then the resident should provide a written grievance outlining the problem to the Executive Director of Health Professional Education.
C. Upon receipt of the grievance report, the Executive Director of Health Professional Education will first ensure the Program Director has been properly notified of the issue. A grievance committee will then be formed by the Executive Director of Health Professional Education, consisting of the following individuals:

1. The Program Director of the grievant.
2. Executive Director, Health Professional Education
3. Vice President of Human Resources, Regions Hospital
4. A resident not involved with the situation

D. Upon hearing the grievance, the committee will investigate any and all issues associated with the complaint and will provide a final written decision to the resident.

E. All grievance committee decisions will be brought to the Graduate Medical Education Committee (GMEC) for information purposes.

###
### HEALTH INFORMATION MANAGEMENT (HIM)¹

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Residents must be in compliance with institutional policies related to medical records.

###

¹ Refer to GME Resident Handbook: Department Descriptions/Clinical section; Health Information Management (HIM).
PURPOSE

To establish a policy for all post-graduate training programs within the HealthPartners Institute for Education and Research to state the intentions of the System regarding the potential for reduction or elimination of the resident physician work force.

SCOPE

This policy applies to all residents/fellows in training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research.

DEFINITION

Resident/House Staff — refers to all residents/fellows enrolled in a HealthPartners Institute post-graduate training program.

Post-Graduate Training Program — refers to a residency or fellowship educational program, accredited by the ACGME or CPME, for the purpose of clinical education.

Sponsoring Institution – The HealthPartners Institute for Education and Research

RESPONSIBILITIES/REQUIREMENTS

1. The Sponsoring Institution will inform the Graduate Medical Education Committee (GMEC), the Designated Institutional Official (DIO), and the affected residents as soon as possible when the Institute intends to reduce the size or close either a program or the Sponsoring Institution.

2. All current contracts will be honored.

3. The Sponsoring Institution will allow residents already in an affected ACGME or CPME-accredited program to complete their education at the Sponsoring Institution, or assist them in enrolling in another accredited program in which they can continue their education.

4. Every effort will be made to ensure residency programs will only be eliminated or downsized at the end of the academic year.
5. The Sponsoring Institution will ensure proper care, custody and disposition of residency education records, and appropriate notification to accreditation organizations and licensure and specialty Boards.

###
# IMPAIRED RESIDENT/FELLOW POLICY

**Purpose**

Any employee, staff member, or medical staff who believes that a member of the Resident staff is functioning while impaired for any reason should report such concerns to the Residency Director.

**Scope**

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research.

**Definition**

An impaired resident/fellow shall be defined as any resident/fellow who, by virtue of physical disability, mental illness, psychological impairment, chemical substance abuse or misconduct, is unable to safely care for patients, perform duties normally expected of a resident physician or engage in peer interaction necessary for patient care.

**Policy**

The Residency Director will obtain as much detailed information as possible at this time and begin an investigation. The Residency Director is to determine whether such investigation should be carried out by himself, by a committee, or by an outside consultant or some other appropriate mechanism. If an investigation reveals possible impairment the Executive Director of Health Professional Education will be notified by the Residency Director.

If based on the initial report, the conclusion is that there is no substance to the report, such report will be discarded and will not appear in the file of the resident. In any case, the results of the investigation shall be communicated to the Executive Director of Health Professional Education.

**Procedures**

1. There should be regular monitoring of resident/fellow performance by the Program Directors and the faculty. When a suspicion of impairment is detected, an in-depth interview with the resident/fellow by the Program Director and one other faculty member shall be carried out. Mutually agreeable resources may be utilized to establish the fact and severity of the impairment.
2. As soon as the Program Director is aware of a problem with resident/fellow impairment, an immediate method of handling the problem should be determined.

3. The Program Director and the resident/fellow, after discussion, will formulate a plan for reduction, and/or elimination, of the impairment. The plan should stipulate specific goals and objectives. If agreement is reached, the Program Director and the resident/fellow both sign the plan. The original is kept in the resident’s/fellow’s file; copies are sent to the resident/fellow, the Program Director, and the department head. There shall be a periodic review of the impairment by the Program Director.

4. If a leave of absence is involved in the plan, it must meet the criteria stated in the regulations of the appropriate specialty Board.

5. If the Program Director and the resident/fellow cannot agree on either the fact of the impairment or plan for remediation of the impairment, then the regular dismissal policies and procedures of the HealthPartners Institute for Education and Research may be utilized.

6. If required, reporting of the impaired physician to the Board of Medical Examiners shall be carried out under the provisions of State of Minnesota Statutes.

####
**PURPOSE**

To establish a policy for all post-graduate training programs sponsored by, or affiliated with, the HealthPartners Institute for Education and Research for consistent administration of meal allotment dollars between the programs.

**SCOPE**

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by, or affiliated with, the HealthPartners Institute for Education and Research.

**DEFINITION**

*Resident Physicians* — refers to all interns, residents and fellows enrolled in, or affiliated with, a HealthPartners Institute post-graduate training program.

*Residencies* — refers to a residency or fellowship educational program, accredited by the ACGME or CPME, for purposes of clinical education.

**POLICY**

Residencies are provided budget allotments for meal swipe cards based on the number of in-house call days for residents per month. This is administered by the Central Graduate Medical Education Office. Any issues regarding implementation, or the need for additional call nights, please contact the GME Manager at 651-254-1530.

**PROCEDURES**

A. Food may be purchased by resident physicians at the hospital cafeteria or at the Overlook Café using meal swipe cards.

B. After 9PM, resident physicians have food available using the vending machines outside the cafeteria. The vending machines have sandwiches, yogurt, cookies, cereal, milk, soup, fruit and other food.

###
PURPOSE
To establish guidelines for employment outside of HealthPartners Institute for Education and Research residency and fellowship training.

SCOPE
This policy will apply to all residents participating in post-graduate training programs in the HealthPartners Institute for Education and Research.

DEFINITION
Resident/House Staff — refers to all residents and fellows enrolled in a HealthPartners Institute post-graduate training program.

Post-Graduate Training Program — refers to a residency or fellowship educational program, accredited by the ACGME or CPME for purposes of clinical education.

Moonlighting — refers to any and all clinical activities outside of the scope of the defined post-graduate training program.

RESPONSIBILITIES/REQUIREMENTS
A. A resident must not be required to engage in moonlighting activities.

B. Moonlighting is permissible so long as, in the judgment of the Program Director, such activity does not interfere with the resident’s ability to meet his/her educational obligations in a satisfactory manner. The Program Director has the right to restrict a resident from moonlighting.

C. The resident’s performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission to moonlight.

D. A resident who moonlights is not provided coverage of professional liability insurance by HealthPartners Institute or its affiliates. The professional liability policy for residents/fellows does not cover any activities that are not part of the formal education program.
E. The Program Director determines moonlighting policy for all residents within their scope of supervision. Program Directors will forward a copy of their policy to the Executive Director of Health Professional Education. Approval does not extend coverage for professional liability.

F. The resident’s moonlighting activities are governed by a separate written agreement between the resident and the entity for which the resident will provide the moonlighting services.

G. Residents on J-1 Visas are not permitted to be employed outside the training program. A resident on an H-1B Visa wishing to moonlight must obtain a separate H-1B Visa for each facility where the resident works outside the training program.

H. Residents desiring to moonlight must prospectively seek permission from the Program Director. If granted, the Program Director must provide a written statement of permission that is then made part of the resident’s file.

I. Residents are not allowed to moonlight on a service where they are simultaneously fulfilling a rotation.

J. Residents must report all external moonlighting hours to their Program Director on a monthly basis.

K. On a periodic basis, but no less than quarterly, Program Directors must review their duty hour schedules and processes. They must be reported to the Graduate Medical Education Committee at least once a year to ensure compliance with applicable ACGME/CPME requirements.

L. The Central Graduate Medical Education Office will conduct an audit of the duty hour processes and schedules on a periodic basis, but no less than once per year, to ensure compliance with applicable ACGME/CPME requirements.

###

**Attachments**

- GME−8 Attachment A  Moonlighting Privileges Process
- GME−8 Attachment B  HealthPartners Physician Services Department Process for Hiring Temporary or Moonlighting Physicians
GME–8 Attachment A  Moonlighting Privileges Process

USE
Program Directors, Residents, Program Coordinators, and the Central Graduate Medical Education Office.

SCOPE
As a document defining the process for a resident to obtain privileges to moonlight. Addressing requirements for moonlighting privileges, the credentialing process, liability insurance, supervision, billing and restrictions.

I. Requirements for Moonlighting Privileges
- Moonlighter must be credentialed through HealthPartners
- Moonlighter must have a permanent MN License
- Moonlighter must have a DEA License
- Moonlighter must have professional liability insurance

II. Credentialing Process
When contacted by the resident, Physician Recruitment Coordinator (952-883-5333) sends out a HealthPartners or Regions Hospital physician credentialing and privileging employment application packet for the resident to complete.
Upon completion of the application Physician Services initiates the hire, HealthPartners or Regions Hospital credentialing, and 3rd party enrollment of all moonlighters who will be working for HealthPartners or Regions Hospital.
The moonlighting resident will be credentialed as a fee-based practitioner.
The credentialing process takes an average of 120 days to complete. Moonlighting privileges will not be granted until the credentialing process is complete.

III. Liability Insurance
Liability Insurance is paid by HealthPartners if the moonlighter is employed by and working in the HealthPartners system. Regions Hospital pays the Liability Insurance if the moonlighter is employed by and working at Regions Hospital.

IV. Billing
Residents who are properly credentialed through HealthPartners can bill for their services independently, as long as they receive a UPIN or provider number.

V. Restrictions:
The Program Director has the right to restrict a resident from moonlighting activities.
(Refer to policy GME–8: Moonlighting)

####
If you are interested in having a physician work within your department and have determined that HealthPartners will employ and pay them, please note the following necessary steps:

1. Please contact Physician Services Physician Recruitment Coordinator (952-883-5333) to send the candidate a Group Health, Inc. employment application and personnel paperwork. This notification should be a minimum of 120 days prior to the anticipated start date to allow for the processing of the employment application, personnel paperwork and credentialing processes to be completed.
   - Please e-mail physicianrecruitment@healthpartners.com or call 952-883-5333 with the physician’s name, address, phone number and anticipated start date.
   - HealthPartners cannot pay a physician until the completed personnel forms are completed.

2. When the employment application is returned, previous/current malpractice and licensure are verified and reference letters are requested (by Physician Services). Per our legal department, we cannot hire any physician/moonlighter without documented verification of a current Minnesota License.

3. An offer letter is sent to the physician by Physician Services asking the physician to respond in writing within two weeks if they are accepting the offer.

4. Once an acceptance is received, an employment letter is sent to the physician (by Physician Services).

5. At the time of hire, the processes of HealthPartners credentialing, 3rd party payer enrollment, and hospital privileging, if appropriate, is initiated by Physician Services, Physician New Hire Coordinator. A credentialing packet will be put together and sent to the physician for completion.
   - HealthPartners credentialing must be approved prior to the physician’s start of employment.
   - Hospital privileging must be approved if the physician will be doing any hospital work or providing services at any hospital.
   - 3rd party payer enrollment must be in process prior to the physician's start.

Physician Services will also request malpractice insurance to be issued and will forward payroll paperwork to the payroll department.

###
## Purpose

To establish a policy for all post-graduate training programs sponsored by the HealthPartners Institute for Education and Research to use in the recruitment of students into its residency programs.

## Scope

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research.

## Policy

HealthPartners Institute for Education and Research residency programs shall consider residency applications on the basis of the applicant's preparedness, ability, aptitude, academic credentials, communication skills, personal qualities such as motivation and integrity, and such other factors as may be deemed appropriate for the specific program. HealthPartners Institute for Education and Research residency programs do not consider residency applications on the basis of race, color, creed, religion, sex, sexual orientation, disability, veteran status, marital status, status with regard to public assistance, familial status, or national origin.

###
PURPOSE
To establish a policy for all post-graduate training programs within the HealthPartners Institute for Education and Research to use in the termination of resident’s employment prior to the completion of the residency training program, but at the conclusion of a contract period.

SCOPE
This policy will apply to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research.

DEFINITION
Resident/House Staff — refers to all residents/fellows enrolled in a HealthPartners Institute post-graduate training program.

Remediation — the act or process of remedying or correcting; refer to policy GME–13: Fair Hearing Process.

Probation — a formal level of academic or professional disciplines; refer to policy GME–13: Fair Hearing Process.

RESPONSIBILITIES/REQUIREMENTS
A. Failure in performance to progress academically or professionally may be cause for a Program Director (or designated peer review group) to choose not to renew a resident’s contract.

B. Should a Program Director deem it necessary not to renew a resident’s contract, the resident must be provided written notice of such intent not to renew no later than four months prior to the end of the resident’s current contract.

C. Evaluations by the teaching faculty must be considered when the Program Director decides not to renew the contract for academic reasons.

D. The resident should be placed on either Departmental Remediation or Institutional Probation prior to the decision not to renew his/her contract.
E. When the decision not to renew the contract is made, the resident’s status on either Departmental Remediation or Institutional Probation should be extended to cover the remainder of the employment period.

F. When a resident is notified of the decision not to renew his/her contract, the resident should also be formally apprised of their right to a Fair Hearing, as detailed in policy GME–13: Fair Hearing Process.

G. The Central Graduate Medical Education Office should be notified immediately upon the department's decision not to renew an employment contract. All written communication to the resident regarding the decision not to renew the contract should be approved by the Central Graduate Medical Office, in conjunction with Legal Affairs, prior to submission to the resident.

###
PURPOSE
To establish a policy for all post-graduate medical education training programs sponsored by HealthPartners Institute for Education and Research to use in the reappointment and promotion of residents to the next level of post-graduate training.

SCOPE
This policy will apply to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by HealthPartners Institute for Education and Research. All information contained in this policy shall be used as minimum criteria for promotion. Each clinical department in its respective Departmental Promotion Policy shall delineate more detailed promotion criteria. The Graduate Medical Education Committee must approve all policies.

DEFINITION
Resident/House Staff — refers to all residents and fellows enrolled in a HealthPartners Institute sponsored post-graduate training program.

Remediation — the act or process of remedying or correcting; refer to policy GME–3: Evaluation of Residents.

Probation — a formal level of academic or professional discipline; refer to policy GME–3: Evaluation of Residents.

RESPONSIBILITIES/REQUIREMENTS
A. **Reappointment and Promotion**
   1. The decision to re-appoint and promote a resident to the next level of postgraduate training shall be done annually by the Program Director upon review of the resident’s performance.
   2. The Program Director shall consider all evaluations of the resident’s performance (refer to policy GME–3: Evaluation of Residents) and any other criteria deemed appropriate by the Program Director.
3. Residents/Fellows will be promoted from each level of training after satisfying all requirements for that training level, and offered subsequent annual contracts through program completion unless:
   a) They are dismissed, or their contracts are not renewed based on academic performance that is below satisfactory;
   b) They are dismissed, or their contracts are not renewed based on non-academic behavioral violations;
   c) They are ineligible for a continued appointment at the time renewal decisions are made based on failure to satisfy licensure, visa, immunization, registration or other eligibility requirements for training; or
   d) Their residency/fellowship program is reduced in size or closed; refer to policy GME–16: Hospital Closure, Program Elimination or Reduction in Force.

4. The Program Director shall provide a resident with a written notice of intent when that resident's agreement will not be renewed, when that resident will not be promoted to the level of training, or when that resident will be dismissed.

5. Should a Program Director deem it necessary not to renew a resident's contract, the resident must be provided written notice of such intent not to renew no later than four months prior to the end of the resident's current contract.

6. Any resident whose promotion is pending due to academic performance should be placed on either Departmental Remediation or Institutional Probation; refer to the policy GME–3: Evaluation of Residents and policy GME–13: Fair Hearing Process.

7. If a resident is on departmental Remediation or Institutional Probation at the time of contract renewal, the Program Director may choose to either extend the existing contract for the length of time necessary to complete the remediation process (not to exceed six months) or to promote the resident to the next level. If the resident's performance continues to be unsatisfactory, he/she may either be placed on the next level of discipline or terminated.

8. A resident may request a Fair Hearing (refer to the policy GME–13: Fair Hearing Process) in the case of contract extension pursuant to (5) above or non-renewal pursuant to policy GME–15: Non-renewal of Contract.

B. Completion of Program

1. HealthPartners Institute follows the standards and guidelines established by the appropriate accrediting body (ACGME or CPME) for each residency training program. The length of the program is determined by the ACGME or CPME standards and each resident must complete the requirements for the program in which he/she is enrolled.

2. Program Directors must insure that residents, who have absences in excess of allowed vacation/sick time, complete all training requirements of their respective accreditation standards and specialty board requirements.

###
PURPOSE
To establish a policy for all affiliated residents and medical students to register with the Central Graduate Medical Education Office of HealthPartners Institute for Education and Research on the first day of their clinical learning experience at Regions Hospital.

SCOPE
This policy will apply to all affiliated residents and medical students who are participating in clinical learning experiences at Regions Hospital.

DEFINITION
Affiliated Resident — refers to a resident who is rotating at Regions Hospital and HealthPartners Institute for Education and Research.

Medical Student — refers to a student in medical school that will be participating in clinical learning experiences at Regions Hospital.

RESPONSIBILITIES/REQUIREMENTS
A. All affiliated residents and medical students must:
   1. On the first day of their rotation at Regions Hospital register with the Central Graduate Medical Education Office at which time they will complete various forms relative to their past education, current training, and requests for Photo ID Badge, door access and parking,
   2. Sign a professionalism statement agreeing to act in a professional manner and observe confidentiality,
   3. Sign a GME orientation summary form regarding key code words, information and phone numbers used at Regions Hospital, and
   4. Receive a copy of the current GME Resident Handbook containing HealthPartners Institute for Education and Research policies.

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B. Affiliated residents must also sign a form indicating what dates they expect to be at Regions Hospital or HealthPartners facilities and supply a copy of an ECFMG certificate if applicable. The resident must inform the Central Graduate Medical Education Office of any changes in dates after the original form is signed.

C. Department Coordinators
   1. Send the names of the affiliated residents and medical students to the Graduate Medical Education coordinator as soon as the names are available, and
   2. Send the affiliated residents and medical students to register in the Central Graduate Medical Education Office on the first day of their rotation.

DISCIPLINARY ACTION

A. The Central Graduate Medical Education Office will alert each department when the affiliated residents and/or medical students have not complied with the policy to register with the department.

B. Residents and medical students must register to assure continued funding for medical education and compliance with hospital policies. Failure to register may result in withholding of resident benefits and loss of program funding. Learners who do not comply will not be granted access to confidential patient information and will report to the program director at their home institution for reassignment to another institution.

###
BACKGROUND

Historically some residents in HealthPartners Institute for Education and Research programs have taken an elective “month-out” rotation for an enriched educational experience. The benefits of such, national or international, elective rotations have been recognized as they afford the resident exposure to a particular patient population to which they would otherwise be unexposed. Examples of such rotations include a month long experience at a toxicology referral center for in-depth study of pesticide and organophosphate poisoning for a resident training in emergency medicine; or a month long experience at a tropical hospital for study of tropical diseases for a family practice resident interested in travel medicine.

Additionally, it is sometimes necessary to have the Institute’s residents participate in an “off-site” rotation at a local hospital, clinic or other facility for a special educational experience that meets specialty-specific educational criteria. Examples of such “off-site” rotations include a three-day rotation at an industrial manufacturing company for a resident training in occupational medicine, or a one-day-a-week psychiatry rotation at a specialized mental health treatment center, lasting three months.

Recognizing the need for the above-mentioned unique educational experiences, the Institute is desirous of maximizing opportunities for our resident physicians. However, because of the current financial climate of increased federal regulations and limited resources, it is necessary that residents on any “off-site” rotations (domestic or foreign) be eligible for federal funding, OR that they have an alternate source of funding for their salary and benefits.

PURPOSE

To maximize quality learning opportunities for our resident physicians while ensuring that all regulatory, curricular and institutional requirements for accreditation and for fiscal responsibility are met.

SCOPE

This policy will apply to all rotations away from HealthPartners Clinics and Regions Hospital, including “month-out” experiences.
DEFINITION

**Provider** — hospital or hospital-based clinic (regardless of location, domestic or foreign, and regardless of whether or not the hospital accepts Medicare patients).

**Non-provider** — any facility other than a hospital; i.e. a clinic, an institution, a corporation (3M, General Mills etc.) that is NOT hospital-based.

**Sponsoring Institution** — Regions Hospital/HealthPartners Institute for Education and Research.

**Participating Institution** — an entity other than Regions Hospital serving as a site for resident education.

**Non-provider site resident training agreement** — an agreement between Regions Hospital and a non-provider site. The non-provider site resident training agreement protects the resident from misunderstandings regarding malpractice, clinical responsibilities and educational performance. Such agreement may include any teaching cost required by the non-provider.

**Provider site resident training agreement** — a contract between Regions Hospital and a “provider” site whereby all details are covered PLUS, it involves an exchange of dollars by way of reimbursing the hospital (Regions) for the intern and/or resident salary and benefit costs.

**POLICY**

Off-site rotations are to be held at a:

1. "non-provider" site (regardless if domestic or foreign), PROVIDED an appropriate non-provider site resident training agreement is in place covering all the five requisite ACGME points, OR

2 United States "provider" site PROVIDED an appropriate provider site resident training agreement is in place acknowledging that the provider site will claim the resident for Medicare reimbursement, and that the sponsoring institution (Regions) will be reimbursed for the resident’s salary and benefits for that specific rotation.

**PROCEDURES**

1. A resident interested in an “off-site” elective rotation must notify their program director no later than 120 days prior to the start date of the proposed rotation.

2. If the program director approves of the proposed rotation, he/she shall forward the request on the designated template, provided by the Institute’s Central Graduate Medical Education Office, along with his/her approval, to the Director of Graduate Medical Education.

The proposal shall include a summary of the proposed rotation, including:

a. The proposed institution and location for the rotation including postal and email address.

b. Identification of officials responsible for resident education and supervision including detailed contact information.

c. An outline of the educational goals and objectives. The proposal should emphasize how the rotation fits in the educational plan of the resident, and how the experience will augment the resident’s knowledge through experiences not available within this institution.

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1 This policy is applicable to resident physicians only. Faculty members interested in accompanying residents on a foreign “month-out” rotation need to negotiate those arrangements with their department chair and HealthPartners Medical Group (HPMG).

2 See Appendix “A” excerpted from the ACGME Institutional Requirement Section I.C.1 through I.C.3, [Effective July 1, 2007].

3 In the event that the “provider” site declines reimbursement of resident S&B, the resident may seek alternate funding to reimburse the hospital. Alternate funding might come from grants, donations or other departmental funding. Educational grants, for example from pharmaceutical or medical device manufacturers, must be handled through the Institute. Residents may not participate in rotations in an unsalaried status.
d. The period of assignment (proposed start and end dates).
e. Financial support, including the source of funding for travel (if applicable.)
f. Provision of resident benefits, including malpractice insurance.
g. Institutional responsibility for teaching supervision and evaluation of the resident.
h. A designation of which institutional policies and procedures will govern the resident during the rotation.
i. A commitment from the resident to present a written and oral summary of the experience on return.
j. Signature of the Program Director indicating support for the proposed rotation, and providing the following assurances that:
   1) the resident’s clinical performance and educational progress warrant rotations outside the direct supervision of the Program Director,
   2) other rotations will be appropriately staffed during the resident’s absence, and
   3) the rotation will not delay the resident’s graduation from the program.

3. The GME Director will review the request along with the Executive Director of Health Professional Education.
   NOTE: No proposal submitted to the GME Director later than 60 days prior to the onset of the rotation will be approved.

4. If approved, the required signatures of all institutional officials will be requested. Once all the required signatures are obtained, copies of the signed/approved agreement will be returned to the resident, and to the Program Director.

5. The signed agreement must be in place before the rotation begins. Residents who leave without having an agreement in place may jeopardize their employment and risk not fulfilling requirements for graduation on time.

###

Attachments
GME–20 Appendix A  Excerpt from July 1, 2007 ACGME Institutional Requirements, Section I.C.1 through I.C.3
I. INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES

I.C. Institutional Agreements

I.C.1. The Sponsoring Institution retains responsibility for the quality of GME, including when resident education occurs in other sites.

I.C.2. Current master affiliation agreements must be renewed every five years and must exist between the Sponsoring Institution and all of its major participating sites. (See ACGME Glossary for definitions.)

I.C.3. The Sponsoring Institution must assure that each of its programs has established program letters of agreement with its participating sites in compliance with the Common Program Requirements.

###
PURPOSE

To outline the documents and routing required for appointing, continuing, graduating or terminating a HealthPartners Institute for Education and Research resident/house staff (trainee). Documents must be received by HealthPartners Institute post-graduate training program (program) before the trainee starts in his/her program.

SCOPE

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research. All information contained in this policy shall be used as minimum criteria. The policy outlines which documents the Metro Minnesota Council on Graduate Medical Education (MMCGME) Services unit of the Medical School requires. The policy also outlines documents that are required by HealthPartners Institute post-graduate training program but may not need to be sent to MMCGME Services. Documents not required by MMCGME Services must be retained by the program and/or forwarded to the HealthPartners Institute’s Central Graduate Medical Education Office.

DEFINITION

Resident/House Staff — refers to all interns, residents/fellows enrolled in a HealthPartners Institute post-graduate training program.

Post-Graduate Training Program — refers to a residency or fellowship educational program, accredited by the ACGME or CPME for purposes of clinical education.

MMCGME Services — refers to the Metro Minnesota Council for Graduate Medical Education Services unit of the Medical School charged with administering the residency tracking system known as Residency Management System (RMS).
RESPONSIBILITIES/REQUIREMENTS

A. Incoming Residents/Fellows or Transfers

Upon receipt of an appointment letter from the HealthPartners Institute post-graduate training program and prior to the start date noted on the residency/fellowship agreement the trainee must provide the program with the following required documentation:

1. A copy of the Human Resources Information Form (HRIF)
2. A copy of the medical school diploma
3. A copy of the certificate of completion for all prior GME training
4. A copy of the fully executed residency/fellowship agreement
5. Verification of immigration and VISA status as well as a copy of an ECFMG Certificate indicating the validation dates, if applicable

Copies of the documents outlined above must be forwarded to MMCGME Services within 30 days of the trainee start date.

The following documents are required by the HealthPartners Institute post-graduate training program. Do not forward to MMCGME Services. Retain copies in program and distribute accordingly.

1. HIPAA confirmation
2. Transcripts
3. Residency Permit
4. W-4
5. Authorization of deduction
6. A copy of a current temporary or permanent license to practice medicine in the state of Minnesota
7. A copy of the letter of appointment (or email)
8. National Provider Identification (NPI)

B. Continuing Residents/Fellows or Transfers

Copies of the following documents must be forwarded to MMCGME Services (within 30 days of the trainee’s continuation date or event):

1. A copy of the fully executed residency/fellowship agreement
2. Time away extends documentation (LOA form)
3. Name change documentation

C. Graduating or Terminating Residents/Fellows

Copies of the following documents must be forwarded to MMCGME Services (within 30 days of the trainee’s graduation or termination date):

1. A copy of the certificate of completion for the program
2. Termination/resignation form
3. Time away extends documentation (LOA Form)

GENERAL PROCEDURE

The HealthPartners Institute post-graduate training program must provide MMCGME Services with copies of the required documentation (as identified above) within 30 days of the event (examples of events include start date, continuation date, graduation date or termination date). The program must retain copies of the documents, in perpetuity (as required by the Centers for Medicare and Medicaid Services, CMS) within their department in a secure location.

###
**FAMILY MEDICAL LEAVE OF ABSENCE**

This policy applies to residents/fellows who have been employed with Regions Hospital for a total of 12 months prior to the commencement date of the leave, and who have worked at least 1,040 hours for Regions Hospital in the 12-month period prior to the commencement of the leave. (Refer to Regions Hospital Policy 60:06:11) Eligible residents/fellows are entitled to a total of 12 work-weeks of combined paid and unpaid leave during a 12-month period, for one or more of the following reasons:

A. For the birth and care of a newborn child of the employee, or for the placement with the employee of a son or daughter for adoption or for foster care.

B. For the employee when unable to work because of a serious health condition.

C. For the employee to care for an immediate family member who has a serious health condition.

If Family Medical Leave is granted, pay for such leave shall be up to six weeks, which shall not count against Paid Time Off. Once paid time off is used up, any additional leave will be without pay.

Family Medical Leave shall be granted through formal request to the Program Director. The resident/fellow should exercise consideration in informing the Program Director as early as possible to allow scheduling of curriculum plans to accommodate the leave.

It is the responsibility of the resident/fellow and the Program Director to ensure that Board eligibility and RRC requirements are met within the original residency period or that alternative arrangements are made.

**ACADEMIC LEAVE AND CONFERENCE**

Time away from the hospital for academic leave and conferences may be granted in addition to the regular paid time off. This is under the jurisdiction of the residency program, which must ensure that the time away is well spent and fits within the curriculum and content of their residency. If the resident/fellow is assigned to an off-service rotation, the residency program needs to make mutually agreeable arrangements with any department that may be affected. If requested, the resident/fellow must provide for a replacement, either with another resident/fellow or a qualified substitute.
PERSONAL LEAVE OF ABSENCE

Personal Leave of Absence applies to all residents/fellows of Regions Hospital who do not qualify for FMLA benefits because they do not meet the eligibility requirements (Refer to Regions Hospital Policy 60:06:08 and 60:06:11).

A Personal Leave of Absence for education, personal time off, or for a serious health condition of the resident/fellow or immediate family member may be granted at the discretion of the Program Director. If a Personal Leave of Absence is granted, the length of time for this leave is at the discretion of the Program Director.

The resident/fellow can continue to be covered under the health and disability insurance benefits as provided by the hospital, but will be responsible for payment of the premiums. To arrange for payment of the premiums please contact the Human Resources Department at 651-254-0946. (Refer to the Leave of Absence (LOA) Employee Process Guide contained in the Regions Hospital Policy RH-HR-HR-60-06-11.)

If the resident/fellow is assigned to an off-service rotation, the residency program needs to make the appropriate arrangements with any department that may be affected.

Responsibility for meeting the certification requirements of the relevant American Board rests with the individual resident/fellow and Program Director.

VACATION/CONTINUING MEDICAL EDUCATION (CME) TIME

Vacation and CME time varies with the policies of each department. These policies are in compliance with and governed by the regulations of the various specialty Boards and accrediting organizations.

Program Directors must approve requests for all leaves and PTO time. All residents/fellows are allowed three weeks of paid time off for each 12-month academic year. Additional time off is at the discretion of the Program Director.

OTHER LEAVES (e.g. Bereavement/Funeral Leave)

Application for other kinds of leave not addressed by this policy may be submitted to the Program Director who will act in consultation with the appropriate parties (e.g. Central Graduate Medical Education Office, Human Resources, and Legal Department).

####
# RESIDENT MEMBERSHIP ON THE GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

**Subject:**
RESIDENT MEMBERSHIP ON THE GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

**Number:**
GME-17

**Attachments:**
Yes

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**Purpose**

The Graduate Medical Education Committee shall have resident representation from each HealthPartners Institute for Education and Research sponsored program in addition to a Chief Resident from Internal Medicine.

**Responsibilities/Requirements**

1. Residents will be selected by their peers within their program and may elect to choose a proxy if unable to attend.

2. Programs will be responsible for notifying the GMEC which residents will represent their program. Resident members will be responsible to inform other residents of issues raised at the GMEC, and communicate to the GMEC issues relating to residents.

3. Regular resident attendance is expected from each of the Institute’s programs.

###
PURPOSE
To establish a policy for all post-graduate training programs within the HealthPartners Institute for Education and Research to ensure all trainees are not required to sign a restrictive covenant.

SCOPE
This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research.

DEFINITION
Resident/House Staff — refers to all residents and fellows enrolled in a HealthPartners Institute post-graduate training program.

Restrictive Covenant — refers to a contractual arrangement between an employer and employee which restricts where the employee is able to work following completion of their contract.

POLICY
Neither Regions Hospital nor any of its training programs will require a resident to sign a non-competition guarantee or restrictive covenant. Upon completion of training, a resident is free to seek employment in any institution or geographical location.

###
PURPOSE
To establish a policy for all post-graduate training programs within the HealthPartners Institute for Education and Research to use in the selection of residents and to further establish a procedure for the credentialing of residents.

SCOPE
This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research. All information contained in this policy shall be used as minimum criteria for selection. More detailed selection criteria shall be delineated by each clinical department in its respective Departmental Selection Policy. The Graduate Medical Education Committee must approve all policies.

DEFINITION
Resident/House Staff — refers to all residents and fellows enrolled in a HealthPartners Institute for Education and Research post-graduate training program.

Match —— refers to the formal process of matching residents to hospitals, administered by the National Residency Matching Program (NRMP).

RESPONSIBILITIES/REQUIREMENTS
A. All applicants for a Resident/House Staff must meet one of the following qualifications:
   1. Pending graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME)
   2. Pending graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA)
   3. Pending graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
      a) holds a currently-valid certification from the Educational Commission for Foreign Medical Graduates prior to appointment; or,
b) holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or,
c) has graduated from a medical school outside the United States and has completed a Fifth Pathway program provided by an LCME-accredited medical school.

B. The Program Director, or designee, will evaluate and select the candidates he/she believes to be the most qualified for the positions available within the training program.

C. PROCEDURE. Once an applicant is selected for an interview, the following procedure must be employed by all programs:

1. The following credentials must be collected for each candidate:
   a) Completed Application.
   b) Original Dean's letter.
   c) Original (certified) Medical School Transcript.
   d) Verification of graduation from the Medical School and any prior GME training, if applicable. (Appointments to PGY-1 positions may be made prior to graduation, however, it is the responsibility of each Program Director to verify graduation before the intern begins in the program and file documentation in the personnel file). Verification documentation must include a copy of the Medical School Diploma and any completion certificates from prior GME training, if applicable.
   e) Two (2) letters of reference from attending physicians familiar with the individual's performance. If the candidate has previously been in a post-graduate training program, one letter must be from the candidate's former Program Director.

2. Candidates of medical schools that are not accredited by the LCME or the AOA must have the following additional documentation:
   a) Official certified translations of all documents listed above in English; and
   b) Certification by the Educational Commission of Foreign Medical Graduates (ECFMG).

3. All candidates should interview with the Program Director (or designee) and one or more members of the faculty. Telephone interviews will only be granted in lieu of a personal interview in the event of business necessity.

4. All eligible residency programs are expected to participate in the National Residency Matching Program (NRMP) and to follow all rules and requirements set forth by that organization.

5. All candidates should be evaluated based on the following minimum criteria:
   a) Preparedness
   b) Ability
   c) Aptitude for the specialty
   d) Academic credentials
   e) Communication skills
   f) Personal qualities, such as motivation and integrity

6. All candidates invited for interviews must be given the following information in written format:
   a) Salary and benefits information
   b) Explanation of Professional Liability coverage for Residents
   c) Copy and/or link to Residency Handbook/Institutional policies
   d) Sample Residency Contract

7. Upon selection (or after the Match) contracts shall be administered by the Central Graduate Medical Education Office and appropriate signatures obtained.

8. If any of the required credentials documentation is missing, contracts cannot be issued.

9. HealthPartners Institute for Education and Research and Regions Hospital are equal opportunity employers. Residency programs will not discriminate with regard to sex, sexual orientation, race, age, religion, color, national origin, disability, or veteran status.

###
PURPOSE

To provide a method to deal with complaints of sexual and general harassment promptly and effectively. To ensure that all employees, residents, fellow, co-workers, managers and non-employees, including patients or visitors, are respected and encouraged to communicate any behavior considered to be an act of harassment.

SCOPE

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research.

DEFINITION

Sexual harassment is prohibited by the Title VII of the Civil Rights Act of 1964, the Minnesota Human Rights Act and the City of Saint Paul Human Rights Ordinance. Sexual harassment is defined for purposes of this policy as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature (including gender-based conduct directed at an individual because of his or her gender) when:

- submission to conduct is made either explicitly or implicitly a term or condition of an individual’s employment; or
- submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual; or
- such conduct has a purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive work environment.

Sexual harassment includes, but is not limited to, repeated offensive sexual flirtations, advances or propositions; continued or repeated commentaries about an individual’s body; offensive sexual language; and the display in the work place of sexually suggestive pictures or objects.
General harassment is defined as disruptive or abusive behavior, either written or verbal, which has a purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive work environment.

The following are some examples of the kinds of behavior which are prohibited (not all inclusive):

- Verbal and/or physically abusive behavior, which has the effect of interfering with a person’s work performance.
- Derogatory statements and negative stereotyping.
- Threatening another person either verbally or physically.
- Impertinent and inappropriate comments written in medical records or other official documents.

###

Attachments

GME–11 Attachment A  Procedures Internal
GME–11 Attachment B  Procedures External
GME–11 Attachment A  Procedures Internal

A. Filing a Sexual or General Harassment Complaint

Any resident/fellow who feels that he/she is being harassed, or any resident/fellow who witnesses acts of harassment, must make the incident known through the following internal procedure.

1. HealthPartners Institute for Education and Research encourages any resident/fellow who feels that he/she is being harassed or any resident/fellow who witnesses acts of harassment to confront the person(s) engaged in harassment, informing them that such conduct or communication is offensive, will not be tolerated, and to stop such conduct or communication.

2. If the resident/fellow does not wish to directly confront the person(s) alleged to be engaging in harassment or direct communication has been unsuccessful, he/she should contact his/her Program Director. If the Program Director is the subject of the complaint, the employee should contact the Executive Director of Health Professional Education or the VP of Medical Affairs. Residents/fellows may also report an incident to the RAP program, who will report to the Executive Director, Health Professional Education.

3. If the harassment does not stop after the following steps 1 and 2 above, a complaint may be filed with the Executive Director of Health Professional Education or the VP of Medical Affairs.

B. Investigation of a Complaint

Program Directors have the responsibility of maintaining a working environment free of harassment. A Program Director, upon hearing a complaint of harassment or witnessing any inappropriate behavior, must report it immediately to the Executive Director of Health Professional Education. The Executive Director will coordinate the investigation.

The determination of harassment will be made on a case-by-case basis. The investigation may include interviews with the employee making the allegations, the employee who is the subject of the complaint and appropriate witnesses. All complaints will be investigated promptly and be kept confidential within the bounds of the investigation and the law.

The employee making the complaint and the subject of the investigation will be advised of the final disposition of the complaint by the Executive Director of Health Professional Education.

C. Penalties for Harassment

If an alleged case of harassment is determined to be in violation of this policy, disciplinary action up to and including termination will be determined by the results of the investigation. Due to the sensitive nature of this type of discrimination, any resident/fellow who is found to have made false claims is subject to disciplinary action, up to and including termination. Retaliatory action against complaining resident/fellow or witness will not be tolerated. If a violation is found to exist, appropriate disciplinary action will be taken, up to and including termination.

###
GME–11   Attachment B  Procedures External

All employees are encouraged to use the internal procedures to resolve a complaint, however, this procedure does not replace your right to file a formal charge with one of the following external agencies:

1. Minnesota Department of Human Rights
2. Equal Employment Opportunity Commission
3. Saint Paul Department of Human Rights
4. File a private civil suit in State court

A complaint of harassment, which is filed through an external procedure, cannot subsequently be filed with the Institute. Similarly, the Institute will cease its handling of a complaint of harassment upon receiving notice that the complainant has subsequently pursued relief through an external procedure.

When a complaint of harassment is made by a resident/fellow against an individual employed by another organization, he/she should report this to his/her Program Director.

###
PURPOSE

To establish a policy for all post-graduate training programs within the HealthPartners Institute for Education and Research to ensure all post-graduate programs provide increasing amounts of responsibility with appropriate supervision of residents and other educational trainees according to their level of education.

SCOPE

This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research. All information contained in this policy shall be used as minimum criteria for supervision. More detailed supervision criteria shall be delineated by each clinical department in its respective Departmental Supervision Policy.

DEFINITION

Resident/House Staff — refers to all residents and fellows enrolled in a HealthPartners Institute post-graduate training program.

RESPONSIBILITIES/REQUIREMENTS

A. Every resident is assigned to a designated clinical service. On call schedules and rotation schedules are developed on a monthly basis to provide residents with a variety of service and patient mix. Residents may see patients initially but (supervisory) back up is available at all times.

B. In all resident care cases, the ultimate responsibility rests with the attending physician, who supervises all resident activities.

C. The requirements for on-site supervision are established for and by each department in accordance with sub-specialty residency requirements and in accordance with the ACGME Common Program Requirements regarding levels of supervision:

   1. Direct: The supervising physician is physically present with the trainee and the patient.

   2. Indirect

      a. With Supervision Immediately Available: The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
b. **With Supervision Available**: The supervising physician not physically present within the hospital or other site of patient care, but is immediately available by phone and/or other electronic modalities and is available to provide direct supervision.

3. **Oversight**: The supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered.

D. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

E. It is the responsibility of each Program Director to establish detailed written policies for supervision in their respective program. All departmental policies are reviewed and approved by the Graduate Medical Education Committee.

###
PURPOSE
To establish a policy for all post-graduate training programs within the HealthPartners Institute for Education and Research to use in the termination of resident’s employment prior to the date of expiration of the resident’s contract.

SCOPE
This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research. All information contained in this policy shall be used as minimum criteria for dismissal. More detailed termination/dismissal criteria shall be delineated by each clinical department in its respective Departmental Termination/Dismissal Policy. The Graduate Medical Education Committee must approve all policies.

DEFINITION
Resident/House Staff — refers to all residents/fellows enrolled in a HealthPartners Institute post-graduate training program.

Remediation — the act or process of remedying or correcting; refer to policy GME–13: Fair Hearing Process.

Probation — a formal level of academic or professional discipline; refer to policy GME–13: Fair Hearing Process.

Termination — the act of severing employment prior to the date of expiration of the resident’s contract.

RESPONSIBILITIES/REQUIREMENTS
Termination of a resident’s employment prior to the established expiration date of the contract may be accomplished only for good reason.

A. Voluntary Termination/Resignation
1. If the resident desires a termination of employment, a letter of resignation should be submitted to the Program Director stating the reason for the action.
2. An interview may be requested by the Program Director and/or the Executive Director of Health Professional Education or the Vice President of Medical Affairs (or designee).

3. Termination may be granted with the concurrence of the Program Director, and the Executive Director of Health Professional Education; or in the Executive Director’s absence, the Vice President of Medical Affairs of the Hospital.

4. Voluntary terminations will be reported by the Executive Director of Health Professional Education (or designee, i.e., the Program Director) to the Minnesota Board of Physician Quality Assurance in accordance with relevant regulations. Such report will be made within ten (10) days of any action.

B. **Grounds for Discipline or Involuntary Termination**

1. The Hospital may elect to terminate a resident’s employment prior to the established contract expiration date due to:

   a) Academic or Professional (Gross) Misconduct.

   b) (i) Engaging in conduct that is detrimental to the safety of patients, employees, or others,

      (ii) engaging in conduct that is detrimental to the delivery of quality patient care,

      (iii) disruption of the operations of the Hospital, departments, or any affiliated hospitals, or

      (iv) violation of the standards of professional conduct and ethics.

   c) Unsatisfactory performance.

   d) Abandonment of position/employment.

   e) Any disciplinary action as detailed in the Annotated Code of the State of Minnesota.

   f) Failure to comply with:

      (i) the policies of the Hospital, departments(s), medical staff,

      (ii) the policies of the facilities and other sites to which the resident has been assigned and rotates, and

      (iii) the terms and conditions of this Agreement.

   g) Commission of an offense under federal, state or local laws or ordinances, which impacts upon the resident’s abilities to appropriately perform his/her normal duties in the Program.

   h) Failure to meet the expectations established by the Program Director as set forth in the Departmental Resident Policy and Procedure Manual; a copy of which shall be provided to the Resident at the start of the Program.

2. The Program Director, with approval of the Executive Director of Health Professional Education, shall notify the resident in writing of the decision to terminate employment.

3. Upon notice of termination, the resident has the right to request a Fair Hearing, as described in policy GME-13: Fair Hearing Process.

4. All involuntary terminations will be reported to the Minnesota Board of Medical Practice by the Executive Director of Health Professional Education, pursuant to Minnesota Statutes Section 147.111. Such reporting will be made within ten (10) day of any action. Such action is reportable when the change takes place with the resident’s privileges, not after the Fair Hearing Process.

###
PURPOSE
To establish a policy for all post-graduate training programs sponsored by HealthPartners Institute for Education and Research for transfer residents/fellows.

SCOPE
This policy applies to all training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) sponsored by the HealthPartners Institute for Education and Research. All information contained in this policy shall be used as minimum criteria.

POLICY
HealthPartners Institute for Education and Research has no formal transfer program. Transfers are accepted on a space available basis.

Residents must complete a formal application process and be accepted by the receiving program to qualify for transfer.

The receiving Program Director must obtain verification of previous educational experiences and a summative, competency-based performance evaluation of the transferring resident, prior to accepting that resident.

###
### VENDOR RELATIONS

**SUBJECT**

**NUMBER**

GME-27

**Attachments**

Yes ☒ No ☐

**KEY WORDS**

Consulting, Donations, Entertainment, Ethical, Fees, Honorarium, Relations

**EFFECTIVE DATE**

July 1, 2007

**CATEGORY**

Business Practices (BP)

**LAST REVIEW DATE**

May 17, 2011

**MANUAL**

Graduate Medical Education

**NEXT REVIEW DATE**

May, 2014

**ISSUED BY**

Graduate Medical Education

**ORIGINATION DATE**

July 1, 2007

**APPLICABLE**

Applies to all training programs with residents rotating at Regions Hospital.

**RETIRED DATE**

Not Applicable

**REVIEW RESPONSIBILITY**

Graduate Medical Education Committee (GMEC)

**CONTACT**

Graduate Medical Education

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**PURPOSE**

All residency programs shall comply with the Regions Hospital and HealthPartners Vendor Relations Standards contained in the Code of Conduct (copy attached).

###

**Attachments**

GME-27 HealthPartners Guide to Vendor Relations
GUIDE TO VENDOR RELATIONSHIPS FOR HEALTHPARTNERS AND ITS RELATED ORGANIZATIONS

HealthPartners and its related organizations work with a wide variety of vendors and potential vendors – such as suppliers, drug companies, staffing agencies, consultants, law firms and many more. These relationships are necessary and important to the work we do. However, sometimes these relationships also bring with them a personal or informal component. For example, have you ever eaten some pizza brought in by a sales rep? Have you gone to a sporting or entertainment event courtesy of someone you do business with? Received a holiday gift basket from a consultant? Won a raffle for a mountain bike at a conference?

Although they may seem innocuous, these types of arrangements have the potential to create conflicts of interest, or the appearance that individuals in our organization may have a personal stake in their relationships with our vendors. Studies have shown that inappropriate relationships between the staff of health care organizations and their vendors can undermine patient and member trust, interfere with professional decision-making and result in the waste of health care resources.

While your Code of Conduct addresses conflicts of interest, entertainment, gifts and favors in general, it is not intended to resolve all possible vendor arrangements and interactions. For that reason, we have created this guide to supplement the Code of Conduct, and to help all staff make sound decisions when working with vendors.

This guide has three components that together describe the process you must follow whenever you are thinking about entering into (or renewing) a relationship with a vendor – whether that relationship is formal or informal.

1. **Ethical Considerations.** These are fundamental questions to ask yourself each time you are considering a vendor arrangement. Your answers to these questions will help you decide whether an arrangement passes your personal standards of integrity.

2. **Basic Rules and Examples.** These are basic, practical rules that you must follow in every vendor relationship. The examples given describe some common types of arrangements in health care, and identify which ones are considered acceptable and which are not.

3. **Beyond the Basics – Getting Help.** If the arrangement you are considering appears to meet the Ethical Considerations but is not addressed in the Basic Rules, then you are asked to consult with the Corporate Integrity Department. They will help you make a decision that reflects not only the organization’s values and responsibilities, but also your own.

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1 “Staff” includes employees, employed providers, privileged providers, residents, interns, students, volunteers and Board members of HealthPartners and its related organizations.

2 “Vendors” include current and prospective suppliers and their representatives, including staffing services, consultants, pharmaceutical and medical device companies, and service providers such as law firms and auditors.
1. **Ethical Considerations**

   The following questions were designed to help you conduct your own “gut check” when considering any interaction with a vendor. If the interaction does not pass your own “gut check,” then you should not agree to it. (You may notice that most of these questions reflect the organization’s Values of Teamwork, Respect, Passion and Integrity.)

   - **Will the interaction enhance (as opposed to erode) the trust of others?** Consider the trust of patients, members, coworkers and others.

   - **Does the interaction respect the interests of those affected by it?** Some of the people who may be directly or indirectly affected by our relationships with vendors are patients, members, research participants, customers, regulators and the community as a whole.

   - **Would I be able to face myself and my colleagues if this interaction were to come to light?**

   - **Would I be proud of this interaction if it were disclosed to those affected by it (for example, my patients and colleagues) or to the larger community (for example, in the media)?**

   - **Is this interaction consistent with the values of the organization?**

   If you did not answer “yes” to all of these questions, then you should not proceed with the interaction.
2. **Basic Rules and Examples**

These are basic, practical rules that you must follow in every vendor relationship. Gifts, donations, grants, sponsorships, entertainment activities, promotional items, consulting fees and honoraria may only be accepted or solicited from vendors if the interaction meets all of the following Basic Rules.

HealthPartners and its related organizations encourage appropriate interactions between staff and vendors as long as those interactions

- Are designed to benefit patients or members, or to educate HealthPartners staff;
- Will not lead to overutilization, underutilization or inappropriate utilization of health care services;
- Will not raise patient safety or quality of care concerns;
- Would comply with federal and state laws including those relating to referrals (Anti-Kickback and Stark), tax-exemption and public programs;
- Do not present a conflict of interest;
- Will not compromise staff’s independent judgment or interfere with professional duties;
- Will not embarrass or damage the reputation of the organization; and
- Comply in all other ways with the organization’s Code of Conduct.

On the next page are examples of interactions that you may face when working with vendors. The organization has identified which ones staff may engage in, and which ones they may not.
Examples. This list is not exhaustive, but it does identify several of the more common types of arrangements and interactions with vendors.

Permitted Interactions
Staff are permitted to interact with vendors in the following situations, so long as the Basic Rules on the previous page are also followed:
- Clinical and non-clinical department heads/chiefs may invite vendor representatives to present product information to staff for the purpose of staff education and product assessment; in such cases, vendors will not be permitted to provide meals, snacks, trinkets or other non-educational items. Sales representatives of vendors will not be permitted to canvas or “drop in” at clinical or administrative sites without such an invitation, although they may mail product literature to staff.
- Staff may attend modest meals and receptions sponsored by vendors at conferences if such events are incidental to an educational program that has been approved for continuing education credit.
- Staff may attend modest and occasional business courtesy meals (worth no more than $75) at the invitation of a vendor.
- Staff may attend occasional legitimate charitable events at the invitation of a vendor.
- Staff may solicit vendor support for patient care, research, education or fundraising purposes in accordance with organizational standards for these activities.

Non-Permitted Interactions
The following vendor interactions are not permitted:
- Staff may not accept cash or cash-equivalents (such as gift certificates) from vendors.
- Staff may not accept any item or service worth more than $75 that is primarily intended for personal use.
- Staff may not participate in leisure activities sponsored by a vendor, such as golf, sporting events, theater, “spa days”, etc., unless it is a legitimate charitable event, or unless staff pay their own way and participation would not compromise independent judgment, interfere with professional duties, or embarrass or damage the organization’s reputation.
- Staff may not provide consulting or other services for which they are compensated by a vendor without full and continuing disclosure to the organization and prior written approval of the Vice President, Associate Medical Director or equivalent to whom his or her department or division reports.
- Anything that is not permissible for an employee to accept is also not permissible for the employee’s immediate family (spouse, partner, parent, child) to accept from a vendor.
3. **Beyond the Basics — Getting Help**

Most of the arrangements and interactions with vendors that HealthPartners staff will face are covered by the Ethical Considerations, Basic Rules and Examples. This guide was designed to help you work through those common situations. However, we know it is not possible to construct a set of rules — or even to anticipate — all possible scenarios.

If the interaction you are considering appears to meet the Ethical Considerations but is not covered by the Basic Rules, then you should consult with the Corporate Integrity Department. Corporate Integrity staff has worked with a broad spectrum of clinical and business leaders in the organization to develop a detailed set of “Vendor Relations Standards” for the purpose of addressing uncommon or unanticipated vendor interactions. When you contact Corporate Integrity, they will work through the Vendor Relations Standards to help you make a decision that reflects not only the organization’s values and responsibilities, but also your own. Corporate Integrity may also consult with the leadership steering group, listed below, to provide guidance on particular issues or types of issues.

For more information about vendor relations in general, or for help in working through a particular decision, contact the Corporate Integrity Department. If you wish, you may consult the Vendor Relations Standards directly — they are posted on ERIC. However, because this is such a complex and ever-changing area, we believe you will find the expertise of those who are most familiar with the details of the Vendor Relations Standards to be an important resource.

**Vendor Relations Leadership Steering Group**
Tobi Tanzer, Vice President of Corporate Integrity and Corporate Compliance Officer
Eric Anderson, Director, Corporate Integrity
Rick Bruezel, Vice President, Pharmacy Services, HealthPartners
Patti Dalen, Vice President, Regions Hospital Foundation
Cheryl Magnuson-Giese, Sr. Director, Physician Services
Nancy McClure, Sr. Vice President, HHPMG & Clinics
J. Daniel Nelson, MD, Associate Medical Director
Carl Patow, MD, Vice President and Executive Director
Don Postema, Ethicist, Medical Ethics Committee
Rob Sauer, Associate Counsel
Andrea Walsh, Exec. Vice President and Chief Marketing Officer

**Corporate Integrity Contact Information**
Email: CorporateIntegrity@healthpartners.com
Web: http://intranet.healthpartners.com/Intranet/Menu/0.1646,7643.00.html
General Number — 952-883-5124
Corporate Integrity Hotline 1-866-444-3493
Tobi Tanzer, Corporate Compliance Officer – 952-883-5195
Eric Anderson, Director of Corporate Integrity – 952-883-6241

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Guide to Vendor Relationships
THE INSTITUTE/SELECTED REGIONS HOSPITAL POLICIES
I. PURPOSE
Regions Hospital is committed to maintaining a work environment which is free from the influence of alcohol and/or illegal drugs to protect the health, safety, and well-being of our patients, employees, and visitors. This policy is not intended as and should not be construed as a contract between the Hospital and any employee, except as required by applicable labor contracts.

II. POLICY
Regions Hospital prohibits the use, possession, transfer and sale of alcohol and/or illegal drugs on all premises owned, operated or leased by the Hospital. Regions Hospital prohibits reporting for work, and working anywhere on behalf of Regions Hospital under the influence of alcohol and/or illegal drugs.

The use and possession of properly administered prescription drugs or medication is permitted, provided that the effects of these drugs do not interfere with the employee's job performance or pose a direct threat to the health or safety of the employee, co-workers or patients. The use of prescription medications that contain a controlled substance but are used for a purpose or by a person other than which they were prescribed or intended, is prohibited.

VOLUNTARY DISCLOSURE:
Employees are encouraged to voluntarily disclose the use of alcohol and/or illegal drugs before being confronted, tested, or otherwise involved in drug and/or alcohol-related discipline or proceedings. An individual who does so will be granted time off for treatment, rehabilitation and counseling in accordance with applicable labor contracts and/or non-contract Hospital policies. Employees who voluntarily disclose the use of alcohol and/or illegal drugs before being confronted, tested, or otherwise involved in drug and/or alcohol-related discipline or proceedings. An individual who does so will be granted time off for treatment, rehabilitation and counseling in accordance with applicable labor contracts and/or non-contract Hospital policies.

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
disclose the use of alcohol and/or illegal drugs before being confronted, tested, or otherwise involved in drug and/or alcohol-related discipline or proceedings will not be discriminated against because of this disclosure, nor will the information which is disclosed about use be used as the sole basis for discipline. Resources are available to employees through the Employee Assistance Program (EAP).

GROUNDS FOR TESTING:
Testing will be requested or required under the circumstances described below. No test will be sought for the purpose of harassing an employee. All tests are conducted by a laboratory licensed by the State of Minnesota and certified by the National Institute on Drug Abuse. No test will be conducted by a testing laboratory owned or operated by Regions Hospital. Test results will be reported to Employee Health and Wellness after review by a licensed Medical Review Officer (MRO).

A. Reasonable Suspicion

An employee may be required to undergo an alcohol test and/or drug test if there is a reasonable suspicion that the employee:

(a) is under the influence of alcohol and/or illegal drugs;
(b) has violated the policy statement above;
(c) has caused himself/herself or another employee to sustain harm on any Regions premises;
(d) has caused a work-related accident;
(e) has operated or helped operate machinery, equipment, or vehicles involved in a work-related accident; or
(f) has had a reportable near miss that reasonable would have been expected to cause harm, a work-related accident or operated machinery, equipment or vehicles involed in a reportable near miss.

B. Treatment Program

An employee may be requested or required to undergo alcohol and/or drug testing if the employee has been referred by Regions Hospital for chemical dependency treatment. The employee may be requested or required to undergo random alcohol and/or drug testing during the evaluation or treatment period and for a period of up to two years following the referral for prescribed chemical dependency treatment.

NOTIFICATION:
When requesting or requiring an employee to undergo alcohol and/or drug testing, Regions Hospital will provide the employee with a copy of the Alcohol and Drug Testing Policy and provide the employee with an opportunity to read the policy.

An employee should not drive home if they are suspected of being under the influence. Other transportation options should be arranged.
RIGHT TO REFUSE TO UNDERGO ALCOHOL AND/OR DRUG TESTING AND THE EFFECTS THEREOF:
Any employee has the right to refuse to undergo alcohol and/or drug testing. An employee who refuses to be tested and/or whose behavior prevents meaningful completion of alcohol and/or drug testing will be subject to discharge or other disciplinary action in conformity with applicable labor contracts and/or non-contract Hospital policies. If an employee refuses to undergo alcohol and/or drug testing, no test will be administered.

RIGHTS IN CASE OF A POSITIVE TEST:

A. After Initial Positive Result and First Time Positive Result on Confirmatory Test

If the initial result on the alcohol and/or drug test is positive, the sample, which was tested, will be subject to a second, confirmatory test. No employee will be discharged, disciplined, discriminated against, or requested or required to undergo rehabilitation solely on the basis of an initial test result which is positive.

An employee will not be discharged (per Minnesota Statute 181.953 subsection 10 B) based on a first time positive result on a confirmatory test for alcohol and/or illegal drugs requested or required by the Hospital unless he or she has been given the opportunity to participate in a drug or alcohol counseling or rehabilitation program and has refused to participate or has failed to successfully complete the counseling program. Additionally, an employee must go to the Employee Assistance Program and comply with their recommendations. Failure to do so will lead to discharge. Regions will notify all applicable licensing and certification boards, including the State of Minnesota Health Professional Services Program, of positive results for employees who have required licensure or registration for their position.

B. Subsequent Positive Result on Later Confirmatory Test

An employee who receives a positive result on a confirmatory test for alcohol and/or illegal drugs requested or required by the Hospital and who has previously received a positive result on a confirmatory test for alcohol and/or illegal drugs requested or required by the Hospital may be subject to disciplinary action, up to and including discharge, in accordance with applicable labor contracts and/or non-contract Hospital policies, so long as the previous positive result occurred within the three (3) preceding years.

If the result of the confirmatory test is positive, an employee has the right to explain the reasons for the positive test and to request a confirmatory retest of the sample, to be conducted at the employee’s expense. Any employee wishing to exercise these rights must do so within five (5) business days of receiving the positive confirmatory test. In the case of employees covered by labor contract, additional internal appeal mechanisms may be available.

NEGATIVE RESULTS:
If the initial result of the alcohol and/or drug test is negative or the confirmatory test result is negative, the employee is considered to have satisfactorily completed the alcohol and/or drug test.
ADDITIONAL RIGHTS OF EMPLOYEES:
An employee who is requested or required to undergo alcohol and/or drug testing will be provided with a copy of the test results upon request.

CONFIDENTIALITY:
The fact that an employee has been requested or required to take an alcohol and/or drug test, the result of the test, and information acquired in the alcohol and/or illegal drug testing process shall be treated in a manner consistent with the Hospital’s treatment of other private and confidential information concerning employees. Voluntary disclosure by an employee of the excessive use of alcohol, prescribed medication that contain controlled substances and/or illegal drugs before being confronted, tested, or otherwise involved in drug and/or alcohol-related discipline or proceedings will also be treated in a manner consistent with the Hospital’s treatment of other private and confidential information concerning employees. This information will not be communicated by the Hospital to individuals inside or outside of the Hospital without the employee’s consent except to those who need to know this information to perform their job functions, and as permitted or required by law or regulation.

NON-REGIONS EMPLOYEES:
For Non-Regions employees where there is reasonable suspicion of unauthorized drug or alcohol use, their employer or appropriate authority will be notified and the individual will be removed from the worksite.

III. PROCEDURE(S)
1) If there is reasonable suspicion that an employee is under the influence of alcohol or drugs, Notify Employee Health and Wellness (EHW) during normal business hours at 4-3301. Security should be notified at all other times at 651-254-3979.
2) EHW and/or Security will notify trained resource personnel to assess the situation.

IV. DEFINITIONS
Illegal Drugs – controlled and uncontrolled (i.e. marijuana, crystal meth, cocaine) substances; includes prescription medications that contain a controlled substance that are used for a purpose or by a person for which they were not prescribed or intended.

Medical Review Officer (MRO) – Physician licensed by the State of Minnesota to review drug testing results.

V. COMPLIANCE
Failure to comply with this policy or the procedures may result in disciplinary action, up to and including termination.

VI. ATTACHMENTS
None
VII. OTHER RESOURCES

Alcohol Use #RH-HR-HR 60:10:29
Drug Free Workplace Policy #RH-HR-HR 60:10:10
Employee Assistance Program #RH-HR-HR 60:10:19

VIII. APPROVAL(S)

Beth L. Heinz
Vice President

IX. ENDORSEMENT

Employee Health & Wellness
Human Resources Leadership Team

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I. PURPOSE

The purpose of this policy is to provide employees with specific guidance and expectations regarding the appropriate access to and use of “Protected Information” in order to perform their work. The guidance and expectations are pursuant to the Privacy Policy, which sets forth Regions Hospital’s overall policies regarding the protection of Protected Information.

II. POLICY

Employees shall access Protected Information only to the extent necessary to perform their assigned duties. Employees must not use Protected Information for their individual or personal use except as specifically provided in this Policy. In addition, an employee must comply with additional policies, procedures, or protocols that are established for the employee’s specific job and/or area.

All employees must exercise every reasonable precaution in safeguarding Protected Information in their possession or control. This includes, but is not limited to:

A. Keeping confidential patient/member charts and other confidential documents and information where they will not be readily visible or accessible by unauthorized persons.

B. Not conducting conversations involving Protected Information where other employees or patients/members can overhear them (e.g., elevators, hallways, common areas, break rooms etc).

C. Disposing of documents that contain Protected Information in an appropriate manner designed to preserve confidentiality (e.g., confidential document destruction containers, shredding).

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
COMMUNICATING PROTECTED INFORMATION
Employees must not discuss or communicate Protected Information with any other person, including a co-worker or organization, unless it is necessary in the performance of assigned duties. Protected Information must not be disclosed to parties outside the organization without appropriate written patient or member consent or authorization or as otherwise permitted in accordance with the Privacy Guidelines established pursuant to the Privacy Policy or other written privacy procedures established by the employee’s department.

MONITORING OF PROTECTED INFORMATION
Employee access to Regions Hospital’s information systems, databases and files may be monitored on a regular or occasional basis.

EMPLOYEE ACCESS TO HER/His PROTECTED INFORMATION
Employees may, on a limited basis, access their own Protected Information (e.g., own medical or dental record, appointment schedule information, pharmacy information, claims information, etc.) through Regions Hospital’s systems or files. However, such personal access shall only be on an incidental and occasional basis and shall not interfere with normal business activities or adversely impact the employee’s or a co-worker’s job performance. In addition, employees may not modify, print, copy, or forward their Protected Information or in any way perform transactions involving their own Protected Information. Thus, employee’s access to their own Protected Information via Regions Hospital’s systems is permitted on a view only basis.

An employee may not use employment at Regions Hospital to access her/his Protected Information either directly or indirectly by asking another employee to access this Protected Information. An employee’s ability or permission to access any Employer system containing Protected Information is dependent upon whether that person’s job responsibilities require such system access. Accordingly, employees may not request or receive access rights to systems that contain her/his Protected Information for the purpose of viewing her/his information.

EMPLOYEE ACCESS TO PROTECTED INFORMATION OF FAMILY MEMBERS
Protected Information about employees’ family members, including minor children, must be treated in the same manner as that of other patients/members. The employee may not gain access to a family member’s Protected Information as a result of her/his employment with Regions Hospital.
If an employee wishes to access the medical record, any medical information, laboratory results, appointment schedule information, pharmacy information, claims information, or any Protected Information of which a family member (including a minor child) is the subject, the employee may only access this information as would a non-employee patient/member – for example, with required written authorization from the family member through Member Services or the clinic, or, in the case of information available on-line, through member or patient portals.

An employee may not use employment at Regions Hospital to access the Protected Information of family members either directly or indirectly by asking another employee to access this Protected Information.
EMPLEE ACCESS TO PROTECTED INFORMATION OF CO-WORKERS

Protected Information about employees of Regions Hospital must be treated in the same manner as that of other patients/members. The employee may not gain access to another employee of Regions Hospital confidential patient/member information as a result of her/his employment with Regions Hospital. Employees may only access such Protected Information if it is necessary in the performance of the employee’s assigned duties.

EMPLEE ACCESS TO PROTECTED INFORMATION FOR TRAINING

Employees may not access or use Protected Information of family members or co-workers for training purposes, except with the written authorization of the family member/co-worker and with the express approval of the employee’s supervisor.

III. PROCEDURE(S)

Several of Regions Hospital’s information systems and databases contain built-in security functions to automatically monitor inappropriate access to Protected Information and supervisors/managers receive reports on such access. Systems without automatic security functions may be monitored manually.

Departments may institute special operating procedures for managing Protected Information of co-workers.

DISTRIBUTION

All new employees are informed about confidentiality and this Policy during New Employee Orientation and shown where to access this Policy in Compliance 360. Employees must sign the Orientation Outline indicating that the employee has received information on confidentiality.

If a new employee does not attend New Employee Orientation, this will be covered during a 1:1 session with Human Resources. The Employee must sign the Orientation Outline as stated above. The Orientation Outline will be retained in the employee’s personnel file in Human Resources.

SUPERVISOR/MANAGER RESPONSIBILITY

Supervisors/managers are responsible for ensuring that all employees are aware of this Policy and for periodically reviewing this Policy with employees under their supervision.

It is recommended that for employees whose job requires regular access to Protected Information this Policy be reviewed at least on a yearly basis and that the supervisor/manager have the employee sign the Standards of Conduct Form on a yearly basis.

Supervisors/managers are responsible for reviewing and monitoring reports regarding employees’ access to Protected Information.

Supervisors/managers are responsible for the daily administration of this Policy.
IV. DEFINITIONS
Protected Information: demographic, health or financial information that:
- identifies (or could reasonably be used to identify) a patient or member; and is not generally known by or made available to the public;
- is collected or received by or on behalf of Regions Hospital (or any related organization) from a member (or her/his authorized representative), a patient (or her/his authorized representative), a member’s or patient’s health care provider or his/her agents, or a member’s or patient’s third party payer or health plan sponsor or his/her agents; and
- relates to or facilitates the past, present or future physical or mental health condition of the member or patient, or the past, present or future provision of health care to the member or patient.

Protected Information includes, but is not limited to:
A. Information contained in medical, dental, eye, mental health, or other patient charts
B. Information contained in Health Plan files, e.g., Claims, Membership Accounting, Member Services, etc.
C. Information contained in electronic systems and databases, e.g., electronic medical or dental records, Claims databases, Patient Accounting databases, membership accounting databases, Member Services databases, etc.
D. Appointment schedules
E. Other Protected Information maintained by Regions Hospital in conducting its business

Protected Information may be recorded or unrecorded, oral, written, or electronically stored.

V. COMPLIANCE
Failure to comply with this Policy or the procedures may result in disciplinary action, up to and including termination.

VI. ATTACHMENTS
NOT APPLICABLE

VII. OTHER RESOURCES
--Privacy and Protection of Patient and Member Information (“Privacy Policy”)
--Regions Hospital Code of Conduct
--Discipline for Breaches of Privacy and Privacy Policies: RH-HR-HR 60-10-31

VIII. APPROVAL

Kim Egan
Executive Director, Human Resources

IX. ENDORSEMENTS
Human Resources Leadership Team
Office of Integrity & Compliance

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
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<th><strong>Subject</strong></th>
<th>Death of a Patient and Organ Donation</th>
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<td><strong>Attachments</strong></td>
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<tr>
<td><strong>Key words</strong></td>
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<td><strong>Category</strong></td>
<td>Provision of Care (PC)</td>
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<tr>
<td><strong>Effective Date</strong></td>
<td>July 1971</td>
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<tr>
<td><strong>Manual</strong></td>
<td>Patient Care Manual</td>
</tr>
<tr>
<td><strong>Last Review Date</strong></td>
<td>May 2013</td>
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<tr>
<td><strong>Issued By</strong></td>
<td>Nursing, Trauma, Pathology, Infection Control, Patient Care Committee</td>
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<tr>
<td><strong>Next Review Date</strong></td>
<td>March 2016</td>
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<tr>
<td><strong>Applicable</strong></td>
<td>All Regions Hospital Employees</td>
</tr>
<tr>
<td><strong>Origination Date</strong></td>
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<td><strong>Review Responsibility</strong></td>
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<td><strong>Contact</strong></td>
<td>Nursing Administration</td>
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I. PURPOSE
To ensure the coordination of respectful care of a body following the pronouncement of death in all care units at Regions Hospital and HealthPartners Same Day Surgery Center (HPSC). In addition, this policy is designed to meet state and federal regulations as well as Joint Commission standards in regards to the communication, referral, consent, management, and procurement of organ, tissue, and eye donations.

II. POLICY
A. When a death occurs on the Regions Hospital or HealthPartners Specialty Center, in order to assist and support the patient’s family in a time of grief and loss.
   1. The family and / or significant other(s) will be notified as quickly as possible.
   2. All personnel will demonstrate respectful communication, actions, and behaviors through the final disposition of the body.

B. As necessary, the appropriate legal authorities will be notified. The Patient Flow Coordinator (PFC) will assist in the coordination of after care for the body. The attending physician or designee will complete the patient’s electronic health record (EHR) and death certificate within a timely fashion. The official record of deaths for Regions Hospital will be based on the PFC’s death log, supported by Epic documentation.

C. All patient deaths, 20 weeks gestation and older, will be referred for organ, tissue, and eye donation assessment. As per guidelines the LifeSource Coordinator (LC) will evaluate and recommend suitability for donation.

D. When the patient is a potential organ donor and the legal next of kin authorizes the donation or written donor designation exists, the LC will complete the written informed authorization.

E. A fatally ill patient who has total irreversible loss of brain function resulting in the diagnosis of brain death is potentially a suitable candidate for solid organ donation (e.g., kidney, heart, lung, liver, small bowel, pancreas) and the donation of tissues (e.g., eyes, bone, skin, connective tissue, heart for valves, arteries / veins).

F. Individuals with complete and permanent cardiac and respiratory cessation may be potential suitable candidates for tissue donations, (e.g., eyes, bone, skin, connective tissue, heart for valves, arteries / veins).

G. Twice daily Pathology will reconcile and document the morgue log to the deceased in refrigerated crypt / cooler storage.

H. All access to the morgue will be managed and coordinated through Regions Hospital Security and The Department of Anatomic Pathology.

I. Morgue access will be restricted to approved personnel with documentation of all persons entering the morgue who are not members of Pathology or Security staff.

J. Quality assurance will be managed by monthly audits as per Morgue Procedure Fetal Loss / Stillbirth RH-PC-PL-MO-6.3.1.

III. PROCEDURE(S)
A. Prior to or Impending Patient Death
   1. The Licensed Independent Providers (LIP) and nurses responsible for the care of the patient will refer all patients with imminent brain death, cardiac or respiratory cessation for donation evaluation within one hour of meeting the following triggers:
a. Severe neurological injury
i. Glasgow Coma Scale (GCS) less than 5 or the patient must demonstrate complete *absence* of two or more of the following:
   - Response to pain
   - Trigger of ventilator
   - Papillary response
   - Corneal reflex
   - Cough
   - Gag
   - Doll's Eyes
   - Response to cold coloric's

b. All questions about donation from family or staff will be referred to Organ Donation staff.

B. Death of a Patient Flow Chart
Patient Death Flowchart

Care Units page PFC at 651-629-2002

PFC works with Care Unit to notify and complete:
- Lifesource & Lions Eye Bank organ and tissue donation
- Family
- Attending or on call Physicians
- Chaplain on-call is available to support the family
- ME - if needed. Preserve site.
- Post Mortem Permit - if needed. Preserve site.
- Ensures family views the body
- Post Mortem Consultation From - if needed.
- Property Card
- Epic Death Checklist
- PFC provides funeral home with attending physician or designee name for completion of Death certificate

Transport body to morgue

Care Unit faxes Death checklist to PFC @ 651-254-3643

Autopsy and/or Organ & Tissue donation

PFC, PA* and Security see Flowchart next page

YES

NO

PFC notifies security and the funeral home that body is ready for release

Funeral Home: 1. Notifies Security to arrange pick-up time; 2. Originates death certificate

PFC completes:
- Death checklist, review and update as needed, faxes final copy to 651-254-2741

Funeral Home contacts PFC

Funeral Home contacts PFC

See page 5 for Family Perspective Flowchart

*PA - Pathology Assistant
**Patient Death Flowchart (page 2)**

**Autopsy only**

- PFC calls autopsy pager (651-629-0169)
- PA* verifies
  - Death checklist
  - Postmortem consult form
  - Autopsy permit
- PA* notifies PFC when autopsy complete

**Autopsy and/or Organ & Tissue donation**

- Autopsy calls autopsy pager (651-629-0169)
- PA* verifies paperwork (death checklist, postmortem consult form, autopsy permit)
- PFC contacts Lifesource & OR to schedule donation

**YES, both**

- PFC coordinates both procedures with the PA* through autopsy pager (651-629-0169)
- PA* notifies PFC when autopsy complete

**Body returned to morgue**

- Lifesource contact Security
- Lifesource arrives, security releases body
- Lifesource notifies PFC when complete
- PA* notifies PFC when autopsy complete

*PA - Pathology Assistant*
C. Determination of Death

1. Brain Death
   b. Patients diagnosed with “Brain Death with intact cardiovascular system” are suitable candidates for organ, tissue, and eye donation.
   c. Physicians / Nurses responsible for the patient's care, or designee, will refer all patient deaths (patients with imminent brain death or cardiac and respiratory cessation) within one hour of meeting clinical triggers (the loss of two (2) or more brain stem reflexes or a GCS of less than or equal to 5 in the emergency department [ED]) for donation evaluation by calling the donor referral number at 1-800-247-4273. Imminent brain death is defined as the loss of 2 or more brain stem reflexes. Do not discuss donation with the family prior to making the referral.

2. Cardiac Death
   a. Individuals with complete cardiac and respiratory cessation are not suitable for organ donation but may be suitable for tissue donation (e.g., eyes, bone, skin, connective tissue, heart for valves, arteries / veins).
   b. Physicians and / or nurses responsible for the patient's care, or designee, will refer all patient deaths (cardiac and respiratory cessation) for donation evaluation as soon as possible after asystole by calling the donor referral number at 1-800-247-4273. Do not discuss donation with the family prior to making the referral.

D. Pronouncement of Death

1. For all deaths, the death of a patient policy and procedure should be followed in all areas of the Regions Hospital regardless of the location in which the patient died (e.g., ED, Surgical Services, and clinics).
2. The Resident or nurse in the case of a Do Not Resuscitate / Do Not Intubate (DNR/DNI) patient may pronounce the death of a patient. The attending physician on the primary service responsible for the patient must be notified if the resident or nurse makes the pronouncement of death. Documentation is the same for all deaths.
   a. Nursing documentation regarding the death must include:
      i. Attending (on call) MD notification and time of MD notification.
      ii. Document patient's condition prior to death and emergency measures attempted.
      iii. Evaluation statement “Emergency measures unsuccessful and patient expired at (include date and time of death).”
   b. See Section D regarding additional nursing responsibilities
3. Deaths occurring in Special Care Areas (e.g., Cath Lab, Dialysis, Imaging, HPSC)
   b. Secure patient belongings.
      i. Return belongings to the family; or
      ii. Place in safe located in the Business Office.
   c. Complete property card and keep with body.
   d. PFC will direct body viewing, transport, family and physician notification, and documentation.
4. Fetal / Neonatal Deaths
   a. For Fetal Death (see definition of Fetal Death in Section IV)
      i. The patient's nurse or charge nurse of non Birth Center units must consult with the Labor & Delivery (L&D) charge nurse regarding requirements for care of the stillborn (651-254-3405).
      ii. Refer to Fetal / Neonatal Loss Policy (RH-PC-BC-02-10) and Procedure as outlined in the Birth Center Manual.

E. Nursing Responsibilities
1. Notifications
   a. The attending (on call) MD must be notified. Note: This can be a joint responsibility with the resident.
   b. The Medical Examiner (ME) is notified, if applicable. For further instruction see Section D
   c. The physician or nurse notifies the family regarding the patient's death.
      i. If the family is present, the physician will talk with the family in private. Nursing is encouraged to be present during this discussion to reinforce what has been said and answer questions.
      ii. If the family is not present, the physician / nurse is to call and ask them to come to the hospital.
      iii. If the physician is unable to contact the family, he / she will notify the nursing staff. If necessary, the Director of Nursing / PFC can be used as a resource in contacting the family.
      iv. If the decedent is a resident of a nursing home or other care facility, nursing or family will contact the facility. If no family is present, this notification will be done by the responsible nurse.
      v. If the patient is incarcerated, the responsible nurse will notify the Watch Supervisor. The Watch Supervisor will notify the Warden or Superintendent of the home institution. The home institution will provide direction on family notification.
      vi. Provide family with any bereavement materials as applicable.
      vii. The physician or responsible nurse discusses the needed decisions of postmortem, ME possibilities, Selection of Mortuary, and Donations.
d. The PFC is notified of all deaths (651-629-2002) and a hold is placed on the body until the EHR death checklist is completed.

e. As needed, the PFC will assist the care unit in coordinating the following:
   i. Pending decisions regarding donation or autopsy.
   ii. Transportation of deceased patient to the morgue.

f. Chaplain-Chaplaincy services are available as needed or requested. Contact the on-call chaplain through Amion or the hospital operator.

g. Epic: Complete Epic documentation using the Death Navigator in the EHR
   i. Complete Epic Death Checklist in the EHR.
   ii. Complete patient discharge:
      • Location: Morgue.
      • Disposition: Expired.
   iii. Enter “expired” status in Epic to update patient status.

h. Completion of Property Card (See Section D).

2. Transfer of the Body / Property

   Note: If the body requires special needs (e.g., Bariatric patients) contact PFC for direction prior to transport.

   a. Transfer of the body to the morgue will take place as soon as possible after the death. The PFC should be notified if the transfer is not possible within a timely fashion. One reason for this exception may be family wishes to view the body on the unit. See Exception listed in Section F.

   b. Contact Patient Transport for patient transfer assistance as needed.

   c. Contact Security (651-254-3979) for morgue access prior to beginning transport.

   d. A nurse (RN / LPN) must accompany the patient to the morgue.

   e. If needed, Patient Transport may assist with the physical relocation of the patient’s body but must be accompanied by nursing and escorted by security into the morgue. Upon arrival to morgue Security will escort the care team into the morgue.

   f. The nurse and Security will sign the patient into the morgue log the following information must be complete:
      i. Date.
      ii. Deceased’s Name, Age, Care Unit.
      iii. Refrigerated Storage placement.
      iv. Time in morgue.
      v. Nurse and Security / Pathology signature.
      vi. Paper Chart (yes or no) accompanied the body.
      vii. Autopsy (yes, no, or pending).
      viii. Autopsy date / time (to be completed by Pathology).
      ix. Donor services (yes, no, or pending).
      x. Donation date and time – Out (to be completed by Procurement Team).
      xi. Donation date and time – In (to be completed by Procurement Team).

   g. The care team will transfer the body to the designated morgue cooler cart.

   h. In addition to the body, all personal belongings will be placed onto the cart with the patient’s body.

   i. The accompanying nurse will complete the morgue log entry to include cart ID.

   j. The nurse will complete the blue envelope located in the morgue and will place the patient’s hard copy paper chart into the blue envelope. Minimally, the patient chart must include the following:
      i. EHR Death Checklist.
      ii. Post-Mortem Permit (if applicable).

   k. All individuals will exit the morgue together. Security must accompany and remain with staff at all times while conducting business in the morgue.

   l. Security will ensure the morgue is secure upon exit.
m. Deceased remains in morgue cooler until released to the authorized funeral home, crematorium, or medical examiner who will take custody of the body.

n. Security will ensure the authorized party removing the body from the morgue will complete the morgue log.
   i. Mortuary, address, license #, Mortuary signature, date and time.
   ii. Security release initials.
   iii. Chart pick-up date, time, and initials (completed by Pathology).

o. The licensed funeral home or crematorium will provide a certificate of removal upon arrival.

p. If the family or medical examiner requests the body to be removed from the patient care unit, the nurse will accompany the ME or Funeral Home Director to the morgue and all steps contained in The Death of a Patient and Organ Donation Policy Procedure D.2.

q. All individuals who enter the morgue must be authorized and accompanied by security at all times.

3. Family and visitors will not be authorized to enter the morgue at anytime. Please see Attachment B if family request to view the patient’s body after the body was signed into the morgue – follow process on The Death of a Patient and Organ Donation Policy: Attachment B.

4. Reportable Cases to the ME: Deaths which occur at Regions Hospital and meet the criteria below are reportable regardless of where the injury occurred.
   a. Criteria for Reporting Death(s) to the ME (Reportable Deaths).
      i. Death within first 24 hours of hospital admission.
      ii. Any death in which there is doubt as to whether it constitutes a medical examiner's case.
      iii. Deaths due to violent homicide, suicide or accident (e.g., all trauma).
      iv. Deaths associated with burns, chemicals, electrical, thermal or radiation injury.
      v. All maternal deaths due to criminal abortion or miscarriage.
      vi. Deaths under unusual or mysterious circumstances.
      vii. Deaths that occur during, in association with, or as the result of a diagnostic, therapeutic or anesthetich procedure.
      viii. Deaths of inmates of public institutions, not hospitalized primarily for organic disease.
      ix. Deaths of persons in custody of law enforcement officers.
      x. Any death due to suspected neglect or abuse.
      xi. Any stillbirth 20 weeks gestation.
      xii. A pregnancy of any gestation that results in stillbirth or neonatal death because of trauma of any kind, positive toxicology screening, maternal ingestion of an unprescribed controlled substance, or illicit drug use.
      xiii. Any death in the ED.
      xiv. All sudden deaths of persons not disabled by recognizable disease.
      xv. All deaths in which a fracture of a major bone (femur, humerus, tibia, etc.) has occurred within the past six months.
      xvi. Death of a person whose body is to be cremated, dissected, buried at sea, or otherwise disposed of so that bodies will later be unavailable for examination.
   b. Reporting and Documenting Cases to the ME.
      i. Report the case promptly to the office of the ME (651-266-1700).
      ii. The office is open 24 hours daily. The physician / responsible nurse / procurement agency RN may make this call. The charge nurse will ensure that this reporting has been done.
      iii. Information requested by the ME will include patient name, address, sex, race, marital status, next of kin, summary of history, physical findings, name of attending physician and other pertinent data.
      iv. Documentation of this notification will be done on the EHR Death Checklist.
v. When notifying the ME office, the wishes of the family regarding postmortem exam should be conveyed. If the ME does the postmortem examination, a signed postmortem permit is not needed. A ME has jurisdiction to perform the postmortem exam regardless of family permission. In the case of the ME declining the need for their office to perform postmortem exam, a postmortem examination can be done by the hospital if permission has been obtained from the ME and family (See Section D, to obtain the family’s permission).

vi. The ME will make a judgment as to whether they accept or decline jurisdiction. This decision will be done immediately at the time of the original contact with the ME’s investigator or will be conveyed to the Regions PFC by the next working day. Until jurisdiction is decided the decedent’s body is on hold and is to not be altered.

a. ME accepts jurisdiction.
   i. The ME will state that the case is under the jurisdiction of the Office of the Medical Examiner.
   ii. The death certificate is signed only by the ME in cases where the ME has accepted jurisdiction.
   iii. The removal of clothing or effects, handling of the body, altering the scene, or the completion of a postmortem examination (except by specific authorization of the medical examiner, his deputies or investigators) should not occur. All clothing and belongings should be sent with the body to the ME. Clothing and other personal belongings may assist the ME in their investigation of the death. If the relevancy of belongings for the investigation is questioned, verify with the ME their need for these articles. Do not send valuables already locked in the Business Office.
   iv. Next of kin should be directed to contact the Office of the Medical Examiner (651-266-1700) for concerns regarding circumstances of death, cause of death, and concerns about personal effects. In many instances the ME personnel will be contacting the family for information, which may be helpful in the case.
   v. The family should be informed to contact their Funeral Home / Mortuary.

b. ME declines jurisdiction.
   i. The ME will authorize release of the body to the Funeral Home / Mortuary.
   ii. The procedures for autopsy / postmortem care of the body / property should be followed as if the case was a non-reportable death.
   iii. The family / next of kin should be contacted about considering a Regions Hospital postmortem exam.
   iv. The family should be informed to contact their Funeral Home / Mortuary.

5. Family Decisions
   a. Postmortem Examinations
      i. Postmortem examinations are performed at no cost to the family provided the death occurs at Regions Hospital.
      ii. Permission should be sought from the family / next of kin for a postmortem examination for all patients. Responsibility for obtaining this permission belongs to the physician and / or responsible nurse who conveys the announcement of death to the family. If the family consents to a postmortem, the permit form (See Section H) should be completed (even prior to contact with the ME).
      iii. Reinforce with the family that if the ME requires the postmortem, it will be done regardless of the family giving permission.
      iv. The next of kin who has the legal authority, via MN state law 149A.80, to give permission for the postmortem examination are identified below in the accepted legal order. Legal order must be followed in obtaining consent for a postmortem examination.
• The person appointed in a dated written instrument signed by the
decedent (does not include durable and nondurable power of attorney)
• The surviving, legally recognized spouse.
• The surviving biological or adopted child or children of the decedent over
the age of majority, see note below.
• The surviving parent or parents of the decedent.
• The surviving biological or adopted siblings of the decedent over the age
of majority, see note below.
• The person or persons respectively in the next degree of kinship in the
order named bylaw to inherit the estate of the decedent.
• The appropriate public or court authority.

Note: You can rely on instructions given by the surviving child that they are the
sole surviving child, or if there are multiple children, that they constitute a
majority of the surviving children. You can rely on instructions given by the
surviving sibling that they are the sole surviving sibling or if there are multiple
siblings that they constitute a majority of the surviving siblings.

v. Physician / responsible nurse completes Section I of the Postmortem Permit
and signs as a witness, if needed.
vi. Next of kin giving permission for the postmortem exam completes Section II of
Postmortem Permit.

• As many signatures as can be easily obtained are recommended.
• When the next of kin resides a substantial distance from the hospital or
the next of kin is not able to sign the postmortem permit in person
telephone permission for the postmortem exam is acceptable with one (1)
witness i.e., three way phone call. If permission is obtained via the
telephone this must be documented on Section II of the post mortem
permit by the witness.

vii. The PFC pages the Pathologist Assistant at (651-629-0169) to notify the need
for a postmortem exam.
viii. The Physician must then complete the Postmortem Consultation Form (See
Section H). The completed form should go with the body and chart to the
morgue.
ix. Pathology Department Pathologists complete the postmortem examination.
x. Preliminary postmortem results are available 72 hours from autopsy.
xi. Final postmortem results are available no later than 90 days from autopsy.
xii. The postmortem report is given only to the person(s) who signed the
postmortem permit.
xiii. Physician who completes the death certificate answers questions from family
on postmortem results.

b. Selection of a Funeral Home / Mortuary
i. Request the family select a Funeral Home / Mortuary
ii. Inform the family they are responsible for notifying the Funeral Home /
Mortuary themselves

6. Organ, Tissue & Eye Donation – Note: LifeSource, The Upper Midwest Organ
Procurement Organization, Inc. is the official procurement agency for Regions Hospital for
organs and effective December 29, 2004 for tissues. The Minnesota Lions Eye Bank
(MLEB) is used for eye donations.

1. The nurse calls Donor Referral #1-800-247-4273 if the patient is > 20 weeks
gestation. Verify if patient meets criteria for organ / tissue / eye donation. Do not
discuss donation with the family prior to making the referral.

2. Brain Death – Organs, tissues and eyes. Note: Refer all patient deaths (patients with
imminent brain death or cardiac and respiratory cessation) within one hour of
meeting clinical triggers (the loss of two [2] or more brain stem reflexes or have a
Glasgow Coma Scale (GCS) of less than or equal to 5 in the ED).
i. Suitability for Donation
   • The contracted LC will determine if the patient meets criteria for organ, tissue, and / or eye donation after discussion with the physician / nurse, and / or evaluation of the medical record.
   • After brain death declaration, if suitable for organ donation, a LC will be on-site to offer the next of kin the option of donation or discuss the patient’s donor designation in collaboration with the patient’s physician, nurse, and other members of the healthcare team as appropriate.
   • If suitable for tissue / eye donation but not organ donation, the tissue / eye coordinator will discuss either the option of donation or donor designation with the family via the telephone using the assisted approach (family connection) after the patient’s death.
   • Families of patients who do not meet donation criteria, per the LC, will be told by the physician / nurse responsible for the patient’s care, or designee, that normally donation is discussed at this time, however, because of a contraindication defined by LC donation is not an option.

3. Cardiac Death – Tissue and Eye Donation Only. Note: Individuals with complete cardiac and respiratory cessation may be suitable candidates for tissue or eye donation (e.g., eye, bones, skin, connective tissue, heart for valves, arteries / veins). Referrals should be done as soon as possible after asystole.
   i. Suitability for Donation
      • The LC will determine if the patient meets criteria for tissue and / or eye donation after discussion with the physician / nurse, and / or evaluation of the medical record
      • If suitable for tissue / eye donation, the LC will discuss either the option of donation or donor designation with the family via the telephone using the family connection.
      • Once the determination of suitability is made, the nurse will be asked to offer the family the brochure, Tissue & Eye Donation. At this point, tell the family that it has been determined that their loved one could be a donor (the LC will be able to tell you whether or not your patient is a documented donor and how to relay this information to the family). Inform the family that a LC will speak with them now or will contact them later. If the family chooses to leave the hospital prior to speaking with a LC, obtain a telephone number where they can be reached.
      • The LC will talk with the family via the telephone (at the hospital or at their home) and complete all necessary documentation.
      • The LC will inform the PFC of the family’s decision, and a copy of the authorization / disclosure form will be provided to medical records.
      • Families of decedents who do not meet donation criteria, per the LC, should not be approached for donation. The nurse responsible for the patient’s care, or designee, will tell families of these patients, that normally donation is discussed at this time; however, because of a contraindication defined by the LC donation is not an option. The medical contraindication given by the LC should be recorded on the Record of Death; Screening for Organs, Tissues & Eyes form. This form is provided by the LC.
      • If suitable for eye donation only, the MLEB Donation Coordinator will offer the family the option of donation via the telephone using the family connection.

4. Use of Interpreters – When appropriate, due to cultural diversity, the Interpreter / Language Services should be contacted to interpret the discussion. The person reviewing this issue will document the discussion on the patient’s record. Such contact shall occur with due discretion and sensitivity regarding the circumstances,
views and beliefs of the family.

5. Donor coordinators will make the final determination of a donor’s suitability for which organs and tissues may be donated and will coordinate the organ, tissue, and eye retrieval with Regions Hospital and local / national transplant centers. If suitable for eye donation only, the MLEB Donation Coordinator will offer the family the option of donation via the telephone using assisted approach (family connection).

6. Determination of Donor Designation
   i. If donation is an option, the LifeSource Coordinator will lead the donor designation assessment for patients documented intent or refusal to donate. If Advanced Directives are noted on the chart, inform the Donation Coordinator of any patient’s decision about donation. Do not ask the family for the information. Regardless of designation or not, discuss method of approach with Donation Coordinator.
   ii. ME: If the donor is subject to the ME’s jurisdiction and is a possible organ / tissue / eye donor, the ME is called at the time of the first brain death determination. The ME, or their designee, may then decide to externally examine the patient to obtain necessary medical / legal evidence or to decide to release the body for organ / tissue / eye donation. The external examination may include taking pictures. After the exam, the ME will document in the EHR the decision as to the release of the body for organ donation. If the ME is releasing the body for organ / tissue / eye donation, they will grant a telephone authorization for this procedure. The ME’s name, date and time of this telephone authorization to release the body, and if they will want to do an external examination, needs to be documented in the EHR.

7. Management of the donation of a body remains to the University of Minnesota (U of MN).
   a. If any patient or family member is interested in donating their body to the U of MN, they should call 612-625-1111. U of MN Anatomy Bequest Program to obtain the correct procedure for donation to the U of MN Anatomy Bequest Program.
   b. The patient / family has presented or informed medical staff of the presence of an Anatomy Bequest Form. A copy of the most up-to-date form may be found at http://www.bequest.umn.edu/.
   c. The Anatomy Bequest Program phone number is 612-625-1111 (24 hour service). They will be contacted by the LIP at the time of the patient’s death.
   d. Further procedure upon donation will be discussed between LIP and U of MN Anatomy Bequest Program.

8. Organ Procurement Procedure:
   a. After brain death and family authorization or disclosure, LC will remain on-site to clinically manage the patient, allocate the organs, and coordinate the organ recovery. Organ procurement is performed in the Regions Hospital operating room.
      The following forms will be sent with the body:
      i. Complete Death Checklist in the EHR Authorization or Disclosure for Organ, Tissue and Eye Donation. No other surgical consent form is necessary.
      ii. Completed postmortem examination permit, if a postmortem or equivalent examination is requested. A permit is not necessary if the ME assumes jurisdiction for the case.
      iii. Patient records – A copy of the patient’s current medical record, including flow sheets and laboratory results. The Donation Coordinator will identify the specific portions of the chart to be copied. This data is given to the team(s) who will procure the organs.
      iv. The patient’s previous medical record.
   b. Upon determination of a patient death, it is the responsibility of the care team to page the PFC (651-629-2002).
   c. When the organ donation procedure is complete, the body will be transferred and signed into the morgue per the Regions Hospital Death of a Patient and Organ
Donation follow Policy Procedure D.2.

9. Tissue Procurement Procedure:
   a. After brain or cardiac death and family authorization / disclosure, LC will coordinate tissue recovery with the PFC.
      i. Complete Death Checklist in the EHR Authorization or Disclosure for Organ, Tissue and Eye Donation. No other surgical consent form is necessary.
      ii. Completed postmortem examination permit, if a postmortem or equivalent examination is requested. A permit is not necessary if the ME assumes jurisdiction for the case.
      iii. Patient records – A copy of the patient’s current medical record, including flow sheets and laboratory results. The LC will identify the specific portions of the chart to be copied. This data is given to the team(s) who will procure the organs.
      iv. The patient’s previous medical record.
   b. Tissue procurement is performed in the Regions Hospital operating room. Room availability will be coordinated between the PFC and Operating Room Charge Nurse.
   c. The Tissue Coordinator will provide a copy of the authorization / disclosure for donation form along with documentation of which tissues were recovered for the patient chart.
   d. When the tissue donation procedure is complete, the body will be transferred and signed into the morgue per the Regions Hospital Death of a Patient Policy Procedure D.2 Procured tissue will be packaged and held in the Regions Hospital Pathology Laboratory for courier retrieval.

10. Eye Procurement Procedure:
   a. The MLEB coordinates eye donation and transplantation. The MLEB Certified Procurement Technicians remove the whole eyes or corneas only, determined by the LC, for corneal donation. Eye enucleation / insitu recovery can be performed in the OR, on the patient care unit, in the morgue, at the Funeral Home / Mortuary, or at the ME’s office.
   b. All potential eye donors should be treated using the following post-mortem care:
      • Elevate head 10-20 degrees.
      • Vertically paper tape eyes closed, when possible. Closing eyes as soon as possible is also important.
      • Place light ice bags gently over taped, closed eyes before body is sent to the morgue.
   c. Notify the PFC when procurement procedures are completed.
   d. The patient's chart is sent with the body.
   e. All nursing documentation in the progress notes follows the same procedure as any other death.

11. Care of the Body / Property and Viewing by Family:
   a. Care after death / viewing by family – The purpose of caring for the body is to ensure cleanliness before taking it to the morgue and to ensure proper disposition of belongings.
      i. Obtain the morgue cart by calling Materials Management x49588 or ordering it via EHR.
      ii. Obtain a Morgue Pack from Materials Management or via EHR.
      iii. Proceed with postmortem care after the patient has been pronounced dead and the relatives have left the room.
      iv. Do not remove tubes, clamps, splints, casts, etc., if there is to be a possibility of a postmortem or if it is a ME reportable case. Do not wash the body.
      v. Close eyes. If the eyes do not remain closed, paper tape may be used. If eyes are to be donated, vertically tape eyes shut and place small ice packs on eyes. Elevate the head of the bed 20°.
vi. *In deaths due to violence, suspected homicide or suicide or if pending ME jurisdiction do not bathe the body. If chain of evidence is needed on ME or Pending ME case do the following:*

- Never leave evidence unattended.
- Obtain a Chain of Evidence Form (See Section H).
- Complete Chain of Evidence Form following the instructions on the form.
- Use paper bags (not plastic) for personal items such as; clothing, personal belongings, place jewelry inside a blue specimen cup and seal prior to placing in paper bag.
- Secure all packages with evidence tape available from Security.
- Label the outside of the paper bag with the patient’s name, “A” number, and the contents placed inside the bag. The contents in the bag should also be recorded on the Chain of Evidence Form.
- Make copies as designated.
- Evidence can only be released to the proper authorities and must be recorded on the Chain of Evidence Form.
- Call Security 651-254-3979 to secure evidence.

vii. If the patient was in isolation at the time of death, maintain the isolation procedure while preparing the body for the morgue.

viii. Complete death tags (2 for body, 1 for the morgue identification card plus the number needed for labeling belongings).

ix. Leave identiband on patient.

x. Replace dressings with fresh ones.

xi. If the false teeth are in the mouth, leave them there. If false teeth are not in the mouth, place them into a denture cup and place in shroud with body.

xii. If hair has been cut, contain and place in shroud with body.

xiii. Remove any narcotic patches from the deceased before transporting the body to the morgue. Discard according to policy for wasting narcotic patches.

xiv. Place one death tag around the ankle.

xv. Place body face up. Adjust defecation pad under buttocks and wrap the body diagonally in a morgue sheet, leaving arms loose at sides.

Note: If family is yet to view the body, place one arm outside of sheet. Once family has left:

- Tape the morgue sheet securely, particularly around the sides of the head and neck.
- Tape one death tag on the morgue sheet at the chest.

xvi. The Universal Precautions Tag will be placed on the ankle tag.

b. Care of property / body.

i. Disposition of all items should be identified and documented on the Property Card (See Section H).

ii. All belongings including valuables should be given to relatives. If relatives are not present:

- Rings, necklaces and other valuables are to be sent to the Business Office.
- Glasses, dentures, prosthesis, clothing and any other items, which cannot be removed are sent to the morgue with the body.

iii. Personal items / valuables may have been removed prior to death and submitted to police using chain of evidence procedure. Documentation of these items can be found on the Chain of Evidence Form (See Section H). Check on the Property Card that a chain of evidence form was used.

F. Attending Physician Responsibilities
1. Notifications
a. Family – See joint Nursing Responsibilities Section D.
b. PFC (if applicable) – If you are unable (i.e., off service) to complete the patient’s death certificate immediately inform the PFC of your designee at pager 651-629-2002.
c. The primary physician and / or referring physician, if applicable.

2. If applicable, the last attending physician may be contacted by the ME (on all reportable deaths) inquiring information about past medical history of the decedent, the most likely cause of death, and the relationship of any physical or chemical injury.

3. If applicable, complete the post mortem consultation form for all autopsy requests performed at Regions Hospital.

4. Chart completion – Although most charting is done in Epic, the remaining paper documents will be made available to the Health Information Management (HIM) department 24 hours after the patient's death.

5. Death Certificate Completion – Non-ED (Death Certificates should be completed within 48 hours of receipt of request if at all possible).
   a. The PFC will provide the family’s designated Funeral Home / Mortuary with the name of the attending physician or their designee
   b. The designated Funeral Home / Mortuary will originate all death certificates by contacting the designated physician or clerical assistant through email.
   c. Complete death certificate using the State of Minnesota online reporting system MN VRV2000. Note: a user id is required.

6. Death Certificate Completion – ED (Note: All cases are reported to the ME)
   a. If the ME accepts jurisdiction the ME will complete the Death Certificate.
   b. If the ME denies jurisdiction the Primary Medical Physician will complete the Death Certificate.
   c. If the Primary Medical Physician refuses to complete the Death Certificate, the ME will assume the responsibility of Death Certificate completion.
   d. If there is no Primary Medical Physician available, the ME will complete the Death Certificate.
   e. Consultation and / or answering questions for the family about the circumstances leading to the death will be done by the ED physician.
   f. Funeral homes will be instructed by the PFC’s to seek the Primary Medical Physician, or to contact the ME.

7. Consultation and / or answering questions for the family about the cause of death or postmortem results will be done by the physician who signs the death certificate.

G. Release of the Body
1. PFC responsibilities:
   a. Verify the completeness of the EHR Death Checklist.
   b. Communicate with security and / or the authorized Funeral Home / Mortuary to obtain appropriate authorization to release the body. State law prohibits families to transport a body out of the hospital unaccompanied by a licensed Funeral Home or Mortuary.

IV. DEFINITIONS
1. Fetal Death – death before the complete expulsion or extraction from the mother of a product of human conception, fetus and placenta, irrespective of the duration of pregnancy: the death is indicated by the fact that, after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as a beating heart, pulsation of the umbilical cord, or the definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps. This definition excludes induced termination of pregnancy.

2. Neonatal Death – death of a live-born neonate before the neonate becomes age 28 days (up to
and including 27 days, 23 hours, and 59 minutes from the moment of birth).

3. **Family** – defined as family, significant other, or close personal friend / Responsible Parties

V. **COMPLIANCE**
Failure to comply with this policy or the procedures may result in disciplinary action.

VI. **ATTACHMENTS**
Attachment A – Summary of Forms and Documentation
Attachment B – Process for Family Request to View Patient’s Body Post-Discharge to Morgue

VII. **OTHER RESOURCES**
*Internal*
PC-02-15 Criteria for Determination of Brain Death by Physicians
PC-02-20 Donation After Cardiac Death
PC-10-27 Principles and Guidelines for Limiting Treatments
BC-02-10 Infant Loss – Nursing Interventions (Birth Center Manual)
Emergency Medicine Administrative policies, A-N, Death and DOA section, page 7

VIII. **APPROVAL(S)**

Chris Boese, RN, MS, NE-BC
Vice President Patient Care Services

IX. **ENDORSEMENT**
Infection Control: May 2013
Patient Care Committee: May 2013
## Purpose

The purpose of this Policy is to ensure that (a) adequate cost controls are in place, (b) travel and other expenditures are appropriate, and (c) the hospital provides a uniform and consistent approach for the timely reimbursement of authorized expenses incurred by Employees.

## Policy

Regions Hospital will reimburse employees for expenses that are ordinary and necessary business-related expenses and have been appropriately documented.

When incurring business expenses, Regions Hospital expects employees to:

- Exercise discretion and good business judgment with respect to those expenses
- **Be cost conscious and spend Regions Hospital's money as carefully and judiciously as the individual would spend her/his own funds**
- Report expenses, supported by required documentation, as they were actually spent
- Report expenses within 3 months of being incurred

### Business Meal and Business Entertainment Expenses

Business meals and entertainment expenses are reimbursable only if they are directly related to business and properly substantiated as described below. Documentation and substantiation for any such expense must be provided as described below.

Business meals and business entertainment expenses include:

- Meetings with customers or other parties on Regions Hospital business
- Meals with customers or other parties on Regions Hospital business
- Employee recruitment meals and entertainment
- Meals provided as part of a meeting with employees
A. Substantiation and Directly Related Requirements

IRS regulations require that all reimbursed expenses be directly related to active conduct of trade or business and adequately substantiated.

B. Directly Related Test

For meal and entertainment expenses to meet directly related test, the Employee must:

- Have had more than a general expectation of getting income or some other specific business benefit at some future time; and
- Have engaged in business with the person(s) during the meal or entertainment period.

If the meal or entertainment expense directly precedes or follows a substantial business discussion, it can still be reimbursed even if it does not meet the above test.

ENTERTAINMENT OF EMPLOYEES

Regions Hospital will pay directly or provide reimbursement to employees for employee entertainment if:

- There is a clearly documented business justification for the entertainment
- The entertainment is appropriate
- The amount expended is reasonable and not extravagant
- The sponsoring Employee has the authority to provide the entertainment
- The amount expended is within the approved budget of the sponsoring employee

GENERAL BUSINESS EXPENSES

Business Use of Personal Automobile

Regions Hospital will reimburse Employees driving their personal automobile for business purposes at the standard mileage rate per IRS regulations for business use of personal automobile. The mileage rate is updated annually based upon IRS allowable amounts. These expenses are submitted for reimbursement on the EXPENSE REPORT form. In order for these expenses to be reimbursed, the Employee must include on the EXPENSE REPORT form the number of miles driven the destination, and business reason for the travel.

Out of Town Travel Requirements

All trips involving air travel or at least one overnight stay must be approved in advance by the individual’s supervisor. All reasonable and necessary expenses incurred while out of town are reimbursable. In determining the reasonableness and necessity of travel expenses, the employee and the person authorizing the travel shall consider the ways in which Regions Hospital will benefit from the travel and weigh those benefits against the anticipated cost of the travel. Costs that are typically reimbursable include airfare, hotel accommodations, taxi service, meals, tips, car rental, etc.

Air Travel

Travel arrangements should be made as far as possible in advance. Employees are expected to fly coach on the lowest coach class fare actually available for direct, non-stop flights. If an Employee takes advantage of the “weekend air fare”, Regions Hospital will pay for up to two additional nights of hotel accommodations plus meals. This amount should not exceed the amount saved by the weekend airfare.
To receive reimbursement for such lodging and meal expenses, the individual must supply, along with the Expense Report, documentation of the amount of the difference between the price of the Saturday stay and non-Saturday stay airline tickets.

**Car Rental**
Employees are expected to use the most economical ground transportation appropriate under the circumstances. Subject to safety issues, time constraints, and other reasonable concerns, Employees should generally use the following modes of transportation:

**Courtesy Cars**
Many hotels have courtesy cars, which will take you to and from the airport at no charge. The hotel will generally have a well-marked courtesy phone at the airport if this service is available. Employees should take advantage of this free service whenever possible.

**Airport Shuttle or Bus**
Airport shuttle or buses generally travel to and from all major hotels for a small fee. At major airports such services are as quick as a taxi and considerably less expensive. Airport shuttle or bus services are generally located near the airport’s baggage claim area.

**Taxis**
When courtesy cars and airport shuttles are not available, a taxi is often the next most economical and convenient form of transportation when the trip is for a limited time and minimal mileage is involved. A taxi may also be the most economical mode of transportation between an individual’s home and the airport.

**Rental Cars**
Car rentals are expensive so other forms of transportation should be considered when practical. Employees will be allowed to rent a car while out of town provided that the cost is less than the alternative methods of transportation.

**Lodging**
Supervisors should approve all planned lodging in advance. Certain hotel/motel chains have discounts. These hotel/motels should be used if at all possible. Some hotel accommodations made in connection with training programs, seminars, and conferences may be more economical if booked directly with the sponsoring organization and when making reservations.

An employee traveling on behalf of Regions Hospital may be reimbursed at the standard, single room rate for the reasonable cost of hotel accommodations provided that employees exercise good judgment in incurring lodge costs and that charges are reasonable and consistent with the facilities available, and based upon room availability, employee safety. The maximum allowance for hotel is $350 not including taxes, fees, etc… (Exceptions: new York City and Washington, C.D. which may exceed $350).

**Telephone Calls**
Regions Hospital will pay for calls to Regions Hospital and other work-related calls. Regions Hospital will also pay for one call per day, of a reasonable duration, to the employee’s family.

**Personal, Spousal/Spousal Equivalent, & Family/Friends Travel Expenses**
Employees traveling on behalf of Regions Hospital may incorporate personal travel or business with Regions Hospital – related trips; however, employees shall not arrange their travel at a time that is less advantageous to Regions Hospital or involving greater expense to Regions Hospital in order to accommodate personal travel plans. Any additional expenses incurred as a result of personal travel, including but not limited to extra hotel nights, additional stopovers, meals or transportation, are the sole responsibility of the individual and will not be reimbursed by Regions Hospital.
Expenses associated with travel of an individual’s spouse, spousal equivalent, family or friends will not be reimbursed by the Employer, nor should these expenses be paid using a company Purchasing Card (Pcard). Employees should make every effort to rent a car from a rental car agency that offers Regions Hospital a discount. Most rental car agencies offer additional insurance for collision damage waiver, personal accident insurance, and personal effects insurance. The Employee should always decline this additional insurance because Regions Hospital has insurance to cover these deductibles.

**Retreats**
Employee business conferences and retreats sponsored by Regions Hospital shall not take place outside of Minnesota except for conferences held in Western Wisconsin.

**Non-Reimbursable Travel Expenditures**
Expenses that are not reimbursable include, but are not limited to:

- Travel insurance
- First class tickets or upgrades
- Any personal expenses, including but not limited to clothing and toiletry articles
- Airport valet service
- When lodging accommodations have been arranged by Regions Hospital and the individual elects to stay elsewhere, reimbursement is made at the amount no higher than the rate negotiated by Regions Hospital
- Limousine travel unless such transportation is the lowest reasonable cost available.
- Movies or other personal items
- Membership dues at any country club, private club, athletic club, golf club, tennis club or similar recreational organization unless otherwise approved by the Board.
- Employee purchase of golf clubs or any other sporting equipment
- Spa charges
- Spouse/spousal equivalent/family travel expenses

**Gym Charges**
Regions Hospital will pay for gym charges at the hotel/motel so that employees can maintain their exercise routines when out of town for business. The Hospital supports the employee’s desire to improve their well being.

**Season Tickets for Sporting Events**
Any season tickets for sporting events will require approval from the chairperson of the Board of Directors or his or her designee.

**Credit Cards**
Certain employees possess credit cards provided by Regions Hospital. Regions Hospital will not reimburse any employee for credit card transactions without appropriate expense report documentation substantiating that any and all reimbursable expenses are consistent with this policy and other applicable corporate policies. If appropriate documentation is not available, Regions Hospital may reimburse Employees if acceptable substitute documentation is supplied. Regions Hospital’s Board of Directors will review this policy provision annually and modify as necessary.

**Employee Gift-Giving**
From time-to-time, Regions Hospital employees give gifts on behalf of the Organization to other
employees or persons or entities unrelated to Regions Hospital. Any gifts given on behalf of the Organization should be reasonable and appropriate to the business environment. Any and all gifts given by an employee exceeding $50.00 requires approval by a manager. Gifts should be designated as gift items on expense reports or other requests for reimbursement. The Board of Directors or its designees will review a list of gift giving on a quarterly basis.

III. **PROCEDURE(S)**

**Out of Pocket (OOP) Expenses**
Expenses are to be submitted using the Employer’s online expense reporting tool, ChRIS. (Certain exceptions may apply). Detailed documentation and substantiation for any such expense must be provided as described below.

In addition to the meal or entertainment expense being directly related to business, the following information must be provided when submitting an expense entry, regardless of the amount of the expense:

- Date and place of meal and/or entertainment
- Nature of expense, e.g., lunch, dinner, etc.
- Names and corporate affiliation of those at the meal and/or entertained
- Nature of business discussion

In addition, receipts are required for all expenses billed directly to the Employer. No expenses in excess of $25.00 will be reimbursed to employees unless the individual requesting reimbursement provides an itemized receipt from the vendor showing the vendor’s name, an itemized description of the services provided (if not otherwise obvious), the date, and the total expenses showing proof of payment (including taxes and tips, if applicable).

Mileage expenses are reimbursable provided the employee follows the current IRS mileage guidelines. In order for mileage expenses to be reimbursed, the employee must include the following information:

- Date of travel
- Number of miles driven
- The destination- to and from
- The business reason for travel

Company mileage rates are determined by current IRS regulations.

**Gifts**
Gifts should be designated as gift items and/or gift cards when seeking reimbursement. Gift cards, regardless of the amount, are considered income per IRS regulation, and must be reported to payroll.

Regions Hospital management retains the right to interpret and/or change current policies and procedures as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.

**Meals**
Business meals and business entertainment expenses include:
- Meetings with customers or other parties on behalf of Employer
- Meals with customers or other parties for the Employer relations
- Employee recruitment meals and entertainment
• Meals provided as part of a meeting with Employees
All meal receipts, from any food vendor, must include a detailed itemized listing of all items ordered, tax and tips. Employees are expected to be cost conscious and spend the employer’s money as carefully and judiciously as they would spend their own money but in no event should the meal exceed $50, including tax and tip. Accounting Unit managers are responsible to ensure that meals and other expenses are reasonable and necessary.

Air Travel
Approved airline travel arrangements should be made through the Employer’s corporate travel agency. Travel arrangements should be made as far in advance as possible.

Ground Transportation
Subject to safety issues, time constraints, and other reasonable concerns, Employees should generally use the following modes of transportation to and from the airport:

Courtesy Cars
Many hotels have courtesy cars, which will take passengers to and from the airport at no charge. The hotel will generally have a well marked courtesy phone at the airport if this service is available. Employees should take advantage of this free service whenever possible.

Airport Shuttle or Bus
Airport shuttle or buses generally travel to and from all major hotels for a small fee. At major airports such services are as quick as a taxi and considerably less expensive. Airport shuttle or bus services are generally located near the airport’s baggage claim area.

Taxis
When courtesy cars and airport shuttles are not available, a taxi is often the next most economical and convenient form of transportation when the trip is for a limited time and minimal mileage is involved. A taxi may also be the most economical mode of transportation between an individual’s home and the airport.

Rental Cars
Employees will be allowed to rent a car while out of town provided that the cost is less than the alternative methods of ground transportation. Car rentals can be coordinated through the Employer’s corporate travel agency. Employee should rent a standard vehicle, as vehicle upgrades are not allowed.

Most rental car agencies offer additional insurance for collision damage waiver, personal accident insurance, and personal effects insurance. The employee should always decline all additional insurance as the Employer has insurance to cover these deductibles.

Regions Hospital management retains the right to interpret and/or change current policies and procedures as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights. Insurance purchased through a rental car agency is not a reimbursable expense.

Hotel
The Employer’s corporate travel agency can coordinate an employee’s hotel reservations. Sometimes hotel accommodations made in connection with training programs, seminars, and conferences may be more economical if booked directly with the sponsoring organization. When making reservations the employee should discuss this with the Employer’s corporate travel agency. An itemized receipt from the hotel detailing all of the charges is required for reimbursement. Additionally, any charges (including meals) on the hotel bill require a separate itemized receipt. The maximum allowance for hotel is $350 not including taxes, fees, etc. Exceptions are New York City and Washington, D.C, which may exceed $350.
Per Diems
HealthPartners does not use per diems for meals however IRS per diems for meals and incidentals typically run $71 per day. Employees should keep this guideline in mind and spend accordingly.

Purchasing Cards (Pcards)
Employees who travel for the company are eligible to apply for a Travel Pcard. Travel Pcards can be used for all travel expenses. Pcard transactions should be reconciled monthly according to the Pcard cycle, and statements/receipts faxed in accordance with Pcard policy.

Cash Advances
The Employer does not permit employees to receive cash advances for any purpose.

AUDITS
Random audits are performed on expense reports, P-Card transactions, and other business related expenses paid on the employee’s behalf. The purpose of auditing is to ensure that we are in compliance with our corporate policies and procedures for payment of business related expenses.

IV. DEFINITIONS

V. COMPLIANCE
Failure to comply with this policy or the procedures may result in disciplinary action, up to and including termination.

VI. ATTACHMENTS
Not Applicable

VII. OTHER RESOURCES
Travel Request Process, Guidance and Worksheet
Travel Request Form
Regions/RHSC Code of Conduct
Event Policy – C421
Alcohol Use Policy – #RH-HR-HR60:10:29
Reimbursement for Alcohol Policy – C400

VIII. APPROVAL (S)

Kim Egan
Executive Director of Human Resources

IX. ENDORSEMENT
Human Resources Leadership Team

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Travel Request Process, Guidance and Worksheet
for Non-CME/CDE/CEU Travel
(For CME/CDE/CEU travel refer to N450: PROVIDER EDUCATION REIMBURSEMENT, TRAVEL AND EXPENSE POLICY)

To be consistent with HealthPartners’ efforts to minimize travel expenses and maximize the effectiveness of all travel, trip plans should be analyzed for the most cost-effective means of accomplishing the purpose of the travel.

Travel Request Process:

Travel requests must be documented using the Travel Request Form (TRF). The TRF should be submitted as soon as travel is anticipated to allow time for the review and approval process.

Before the travel:

Travel within five state region of Minnesota, Wisconsin, Iowa, North and South Dakota:
1. Complete the online TRF and route to immediate supervisor for approval; senior officer approval is not needed.

Travel outside the five state region:
1. Complete the online TRF and route to your immediate supervisor/manager. If they approve the request, they will route to your area Vice President.
2. Your area Vice President then reviews and approves/disapproves the requested travel and electronically routes the TRF to one of the senior officers for approval.
3. The TRF is then reviewed by Mary Brainerd, George Isham, Andrea Walsh, Kathy Cooney, Barb Tretheway, Brock Nelson, Nancy McClure or Brian Rank for final approval.
4. Once your TRF has received its final approval, you will be sent notification via email.

After the travel:

Expenses should be submitted as soon as possible after your travel is complete.

Out Of Pocket Expenses:
1. Out of pocket (OOP) expenses should be entered using the Cardholder Reporting Information System, ChRIS, (the ChRIS system is HealthPartners online expense reporting tool which is housed on ERIC). If you are not currently signed up to enter your expenses electronically, sign up by completing the Electronic Expense Reporting Request Form. The Electronic Expense Reporting Policy guidelines should be followed when submitting expenses in the ChRIS system.

Pcard expenses:
1. Reconcile your monthly Pcard statement adding any additional OOP’s as needed.
2. An approved copy of the TRF must be faxed in with your monthly ChRIS activity statement each time charges pertaining to the travel appear.

Travel Request Form (TRF) Instructions/Guidelines
All travel requests and reimbursements for travel must follow the HealthPartners Employee Business, Travel and Entertainment Policy-C420 and Conflict of Interest Policies. In most cases, a HealthPartners Purchasing card (Pcard) should be used for travel related expenses if employees travel at least once per year.
**Event Location**
- When considering travel, what similar activities can be found within the five state region that might satisfy the purpose of this travel?
- Can the purpose of this travel be accomplished by Internet, conference call or other method?
- *Is the travel outside the United States?
- *Does the travel plan include personal travel as well as business travel?

**Justification**
- What is the purpose of the event?
- Is the purpose and value of the travel clearly in line with HealthPartners’ mission?
- Are there external grants or contracts that fund or require your attendance?
- Does the event focus on professional development?
- Will you be responsible to present at or facilitate the event? What is the title of the presentation or facilitation?

**Will other HealthPartners employees attend the event? Who?**
- Does the nature of this activity require multiple employees to attend? Why?

**What is your plan for sharing?**
- How will you share the experiences and new knowledge that result from your travel with your fellow HealthPartners’ employees and others? Examples would be team meetings, internal presentations, copies of presentations and notes, proposal developments, others?

**Airfare**
- Does the airfare reflect cost-consciousness?
- Describe the airfare requested; coach; 21 or 14 day advance; low cost carrier (i.e. SouthWest, Sun Country).

Note: Employees should use the preferred travel vendor for our company. We currently use GetThere, an online booking tool provided by our travel vendor.

**Lodging/Hotel and Cost per Night**
- Does the plan for accommodations reflect cost-consciousness? Are there acceptable less expensive accommodations? Has the event arranged for discounted lodging? Have HealthPartners discount corporate rate lodging arrangements been explored? Include this information on the Travel Request Form.
- *Is this a premium, luxury or resort property?
- Lodging can also be arranged using GetThere.

**Ground Transportation**
- Is the ground transportation used the least expensive alternative considering productivity time, safety, and availability?
- Will public transportation (taxi, bus, shuttle) be used?
- If you are renting a vehicle have you explored HealthPartners discount corporate rate arrangements? Are the vehicle size and type appropriate to the business use?

**Meals**
What is the daily estimate of your food expense

*Travel that includes guidance items with an asterisk "*" will require a special review and are generally discouraged and/or not allowed.

Source of Funding

- Who is funding your travel? Name all sources and what the sources will fund.
- Will you receive an honorarium, speaking fee or attendance fee? How much and from what source?
- If the funding source is outside HealthPartners, does the funder have any other business interests with HealthPartners that might be viewed as a conflict of interest?
- Are there external grants and contracts that fund or require your attendance? Include this information on the Travel Request Form.

Additional policies:

- N450- PROVIDER EDUCATION REIMBURSEMENT,TRAVEL AND EXPENSE POLICY
- N450a-PROVIDER EDUCATION REIMBURSEMENT APPROVAL TIERS
- C421 Event Policy
- C420-Employee business Travel and Entertainment Policy
- Conflict of Interest Policy

Adhere to HealthPartners Employee Business, Travel and Entertainment Policy-C420, Conflict of Interest Policies and any other prudent and ethical measures to ensure compliance with responsible travel practices.

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# Employee Mobile Device or Remote Access

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<td>Review Responsibilities</td>
<td>IS&amp;T Risk and Compliance, IS&amp;T Disaster Recovery/Security Committee, IS&amp;T Sr. Director Services Delivery, IS&amp;T Sr. Vice President and CIO</td>
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## I. PURPOSE
The purpose of this Policy is to establish controls for mobile device security, device utilization, data storage (USBs, CDs, etc) and employee remote access.

## II. POLICY
### HealthPartners/REG Responsibilities
IS&T Security Management is responsible for the Employee Mobile Device and Remote Access Policy at HealthPartners/REG and shall conduct a risk analysis to document safeguards for each device to be used on the network or on equipment owned by HealthPartners/REG. IS&T Security Management is responsible for developing any related Standards and Procedures for implementing this Policy.

### User Responsibilities
Users of mobile computing and storage devices must protect such devices from loss of equipment and disclosure of HealthPartners/REG Data belonging to or maintained by HealthPartners/REG.

- Mobile devices and data storage devices must be kept on the authorized employee’s person, stored in a locked drawer, or otherwise secured from others.

- Data stored on mobile devices owned by HealthPartners/REG or managed by...
HealthPartners/REG’ security, must not be moved or copied to non-HealthPartners/REG devices.

- The IS&T Support Center must be notified immediately when a mobile computing or storage device may have been lost or stolen.

- Patient images must only be taken with approved HealthPartners/REG cameras. Patient photos should not be taken with personal smartphones, personal cameras or any other personal device. Patient images on cameras must be immediately downloaded and saved to the patient’s record, then immediately deleted from the camera’s memory and/or the memory stick/card.

- While incidental personal use is allowed; HealthPartners/REG-owned mobile computing and storage devices should be used only for HealthPartners/REG business.

The Desktop Standards Group will maintain a list of approved mobile computing and storage devices. The list is available on the myPartner website.

Mobile Computing Devices
Mobile computing and storage devices containing or accessing HealthPartners/REG information may be personally owned or HealthPartners/REG-owned. Mobile devices include but are not exclusive to: smartphones, tablet computers, laptop computers, handheld wireless devices and cameras.

The following requirements apply to the security of mobile devices and network connections:

- IS&T will maintain mobile device Standards for connectivity to HealthPartners/REG’ networks.

- IS&T will maintain wireless e-mail access software to ensure secure access to HealthPartners/REG’ networks.

- All mobile device types/brands will be assessed for risk prior to being added to the Mobile Device Standard and permitted network access.

- Mobile devices that are allowed to direct connect to HealthPartners/REG’ network or contain HealthPartners/REG’ Data must have:
  
  ✓ Encryption capabilities
  ✓ Defined owner to ensure physical security and restrict access to the device
  ✓ Up-to-date virus protection
  ✓ Approved wireless e-mail software

Note: Citrix or other portal type software is not included in these requirements as they meet compliance in a different type of control.

- Connectivity to HealthPartners/REG’ network or storage of HealthPartners/REG’ data with a mobile computing or storage device must be approved by an Authorized Approver.
- Patient images must only be taken with approved HealthPartners/REG cameras.
- Patient photos should not be taken with personal smartphones, personal cameras or any other personal device.
- Patient and member data must never be stored on non-HealthPartners/REG owned or managed devices.
- It is acceptable to view your personal e-mail from your mobile device, but prohibited to synchronize your HealthPartners/REG e-mail (Microsoft Outlook) to your personal e-mail account via your mobile device.
- Personal Wi-Fi or hotspot capability is not allowed on or at any HealthPartners/REG facilities and must be disabled. These radio frequencies can interfere with other equipment in use at HealthPartners/REG facilities.

**Remote Access**

HealthPartners/REG employees must ensure the appropriate physical and logical security controls are implemented at any remote location that is used to access HealthPartners/REG systems, applications and data beyond the functionality of Microsoft Outlook (e-mail and calendar).

The following security requirements apply to logical and physical requirements for employee remote access privileges to HealthPartners/REG’ network:

- Non-HealthPartners/REG workstations used for accessing HealthPartners/REG’ network must maintain protections when connecting to the organizations’ network: physically secured, up-to-date anti-virus software, firewall protection, operating system patches and remote access only by authorized personnel.
- Protected Information must not be copied to non-HealthPartners/REG devices or to personally-owned devices not managed by HealthPartners/REG’ security including workstations, laptops, tablets, smartphones or removable media devices.
- Workstations accessing HealthPartners/REG network remotely must not be connected to any other network concurrently.
- Reconfiguration of any personal equipment used for HealthPartners/REG’ network access for the purpose of split-tunneling or dual homing is not permitted.
- Remote access must utilize two-factor authentication.

**Data Storage**

Portable storage devices that contain any HealthPartners/REG’ Protected Information are only allowed if approved by an Authorized Approver. The ability to use the device is controlled at the workstation. The following requirements apply to all data storage devices:

- Data storage devices must be encrypted using HealthPartners/REG’ approved encryption software. Individuals (e.g. patients or members) or their legal representative can consent
to receiving their own information in an unencrypted format (i.e. unencrypted CD).

- Data on a USB, flash drive, CD/DVD or other data storage device must be encrypted per HealthPartners/REG’ Encryption Policy REG-SEC-100-7.
- Protected Information must not be copied to non-HealthPartners/REG devices or to personally-owned devices not managed by HealthPartners/REG’ security including workstations, laptops, tablets, smartphones or other portable media devices.

III. RISK
Adherence to Policies, Standards and Procedures reduces the risk of exposure of organizational information assets.

IV. DEFINITIONS
CD  a compact disc (disk) is a small, portable, round medium made of molded polymer for electronically recording, storing, and playing back audio, video, text, and other information in digital form.

DVD  the digital versatile disc stores much more information than a CD and is used for playing back or recording movies. The audio quality of a DVD is comparable to that of current audio compact discs. A DVD can also be used as a backup media because of its large storage capacity.

Email  the electronic transmission of information through a electronic mail protocol such as SMTP or IMAP. HealthPartners/REG / REG has standardized on Microsoft Outlook email client.

Flash Drive a plug-in-play portable storage device that uses flash memory and is lightweight enough to attach to a key chain. The computer automatically recognizes the removable drive when the device is plugged into its USB port. A flash drive is also known as thumb or USB drive. A flash drive can be used in place of a, CD, or DVD.

Handheld Wireless Device a communication device small enough to be carried in the hand or pocket. Various brands are available, and each performs some similar or some distinct functions. It can provide access to other internet services, can be centrally managed by a server, and can be configured for use as a phone or pager. In addition, it can include software for transferring files and maintaining a built-in or synchronized address book and personal schedule.

HealthPartners/REG Data is defined as the data HealthPartners/REG stores, manages and processes on behalf of our patients and members, as well as other financial, marketing and other data that is generated in the process of conducting HealthPartners/REG operations.

Media Type for the purposes of this Policy, the term “media type” is interchangeable with “mobile device.” Not to be confused with media makes, models, or brands.

Media Type Model refers to the brand of media device such as Apple iPad, iPhone, Android.

Mobile Devices include, but are not limited to: smartphones, tablets, cameras, PDAs, USB port devices, CDs, DVDs, flash drives, handheld wireless devices, and any other existing or future media device.
V. **COMPLIANCE**
Failure to comply with this Policy, Standards or the Procedures may result in disciplinary action, up to and including termination.

VI. **MONITORING AND MEASUREMENT**
This Policy will be reviewed every three years to determine its timeliness and relevance.

VII. **OTHER RESOURCES**
ISO 27002:2005 Section 11.7.1, Mobile Computing and Communications
Mobile Devices Standard REG-SEC-200-6-1
Encryption Policy REG-SEC-100-7
Encryption Standard REG-SEC-200-7-1
Data Classification Standard REG-SEC-200-10-1
Data Storage Standard REG-SEC-200-10-3
I. **PURPOSE**

This policy was established to ensure:

A. All new employees comply with established regulations and to ensure proper payment when they submit their personnel and payroll information.

B. All employees are cleared medically to perform the functions for which they were hired prior to the day they begin work.

C. All employees have cleared the background study process prior to the day they begin work.

II. **POLICY**

Official job offers will not be made to applicants who are excluded from participation in any federal health care program.

All official offers of employment to applicants are made by the Human Resources Department and are contingent upon successful and timely completion of the following:

A. Personnel/Payroll Forms - All new employees must complete all necessary personnel and payroll forms.

B. Employee Health Questionnaire and other necessary forms - All prospective employees must be cleared for employment by Employee Health & Wellness (EHW) prior to the first day of work.

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
C. Employment eligibility verification (Form I-9) – All employees must complete Form I-9 on or before the 1st day of work and present the necessary documents within 3 days of their hire date to Human Resources as required.

D. Department of Human Services criminal background study as required by state law for employees who have direct patient contact as defined by state law.

E. Additional background study requirement(s) for verification of education, employment, criminal background, social security trace and FACIS as defined by the position of hire.

III. PROCEDURE(S)

A. At the time a hiring commitment is made, each prospective employee is notified by Human Resources about following processes:
   - Medical clearance through Employee Health and Wellness (EHW) – required appointment is scheduled with EHW;
   - Background check through Verified Credentials. These forms must be completed on-line within 48 hours of an offer;
   - Federal health care program participation through the Office of the Inspector General;
   - Criminal background study with the Department of Human Services (if required for the position) to the State of Minnesota;
   - Required New Employee Orientation;
   - New hire paperwork – Required forms must be completed and submitted to Human Resources no later than the employees’ date of hire including the Form I-9. The Employee is responsible for providing the necessary documents verifying employment eligibility no later than the 3rd day of employment (described as work for pay) as required by federal law.

B. The offer of employment may be rescinded/withdrawn by the Hospital due to any of the following circumstances:
   - EHW determines that the prospective employee is unable to perform the essential job functions.
     - EHW will notify both the Human Resources Department, and the prospective employee. The Human Resources Department will determine if a reasonable accommodation, in conjunction with EHW and the hiring department, can be made;
   - Verified Credentials background check indicates a concern or discrepancy in the information provided by the candidate, or the background application is not completed in a timely manner. The Human Resources Department will review the information and determine if the offer of employment will be withdrawn;
   - Office of the Inspector General check excludes the applicant from federal health care program participation or the applicant does not provide proof of reinstatement;
   - Criminal background study with the Department of Human Services determines that the prospective employee is not cleared to work in a position requiring patient contact (unless the Hospital is directed otherwise by the Department of Human Services);
   - Human Resources may end employment if the employment eligibility documentation (for the Form I-9) has not been provided to the Human Resources Office within 3 days of hire.
Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
## FAMILY MEDICAL LEAVE OF ABSENCE (FMLA)

### PURPOSE
To comply with the provisions of the Family Medical Leave Act of 1993, providing time off for certain family and medical reasons. For a summary of employee rights and responsibilities under the Family and Medical Leave Act, see the attached poster provided by the U.S. Department of Labor.

### POLICY
Employees are eligible to a total of 12 work weeks and up to 26 work weeks for military leave during a 12 month period for one or more of the following reasons:

1. For the birth and care of a newborn child of the employee, or for the placement with the employee of a son or daughter for adoption or for foster care.
2. For the employee’s self-care when unable to work because of his/her serious health condition.
3. For the employee to care for an immediate family member who has a serious health condition.
4. For the employee to address the events that arise with deployment to a foreign country for covered military members or veterans, certain military ceremonies, legal, financial, childcare arrangements, serious illness or injury, death.

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
The Institute/Selected Regions Hospital Policies

Employees are required to use all available accrued benefit hours during leave (see policy # 60:02:09) including PTO, holiday, old vacation/holiday. Employees with extended sick leave hours should reference policy # 60:02:07. Employees are not required to take more leave than necessary to address the circumstances that precipitated the need for the leave. It is the Employer’s responsibility to track FMLA leave using the same increments of time used for other forms of leave. The increment of time is subject to a 1-hour maximum.

Under certain circumstances employees may take FMLA leave intermittently; taking leave in blocks of time, or by reducing their normal weekly or daily work schedule. Intermittent leave is pro-rated according to the employee’s FTE and shall not exceed a total of 480 hours for a 1.0 FTE.

Maintenance of Benefits
During the entire period of the 12 weeks of leave, the employer will maintain and contribute to the employee’s coverage, under the medical, dental and life insurance plans, in the same manner as when the leave began. The employee remains responsible for his/her portion of the insurance premiums during this period.

Job Restoration
Upon return from the leave, the employee will be restored to his/her position in his/her department. (See Definition).

III. PROCEDURE(S)
- Employee requests leave with 30 days’ advance notice (unless the need for leave is unforeseeable).
- Employee obtains leave request form from the HR Service Center. The Process Guide is available to assist the employee.
- Employee may obtain manager’s signature on form.
- Employee has provider complete the Certification of Healthcare Provider Form, for leave due to serious health condition of the employee or an immediate family member.
- Employee returns signed request form and Certification of Healthcare Provider Form to the HR Service Center within 15 days.
- Employee maintains contact with their manager during the leave of absence.
- Employee contacts manager two weeks prior to expected return to work to discuss their return to work schedule.
- If leave is for the employee’s own serious health condition, employee should have the provider complete the Return to Work Form.
- Employee must bring the completed Return to Work Form to the HR Service Center prior to the first day of return to work. Employee must submit this form in order to return to work.
- If the employee’s approved leave time ends, and the employee fails to report to work or fails to contact their manager to arrange for further leave or return to work, Regions Hospital will assume the employee does not intend to return to work and is voluntarily resigning their position.

IV. DEFINITIONS
- Work-week: Seven (7) consecutive days, beginning with Sunday and ending on Saturday.
- 12 month period: Commences on the effective date of the requested leave. The previous 12-month period determines eligibility.
- Position: Employees on FMLA have the right to return to the same or equivalent position including job title, department, FTE, shift, and schedule unless business policy or practices have changed regardless of the employee’s presence or absence from the workplace.

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
Intermittent Leave: When an employee needs time away from work periodically due to medical condition as stipulated in Certification of Health Care Provider Form.

Immediate Family Member: Parent, spouse, child, domestic partner.
- Domestic Partner: An individual who is not married and sole partner to an unmarried employee, at least 18 years of age or older and lives in the same residence with an employee with the intent to reside together permanently. A domestic partner may be of the same or opposite sex.
- Parent: A biological parent or an individual who acted in the place of a parent ("in loco parentis") when the employee was a child. This term does not include parents-in-law.
- Spouse: A husband or wife as defined or recognized by state law.
- Son or Daughter (Child): A biological, adopted, foster child, stepchild, legal ward, or child of a person who acted in the place of a parent ("in loco parentis") who is under 18, or if the child is over age 18 the child must be incapable of self-care or the child must have a mental or physical disability as defined by the Americans with Disabilities Act.

Serious Health Condition: an illness, injury, impairment or mental or physical condition that involves the following:
- Inpatient care in a medical care facility, including any period of inability to work or perform other regular daily activities due to the serious health condition, or any subsequent treatment in connection with such inpatient care.
- Continuing treatment by a health care provider, involving any period of inability to work or perform regular daily activities for more than three consecutive days.
- Any period of incapacity due to pregnancy or for prenatal care.
- Chronic serious health conditions, permanent or long-term conditions, or conditions which require multiple treatments.

Covered Veteran: a veteran discharged or released under conditions other than dishonorable five (5) years prior to the date the employee’s military caregiver leave begins

Serious illness or injury of a covered veteran: an illness or injury is determined by the following standards
- Leave granted under the 2009 changes to the FMLA, but before the effective date of the final regulations (Feb 6, 2013) would not count as leave
- Certificate of Service obtained any health care provider
- Qualifying exigency leave is extended to family member of members of the Armed Forces, National Guard and the Reserve. Military members must be deployed to a foreign county in order to be considered to be on covered active duty.
- The qualifying exigency leave related to a military member’s rest and recuperation leave is increased to 15 days
- A qualifying exigency leave is included for employees to take FMLA leave to care for military member’s parent who is incapable of self-care while the military member is on covered duty.

V. COMPLIANCE
Failure to comply with this policy or the procedures may result in disciplinary action, up to and including termination.

VI. ATTACHMENTS
Leave of Absence Process Guide
FMLA Poster, U.S. Department of Labor

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
VII. OTHER RESOURCES
Bargaining unit employees should refer to their Bargaining Unit Agreement (union contract) for information on other related leave benefits.

Personal Leave of Absence Policy RH-HR-HR-60-06-08
Extended Sick Leave Policy RH-HR-HR-60-02-07
PTO Policy RH-HR-HR-60-02-09
Leave for Immediate Family of Military RH-HR-HR-60-06-12
Leave to Attend Military Ceremonies RH-HR-HR-60-06-13

VIII. APPROVAL(S)

Kim Egan
Executive Director Human Resources

IX. ENDORSEMENT
Human Resources Leadership Team
REGIONS HOSPITAL LEAVE OF ABSENCE (LOA) EMPLOYEE PROCESS GUIDE

This document provides an overview of the leave of absence process, important contact information, and other information relating to leaves of absence.

Section 1 – Tips for a successful Leave of Absence

- Request your leave well in advance so your department management has time to plan for your absence and so that you have time to complete all necessary paperwork. A minimum of 30 days advance notice is required unless it is an emergency or unforeseen event.

- Be sure you turn your paperwork in by the stated deadlines.

- Stay in touch with your department management at intervals during your leave. This is a courtesy to your supervisor/manager and helps ensure a smooth transition back into the workplace when the leave ends.

- About two weeks prior to your expected return to work you should:
  - Contact your department management to make arrangements. This ensures you are worked back into the schedule in a timely way.
  - Ask your physician to complete your Return to Work Clearance form (if you have been on a medical leave). This form is required in order to return to work after a medical leave and requesting it in advance ensures there is no delay in your return to work.

- If your leave is intermittent FMLA leave, be sure to identify any time off as FMLA or non-FMLA time off.

- Communicate with your department management and Human Resources Benefits any changes to your leave dates, intentions, needs, etc. As with any situation, the clearer the communication lines are, the better the outcomes.

Section 2 - General Process Overview

1. Obtain leave request form from the HR Service Center. Requests for leave of absence should be made within 30 days of planned leave unless it is an emergency or otherwise unforeseen incident.
2. Obtain department management’s approval and/or signature on Employee Request for Leave of Absence form.
3. If request is for a medical reason, have provider complete certification of health care provider form.
4. Return signed request form and certification form to the HR Service Center within 15 calendar days.
5. Two weeks prior to expected return to work date, contact manager to discuss return to work/schedule.
6. Have provider complete the Return to Work Form, if leave was for employee’s own serious health condition.
7. Bring or fax the completed Return to Work Form to the HR service center prior to or on first day of your return to work. See Section 3 for contact information

Note: It is the employee’s responsibility to make sure their health care provider returns the completed forms to the HR Service Center by the deadline.

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
Section 3 - Contact Information

In person: The HR Service Center is located in the North Building, Room N2060
Monday through Friday: 7:00 a.m. - 5:00 p.m.
Tel: 651-254-4700

Via US Mail: Human Resources Benefits
Regions Hospital
Mail Stop 11502J
640 Jackson Street
St Paul, MN 55101

Via interoffice mail: Human Resources, Mail Stop 11502J

Via fax: (651) 254-2984

Section 4 – Family Medical Leave

If the request for leave is due to your own medical condition, a family member with a health condition that requires you to care for them, or the birth or adoption of a child, you may qualify for a Family Medical Leave in accordance with the Family Medical Leave Act (FMLA). FMLA leaves are protected leaves that allow you to take up to 12 weeks of leave while retaining rights back to your current position. To qualify, you must have one year of employment and have worked a minimum of 1250 hours in the past year and must have a qualifying serious health condition. For more information on serious health condition see section 12. When you request a leave of absence, the HR Benefits Administrator will talk with you to determine if you qualify for an FMLA leave. Refer to the Regions Hospital FMLA policy (RH-HR-HR-60-06-11) for more information. FMLA Leaves related to the adoption of a child will require completion of the Certification of Adoption/Foster Care Placement form obtained from the HR Service Center.

Section 5 – Personal Leave

Personal leaves of absence are typically leaves for something other than medical conditions, such as taking time off for extended continuing education, travel, etc. However, if your need is a medical condition and you do not qualify for a FMLA leave (see Section 4), your request then becomes a request for a personal leave. Personal Leaves of absence are granted at the discretion of your department management. For more information, please read the Regions Hospital Personal Leave of Absence Policy (RH-HR-HR-60-06-08).

Section 6 - Certification of Health Care Provider

Leaves to care for a seriously ill immediate family member (see Section 12) or due to the employee’s own serious health condition, require that certification of medical condition be provided to the HR service center. Human Resources may require re-certification as often as every 30 days, depending on the circumstances. Completed Certification of Health Care Provider forms are to be sent to the address listed (see Section 3).

Section 7 - Pay While on Leave

You are required to use any available accrued benefit hours (see Section 12) when absent from work, due to any reason. If all accrued benefit hours are exhausted while on leave, the remainder of the leave is unpaid.

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Section 8 - Short Term Disability (STD)

Employees enrolled in the Short-Term Disability plan, may elect to use this plan for leaves of absence due to pregnancy or their own medical condition. The Standard (Standard Insurance Company) claim form is completed and mailed by the employee directly to Standard. If the employee is eligible to receive claim benefits from Standard and is being paid for accrued time off hours from Regions Hospital the employee may be receiving pay from Standard and Regions at the same time.

Section 9 - Long Term Disability (LTD)

If you are a regularly scheduled employee working .5 FTE or above at the onset of disability, you are eligible to receive LTD benefits after being disabled for six months regardless if enrolled in STD or not. Payment is 80% of pay while on LTD. Please direct questions regarding LTD, to Regions Hospital Human Resources Benefits at 651-254-0957.

Section 10 - Insurance Benefits While on Leave

You are responsible for your regular benefits premium payments that are typically payroll deducted while you are on leave of absence. As long as you are receiving pay for any accrued benefit hours, the regularly scheduled premiums will continue to be deducted from payments received from Regions Hospital.

If you are no longer receiving funds from Regions Hospital while on a leave, your regularly scheduled premiums will go into arrears and be deducted from your paycheck upon returning to work from a leave of absence. If you fail to return from your leave of absence, you will be expected to reimburse Regions Hospital for the premiums due.

Section 11 - Return to Work

It is your responsibility, while on leave, to contact the Human Resources Service Center and your department leader to inform both parties of your intent to return to work, two weeks prior to the conclusion of your leave.

If you are returning to work after being on leave due to your own health condition, you are required to provide a Return to Work Clearance from your health care provider. The clearance is to provide any restrictions that may prohibit you from returning to full duty.

The right to return to work may be denied until a clearance has been provided and a determination has been made as to whether your department can accommodate your health care provider’s statement of restrictions. Regions may request an examination by another health care provider.

If the employee’s approved leave time ends, and the employee fails to report to work or contact their manager to arrange for further leave or return to work, Regions Hospital will assume the employee does not intend to return to work and is voluntarily resigning their position.

Section 12 - Definitions

Arrears
Accumulated benefit premiums that are due to Regions Hospital as a result of payroll deductions not available. Arrears are typically collected on the next available check payments upon return from leave of absence. Premium payments are only doubled until arrear is paid off. For example, if 6 pay cycles are missed for benefit deductions, upon return from LOA, the next 6 pay checks will have double benefit deductions for the arrears balance to reduce to zero. If benefit premiums are not collected, the benefit coverage is cancelled.
Benefit Hours
Accrued balances of time off hours, including: PTO; holiday; old or frozen vacation; extended or frozen sick leave

Immediate Family Members
- Domestic Partner: An individual who is not married and sole partner to an unmarried employee, at least 18 years of age or older and lives in the same residence with an employee with the intent to reside together permanently. A domestic partner may be of the same or opposite sex.
- Parent: A biological parent or an individual who acted in the place of a parent (“in loco parentis”) when the employee was a child. This term does not include parents-in-law.
- Spouse: A husband or wife as defined or recognized by state law.
- Son or Daughter (Child): A biological, adopted, foster child, stepchild, legal ward, or child of a person who acted in the place of a parent (“in loco parentis”) who is under 18, or if the child is over age 18 the child must be incapable of self-care or the child must have a mental or physical disability as defined by the Americans with Disabilities Act.

Covered Military Members
- Employee’s spouse; biological, adopted, foster, step, legal ward, in loco parentis son, daughter or parent who is on active duty or called to active duty status. This term does not include parents “in-law.”

Serious Health Condition - an illness, injury, impairment or mental or physical condition that involves:
- Inpatient care in a medical care facility, including any period of inability to work or perform other regular daily activities due to the serious health condition, or any subsequent treatment in connection with such inpatient care.
- Continuing treatment by a health care provider, involving any period of inability to work or perform regular daily activities for more than three consecutive days.
- Any period of incapacity due to pregnancy or pre-natal care.
- Chronic serious health conditions (e.g., asthma and diabetes), permanent or long-term conditions (e.g. Alzheimer’s) or conditions which require multiple treatments (e.g., dialysis and chemotherapy).

Absences which do not require inpatient care and are not chronic serious health conditions must generally be for more than three consecutive days. In the absence of complications, routine treatments and short term conditions ordinarily do not constitute a serious health condition.

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Subject

HIPAA SECURITY POLICY

Key words

Category Human Resources (HR)

Number RH-HR-HR-60:10:30

Effective Date April 21, 2005

Manual Human Resources

Last Review Date September 2013

Issued By Human Resources

Next Review Date July 2014

Applicable

Applies to all probationary and regular employees of Regions Hospital, vendors, contractors and other members of the work force.

Origination Date April 21, 2005

Retired Date NA

Review Responsibility Human Resources

Contact Human Resources

I. PURPOSE

The purpose of this Policy is to ensure that the Organization maintains a consistent, effective and well-communicated approach to HIPAA Security. We are committed to protecting Electronic Protected Health Information (EPHI) to help meet our mission of improving the health of our Members, our Patients and the community we serve. Accordingly, the Organization will take appropriate and reasonable steps to protect EPHI from inappropriate access, misuse and compromise in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Security Regulations.

This Policy also provides a framework and standard for all business units of the Organization to use as they comply with Security Standards, and develop and maintain Security Controls within each business unit.

II. POLICY

The Organization is committed to safeguarding EPHI to achieve our Mission. We will ensure that we maintain appropriate and effective Security Controls and oversight of our Security Controls, and we will adopt and implement consistent and clear disciplinary measures for breaches of this Policy.

Each business unit is required to adopt written procedures and operational practices to implement the requirements of this Policy unless that business unit already has in place written procedures that are more stringent than this Policy. Those procedures and practices must follow the established Security Standards and must address how each business unit will implement the following requirements:
1.0 Security Management. The Organization will establish Standards and reporting structures to manage security activities, including methods to effectively prevent, detect, contain and correct security violations. This will be accomplished by implementing processes for risk analysis and risk management, sanction policies, and procedures for the review of information system activity. The management and reporting of security activities will be documented in accordance with the Security Standards.

2.0 Workforce Security. The Organization will establish Standards to ensure that all Personnel have appropriate access to EPHI and that unauthorized Personnel are prevented from obtaining such access. This will be accomplished by implementing procedures to ensure Personnel have the appropriate level of access assigned and also by implementing termination procedures. Use of assets and resources that allow access to EPHI will be documented in accordance with the Security Standards.

3.0 Information Access Management. The Organization will establish Standards for authorizing access to EPHI. This will be accomplished by implementing procedures for access authorization, establishment and modification. Requests for access to EPHI and for modifications to access will require approval in accordance with the Security Standards.

4.0 Security Awareness and Training. The Organization will implement Security Awareness and Training for all Personnel to include topics such as password management and protection from malicious code.

5.0 Incident Response. The Organization will establish Standards to address security incidents. This will be accomplished by implementing processes and procedures to identify and respond to suspected or known incidents in addition to mitigating, to the extent practicable, harmful effects of known security incidents.

6.0 Contingency Planning, Business Continuity and Disaster Recovery. The Organization will establish and verify Contingency Planning, Business Continuity and Disaster Recovery plans in accordance with the Security Standards. These plans will include provisions for EPHI and other assets in accordance with the HIPAA Security Rule.

7.0 Business Associate Agreements. The Organization will ensure Business Associate Agreements include language to the effect that the Business Associate will appropriately safeguard EPHI in accordance with the HIPAA Security Rule.

8.0 Facility Access Controls. The Organization will establish Standards and Controls to limit physical access to EPHI and the facilities in which they are housed. This will be accomplished by implementing procedures for the facility security plan, access control and validation, and maintenance records. Access to and use of EPHI and facility resources will be in accordance with the Standards.

9.0 Workstation Use and Security. The Organization will establish Standards to address appropriate workstation use in addition to establishing Controls, to the extent practicable, that physically restrict access to EPHI to authorized users. Use of EPHI and resources will be in accordance with the Standards.
10.0 **Device and Media Controls.** The Organization will establish Standards that govern the receipt and removal of hardware and electronic media that contain EPHI into and out of its facilities and the movement of these items within the facility. This will be accomplished by implementing procedures for disposal, media re-use, accountability and data backup and storage.

11.0 **Access Controls.** The Organization will establish Standards to permit only authorized access to EPHI. This will be accomplished by implementing Controls to network and system resources for unique user identification, emergency access, automatic logoff and encryption.

12.0 **Audit Controls.** The Organization will establish Standards and mechanisms to record and examine information system and network activity. Procedures for compliance audits, implementation assessments and verification of the Security Controls will be established and documented in accordance with the Security Standards.

13.0 **Integrity Controls.** The Organization will establish Standards and mechanisms to protect EPHI from improper alteration or destruction.

14.0 **Person or Entity Authentication.** The Organization will establish Standards and Controls to verify the identification of those who authenticate themselves to systems for access to EPHI.

15.0 **Transmission Security.** The Organization will establish Standards and measures to guard against unauthorized access to EPHI that are transmitted over an electronic communications network.

16.0 **Implementation.** The Organization will ensure that activities are undertaken to develop and implement this Policy, the established Security Standards and written procedures as operational practices in accordance with the Standards.

17.0 **Oversight.** The Security Officer will have the responsibility and authority to ensure that this Policy is followed, including, without limitation, by:

(a) developing this Policy and the Security Standards and presenting this Policy and the Security Standards to the Security Council for approval;

(b) ensuring that the procedures and practices developed by business units and operational areas are consistent with this Policy and the Standards;

(c) overseeing implementation of this Policy and the Security Standards; and

(d) developing and implementing a process for documenting decisions for applying the HIPAA Security requirements.

The Security Officer may delegate these responsibilities to appropriate Personnel or to other committees, as deemed appropriate, so long as the Security Officer retains ultimate accountability for his or her delegated actions.
18.0 **Noncompliance.** Personnel who violate the Security Policy or any Security Standard and/or its associated security procedures applicable to the individual, will be subject to disciplinary action. Disciplinary action, up to and including dismissal, will be imposed consistently and commensurate with the nature of the violation, Organizational practice, policies, procedures and collective bargaining agreements. Failure of a Business Associate or contractor / subcontractor to comply with applicable Security Policy, Security Standard(s) or procedural provisions may result in immediate termination of network and system access privileges and / or termination of the relationship, in accordance with the applicable Business Associate Agreement or other contract.

III. **PROCEDURE(S)**

At the time of the adoption of this Policy, the Organization recognizes that the accreditation, compliance and industry standards related to security are evolving and changing. Potential inconsistencies in these standards and requirements combined with the difficulties in establishing appropriate, necessary and reasonable Controls will pose challenges to the business units.

It is the Organization’s intent and desire that the business units establish Security Controls that are, at a minimum, in compliance with the applicable industry standards and regulatory requirements and that these Controls are operational by the required effective dates.

To this end, each business unit will, in conjunction with the Security Officer and his or her designees, complete an assessment and implementation work plan to ensure compliance with this Policy and the established Security Standards. Each business unit will be expected to take reasonable steps to ensure compliance at the date practicable considering future effective dates for certain federal laws pertaining to information security protections.

IV. **DEFINITIONS**

For purposes of this Policy, the following definitions apply:

“Business Associate” means a person or entity that provides certain functions, services or other activities for or on behalf of the Organization and receives, generates, uses or discloses EPHI in connection with those activities. (Employees are not considered Business Associates.)

“Controls” or “Security Controls” means a combination of policies, standards, procedures and technical controls to achieve confidentiality, integrity, availability and physical security of EPHI.

“Electronic Protected Health Information” or “EPHI” means health information in electronic form that:

1. (a) identifies (or could reasonably be used to identify) a Patient or Member; and
   (b) is not generally known by or made available to the public; and

2. (a) is collected or received by or on behalf of the Organization from
   (i) a Member (or his or her authorized representative);
   (ii) a Patient (or his or her authorized representative);
   (iii) a Member’s or Patient’s health care provider or their agents; or
   (iv) a Member’s or Patient’s third party payor or health plan sponsor or their agents; and
   (b) relates to or facilitates the past, present or future physical or mental health condition of the Member or Patient, or the past, present or future provision of health care to the Member or Patient.
“Member” means an individual who is enrolled in, or who has applied to be enrolled in, a health plan underwritten or administered by HealthPartners, Inc. or a related Organization.

“Organization” means Regions Hospital.

“Patient” means an individual who has received (or is scheduled to receive) health care treatment or professional consultation from the Organization, or whose treating provider has sought a professional consultation from the Organization regarding that individual.

“Personnel” or “Staff” means any employee or individual under contract or other arrangement with the Organization to act on its behalf. This includes union and non-union employees, officers, physicians, Board members and volunteers, and any student under the supervision of the foregoing.

“Security Council” means a committee made up of both business and corporate leaders to provide guidance and oversight to the HIPAA security project and related compliance activities.

“Security Officer” means the individual with assigned responsibility for the development, approval and implementation of this Policy.

“Security Standards” or “Standards” means approved and written business standards adopted by the Security Council to support this Policy.

V. COMPLIANCE
Failure to comply with this policy or the procedures may result in disciplinary action, up to and including termination.

VI. ATTACHMENTS

VII. OTHER RESOURCES
References to Legal Standards:
45 CFR Parts 160, 162 & 164 (HIPAA Security Standards; Final Rule)
45 CFR Parts 160 & 164 (HIPAA Privacy Standards; Final Rule)
Minn. Stat. Chapter 13 (Minn. Data Practices Act)
Minn. Stat. § 325L.01-19 (Minnesota’s Electronic Signatures Act)
15 USC 7001 (Federal Electronic Signatures Act)

Cross References to Other Policies:
Records Retention Policy – see Administration Policy Manual
Privacy Policies-see Administration Policy Manual

VIII. APPROVAL(S)

Kim Egan
Executive Director, Human Resources

IX. ENDORSEMENT
Human Resources Leadership Team

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
THE 18 HIPAA IDENTIFIERS

If information about a patient or member contains none of these 18 identifiers, then the remaining information is considered de-identified; unless the Covered Entity is aware that the remaining information could be used alone or in combination with other information to identify the individual.

1) Name
2) Any geographic subdivision smaller than a state, including street address, city, county, precinct or zip code. (In some circumstances, first 3 digits of the zip can be retained.)
3) All elements of dates (except year) that relate directly to an individual, including birth date, admission or discharge date, date of service, date of death. Also, all ages over 89 and all elements of dates (including year) indicating such age, unless aggregated into a single category of age 90 and over.
4) Telephone numbers (home, work, cell, etc.)
5) Fax numbers
6) Email addresses
7) Social Security Numbers
8) Medical record numbers
9) Health plan beneficiary (member) numbers
10) Account numbers
11) Certificate/license numbers
12) Vehicle identifiers and serial numbers, including license plate numbers
13) Device identifiers and serial numbers
14) Web addresses/URLs
15) Internet Protocol (IP) address numbers
16) Biometric identifiers, including fingerprints, iris images and voice prints
17) Full face photographic images and any comparable images; and
18) Any other unique identifying number, characteristic or code (except re-identification code, so long as the re-identification code is not derived from the identifiable information and the decoding information is not disclosed)
I. POLICY

It is the policy of Regions Hospital to be actively involved in assisting the employee during the term of inability to work and to assist all injured employees in returning to productive work. This policy reduces overall workers’ compensation costs and helps the injured employee to once again become a productive worker.

Applies to all Regions Hospital, and through contractual agreement, Integrated Home Care and Capitol View Transitional Care employees.

1. A Regions Hospital Employee/Injury/Illness/Blood and Body Fluid Exposure Report Form should be completed by supervisor/designee and employee jointly. This form must be completed within 24 hours of the injury and sent to Employee Health and Wellness immediately. Copies will be sent to the Workers’ Compensation office and to the injured individual’s department.

2. If the injury requires medical attention or advice, the Nurse Careline is the first contact point, unless the injury requires immediate medical attention. If the injury requires immediate medical attention, the employee should seek care in the Emergency Department and call the Nurse Careline within 24 hours.

Employee injury/illness or blood/bodyfluid exposure requiring less immediate medical attention should first call the Nurse Careline. The Nurse Careline at 952-883-5484 is available 24 hours a day, 7 days a week. The Nurse Careline can provide advice and help direct the employee to receive medical care at Regions Employee Health and Wellness, HealthPartners Occupational Medicine or with a personal healthcare provider.
Note: Even though the employee has the option of seeking treatment from their regular treating doctor, they must follow the above procedure and must submit themselves to examination by Occupational Medicine/Employee Health physician or other designated physician if requested by the workers’ compensation staff and at reasonable times thereafter for follow up.

All work-related injuries involving lost work time must be reported to the workers’ compensation office immediately by calling (651) 254-2273.

3. An active role will be taken by the Workers’ Compensation Coordinator, the supervisor, the physicians and the employee to implement a return-to-work program as quickly as possible. Light duty assignments and job modification will be provided to help and support the returning employee when needed and when possible.

4. When appropriate, the Workers’ Compensation Coordinator in conjunction with our third party administrator (TPA) will assign a Qualified Rehabilitation Consultant (QRC) to assist with a return to work program.

5. Administering the workers’ compensation program will be done by the Workers’ Compensation Coordinator.

6. Guidelines for lost time and status:
   a. Lost time will be paid in workers’ compensation benefits as mandated by the State of Minnesota.

   b. Employees may choose to supplement the Workers’ Compensation benefit with accrued time (PTO or Extended Sick Leave) in an amount that combined with the workers’ compensation benefit would be equal to the regular weekly wage. Employees who choose not to use accrued time to supplement workers’ compensation benefits will not otherwise be eligible to use accrued time until they return to work at Regions.

   c. During the entire period that an employee is off work due to a work comp injury, the Hospital will maintain and contribute to the employee's coverage under the Hospital's group health, dental and life insurance plans in the same manner as before the injury. The employee remains responsible for their portion of the insurance premiums.

      If the employee is working light duty and receiving a paycheck from Regions Hospital, the employee's share of the insurance premiums will be deducted from the employee's paycheck. If the employee is on total disability due to the work comp injury, the Hospital will bill the employee for their share of the premiums.

   d. Employees who are receiving Workers’ Compensation benefits and working in a light duty assignment, will accrue PTO if they meet the same timecard hours threshold as for active employees.

   e. Employees will accrue credited service hours only for time worked or for accrued time used.

   f. In the event an employee absence due to a work related injury does not qualify for Workers’ Compensation solely because of a statutory waiting period (currently three (3) days), the employee may use their accrued PTO and/or Extended Sick Leave up to a maximum of the statutory waiting period.
g. As with all personnel policies, the Hospital reserves the right to modify, revoke, suspend, terminate, or change this policy/procedure in whole or in part, at any time, with or without notice; however, no change will be made that conflicts with mandated state workers’ compensation laws.

**APPROVAL(S)** Environment of Care Committee

Approval & Endorsement: Environment of Care Committee, Rick Huston, Chair

Chair, Environment of Care & Disaster Committee  
Director, Plant Operations                          Date: December 31, 2013
I. PURPOSE
The purpose of this policy is to ensure that photographs, video images and audio recordings are made, stored, used and disclosed in a manner that protects the privacy rights of patients, preserves the integrity of the recordings/images and supports their appropriate use for clinical, educational, quality and other purposes.

II. POLICY
Photographs or Other Recordings can be vital components of patient care, staff education and other health care operations. Therefore, Photographs and Other Recordings may be made for the following purposes, some of which will require prior written authorization by the patient, as described below:

- Identification of patient (authorization NOT required);
- Diagnosis or treatment of that patient (authorization NOT required);
- Education, diagnosis or treatment of another patient (authorization required);
- Internal teaching and education (authorization required);
- Organizational performance or quality improvement (authorization required);
- Community (external) education, including teaching or publication (authorization required);
- Promotion, marketing, public relations, or advertising (authorization required);
- Created by media representatives (authorization required);
- Third party request by Law Enforcement (authorization or court order required)
- Other purposes as identified in this policy or thereafter.

When this policy requires Authorization, the following forms shall be used, as applicable:

- Authorization for Photography, Video Recordings or Other Recording, or
- Permission to Use and Disclose My Information in Connection with a Media Visit, or
- Permission to Use My Information (for promotion, marketing, public relations, or advertising).
III. PROCEDURE(S)

A. If a Photograph or Other Recording is to be made for any purpose other than the patient’s own identification or treatment, the following procedures apply:

- If an Authorization is required under this policy, the patient or the patient’s surrogate decision-maker must sign the Authorization before any Photograph or Recording is made.
- The signed Authorization form must be placed in the patient’s medical record (See Organizational Privacy Standards for Photography, Videotaping and Other Recordings of Patients and Members)
- In cases where the patient is unable to sign the Authorization and no surrogate decision-maker is available, Photography or Recordings may take place under the following conditions only:
  i. The Photograph or Other Recording remains in the facility’s possession and may not be used for any purpose until and unless an Authorization is obtained.
  ii. If the Authorization is not received, the Photograph or Other Recording must be destroyed (or, in the case of a photograph or video recording, the non-authorizing patient’s image is removed from the photograph or recording).
- The Authorization must fully describe how the Photograph or Other Recording may be used or disclosed by the organization. If the Photographs or Other Recordings will be used or disclosed for purposes not described in a previously-signed Authorization, an additional Authorization must be obtained from the patient prior to the use or disclosure for that purpose.
- The patient or the patient’s surrogate decision-maker who signed the Authorization may request cessation of Photography or Recording at any time.
- The patient or the patient’s surrogate decision-maker who signed the Authorization form may rescind the Authorization for use up until a reasonable time before the Photograph or Recording is used.

B. Signs shall be posted in the Emergency Department stating that recording may be occurring when services are being provided.

C. No staff personal cameras or devices, such as cell phones, may be used to photograph or record patients. Only facility owned devices/memory cards may be used. If there is a need for specialized equipment to be used that is not owned by the facility, special permission and prior approval will need to be obtained by the Vice President of Corporate Integrity and the Associate Medical Director. (In the case of recordings made by an authorized third party, that party’s equipment may be used).

D. All Photographs and Other Recordings must be stored securely, either in a patient’s record or in another secure manner.

E. Any request from the media must be directed to Corporate Communications, who will also obtain a signed Agreement for Media Visit and Recording at HealthPartners, as needed.

F. Any Photographs or Other Recordings related to promotion, marketing, public relations or advertising shall be handled through Corporate Communications.

G. If Law Enforcement requests a Photograph or Other Recording of the patient, the patient must give verbal consent to the presence of the Law Enforcement Officer or the patient can sign an authorization form allowing the presence of Law Enforcement. However, if the patient does not consent to the presence of Law Enforcement, a court order should be obtained except for in emergency situations.

H. Photographs or Other Recordings taken before the adoption of this policy must:

- Be used and disclosed only in accordance with this policy (i.e., an Authorization must be obtained prior to subsequent use or disclosure for any purpose other than for treatment or patient identification); and
- Be stored in accordance with this policy.
DEFINITIONS

“Authorization” means a form prescribed by this policy authorizing the organization to make a Photograph or Other Recording and to use the photograph or other recording in accordance with instructions on that form.

“Photographs or Other Recordings” means any photography, video, visual or audio images made or recorded digitally, on film or on tape, or using similar media, when created/made by HealthPartners staff for HealthPartners purposes. Unless otherwise noted, this Policy applies whether or not the photographs, images and records are individually identifiable.

V. COMPLIANCE
Failure to comply with this policy or the procedures may result in disciplinary action, up to and including termination.

VI. ATTACHMENTS

- Authorization for Photography, Video Recordings and Audio Recordings
- Permission to Use and Disclose My Information in Connection with a Media Visit Authorization
- Permission to Use My Information (for promotion, marketing, public relations, or advertising).

VII. OTHER RESOURCES

Organizational Privacy Standards: Photography, Videotaping and Other Recordings of Patients and Members
Agreement for Media Visit and Recording at HealthPartners
Legal Medical Record Matrix

VIII. APPROVAL(S) [WILL USUALLY BE VP OR ABOVE, MAY BE DIRECTOR OR MANAGER, AS AUTHORIZED BY THE ENDORSING COMMITTEE(S), COULD ALSO BE A COMMITTEE NAME—CAN BE ELECTRONIC SIGNATURE]

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IX. ENDORSEMENT [OPTIONAL—LIST THE COMMITTEE(S) THAT SPONSOR OR RATIFY/ACCEPT THE POLICY AND AUTHORIZE THE SIGNERS TO APPROVE IT]
I. **PURPOSE**  At Regions our ability to deliver and finance high quality care and service requires that we collect and generate many different kinds of information. Each time a person enrolls in one of our health plans or receives care from one of our clinicians, he or she is entrusting us with extremely sensitive information. The purpose of this Policy is to ensure that we deserve each Patient’s trust by protecting their personal information form improper use and disclosure.

This Policy describes the expectations we have of our employees, providers, agents and business associates regarding the protection of Patient information. It also provides a framework for the organization and its business units to develop, maintain and adhere to written standards and procedures as needed for the appropriate access, use and disclosure of Patient information consistent with applicable laws and accreditation standards.

II. **POLICY**

1.0 Regions is committed to safeguarding the privacy of our Patients and others who have entrusted us with their Protected Information. We handle Protected Information in accordance with applicable legal, and accreditation standards. We ensure that we maintain appropriate oversight of our privacy practices, and we adopt consistent and clear disciplinary measures for breaches of this Policy.

Business units will adopt written procedures, as appropriate, to implement the requirements of...
this Policy and the Privacy Standards.

2.0 Notice of Privacy Practices. Regions will notify Patients, and others as required of its practices regarding the access, use and disclosure of Protected Information through its Notice of Privacy Practices. The Notice of Privacy Practices contains three sections: Summary Notice, Member Notice (applicable to HealthPartners/health plan activity) and Patient Notice, each of which may be distributed separately, as appropriate.

2.1 Notice to Patients ("Patient Notice"). Regions will routinely, in accordance with applicable laws, notify Patients of the ways in which its Care Delivery Functions and Health Research Functions use and disclose Protected Information, as well as Patients’ individual rights with respect to such information.

2.2 Notice to Others. Where appropriate, Regions will notify providers, practitioners, and other interested parties, whether employed or under contract, of its policies and expectations regarding appropriate uses of, access to and amendment of Protected Information.

3.0 Consent, Authorizations and Opt-Outs. Regions will obtain consent or authorization from the Patient for the use and disclosure of Protected Information in accordance with applicable law, accreditation standards and the Privacy Standards.

3.1 Use of Information. In accordance with applicable law and this Policy, Regions may use Protected Information for purposes of Treatment, Payment and Health Care Operations without Patient Consent. However, Regions will first obtain Patient Authorization prior to using Protected information for purposes other than Treatment, Payment or Health Care Operations, unless otherwise permitted by law.

3.2 Disclosure of Information. Regions may disclose Protected Information as follows:

3.2.1 With Consent. Regions may disclose Protected Information in connection with Care Delivery Functions and Health Research Functions, so long as Consent, as required by law, is obtained, and the Notice of Privacy Practices is made available, in accordance with applicable law the Privacy Standards.

3.2.2 With Authorization. Regions will obtain Patients’ Authorization when required by law, in accordance with the Privacy Standards, prior to using or disclosing Protected Information for purposes other than Treatment, Payment or Health Care Operations.

3.3 Option to Opt Out of Certain Disclosures. Patients may notify Regions that they do not wish Regions to share certain Protected Information with non-affiliated parties for particular activities, as required by law or otherwise identified by Regions. The Privacy Standards must be followed to ensure that Patients are appropriately informed of their “opt out” rights and how those rights, when applicable, may be exercised.

4.0 Minimum Necessary Standard. Personnel are permitted to access, use and disclose only the minimum amount of Protected Information that is reasonably necessary to accomplish the
authorized task. Under this standard, Personnel are prohibited from using their positions to gain access to the Protected Information of their friends, family members or coworkers, unless there is a work-related need to know, exercised in accordance with organizational policies and procedures. In addition, where information need not be identified to a particular Patient to accomplish a task, and where feasible, Regions will de-identify Protected Information. Business units will develop and implement written procedures and operational practices as appropriate to ensure that the minimum necessary standard is met.

5.0 **Business Associates.** Regions will execute written Business Associate Agreements that require third parties to, among other things, safeguard the confidentiality of all Protected Information, use Protected Information solely for the purpose and within the scope of the engagement, and, if appropriate, indemnify Regions against any damages resulting from the third party’s inappropriate use of Protected Information.

6.0 **Individual Rights.** Regions will ensure that Patients are informed of their individual rights with respect to their Protected Information, as described by HIPAA and other applicable laws, and that the organization establishes standards and procedures to allow Patients to exercise those rights. Such rights include, but are not necessarily limited to, the right to access one’s Protected Information, the right to request an amendment of one’s Protected Information, the right to request alternative means of communication and special restrictions on the handling of one’s Protected Information, and the right to complain to the organization and to appropriate regulatory authorities about Regions’ privacy practices.

7.0 **Documentation.** Regions will appropriately document its activities related to the protection of Patient privacy and its compliance with applicable privacy laws. Such documentation will be retained in accordance with applicable law.

8.0 **Discipline.** Regions will take appropriate disciplinary action against Personnel who breach this Policy, the Privacy Standards and other organizational policies and procedures. Such disciplinary action will be imposed fairly and consistently.

9.0 **Security.** In addition to the protections identified in the preceding sections, Regions will safeguard Protected Information by adopting and implementing appropriate policies and procedures to ensure the security of Protected Information, including its transmission, storage and destruction.

10.0 **Oversight and Compliance.** The Regions Hospital Compliance Committee (the “Committee”) will function as the privacy oversight committee for Regions Hospital, while the Enterprise Integrity Steering Committee will function as the privacy oversight committee for the ACE overall. The Committee’s responsibilities will include:

- Supporting Regions’ ongoing compliance with this policy;
- Advising, assisting and supporting the Privacy Official;
- Assessing Regions’ privacy environment, understanding applicable privacy requirements, approving enterprise-wide privacy-related policies, and assessing privacy-related risk areas;
- Reviewing, as requested by the Privacy Officer, the need for appropriate corrective and/or disciplinary action for noncompliance with this policy;
- Ensuring that Committee members’ respective areas of responsibility are effectively
implementing this policy, including, without limitation any identified corrective and disciplinary action;

- Reviewing this policy periodically and supporting any necessary improvements or modifications to help ensure Regions’ compliance with applicable privacy-related laws, regulations and policies;
- Promoting privacy as an essential component of a culture of ethics and integrity in the organization.

11.0 **Privacy Official.** Regions has designated its Compliance Officer as its Privacy Official. The Privacy Official is responsible for the development and implementation of this Policy, the Privacy Standards and other privacy-related policies and procedures of the Regions ACE.

III. **PROCEDURE(S)** In addition to this Policy, the Regions ACE will adopt Privacy Standards that provide more detailed information about the privacy obligations of the organization and its Personnel. Likewise, the ACE, and its constituent organizations, may adopt specific written policies and procedures that describe how to carry out this Policy and the Privacy Standards. Individual business units may also, as appropriate, adopt additional written procedures to assist with implementation and compliance.

IV. **DEFINITIONS** For purposes of this Policy, the following definitions will apply:

“ACE” or “Affiliated Covered Entity” means legally separate Covered Entities that are affiliated and have designated themselves as a single Covered Entity for purposes of compliance with HIPAA. Regions and several of its affiliated organizations have designated themselves as an ACE through actions of their respective Boards of Directors.

“Authorization” means a Patient’s specific permission to disclose their Protected Information to third parties for purposes other than treatment, payment or health care operations.

“Business Associate” means a third party that performs services on behalf of, or provides services to, Regions that involve the disclosure of Protected Information to the Business Associate for that Business Associate’s use or further disclosure in connection with those services. “Business Associate” does not include health care providers who receive or use Protected Information in order to treat an individual. “Business Associate” also does not include other third parties described in HIPAA.

“Care Delivery Functions” means activities undertaken by Regions in order to provide and coordinate treatment to Patients.

“Consent” means a Patient’s general permission for Regions to disclose their Protected Information to third parties for purposes of treatment, payment and health care operations.

“Covered Entity” means an entity subject to HIPAA.

“Health Research Functions” means activities undertaken by Regions in order to systematically evaluate and examine medical information, the results of which are intended to be shared in the public domain.

“HIPAA” means the Privacy Regulations promulgated under the Health Insurance Portability and
Accountability Act of 1996.

“Notice of Privacy Practices” means the written Notice of Privacy Practices provided to Patients.

“Patient” means an individual who has received (or has an appointment to receive) health care treatment from Regions, or whose treating physician has sought a professional consult from Regions regarding that individual.

“Patient Notice” means the portion of the Notice of Privacy Practices provided to Patients pursuant to Section 2.2 of this Policy.

“Personnel” means anyone employed by Regions or under contract or other arrangement with Regions to act on its behalf. “Personnel” includes union and non-union employees, officers, physicians, Board Members and volunteers, and any student, resident or intern under the supervision of the foregoing.

“Privacy Standards” means the standards attached to this Policy to assist Regions business units with developing, maintaining and adhering to written procedures and operational practices that conform to this Policy, as updated from time to time.

“Protected Information” means, for purposes of this Policy and the Privacy Standards, information variously identified in law or regulation as “Protected Health Information (PHI),” “Electronic PHI (E PHI),” “Identifying Information,” “Health Record,” “Non-Public Personal Information (NPI).” Accordingly, Protected Information includes information, including demographic, health or financial information, regardless of format, that

1. (a) identifies (or could reasonably be used to identify) a Patient; and
   (b) is not generally known by or made available to the public;
   and

2. (a) is collected or received by or on behalf of Regions from
   (i) a Patient (or his or her authorized representative);
   (ii) a Patient’s health care provider or their agents; or
   (iii) a Patient’s third party payor or health plan sponsor or their agents
   and

   (b) relates to or facilitates the past, present or future physical or mental health condition of the Patient, payment, or the past, present or future provision of health care to the Patient.

“Regions” means, for purposes of this policy: Regions Hospital, RHSC, Inc. and their related organizations.

V. **COMPLIANCE** Failure by an individual to comply with this Policy or with the Privacy Standards will result in appropriate disciplinary action, up to and including dismissal.

VI. **REFERENCES**
Health Plan Privacy Standards
Care Delivery Privacy Standards
Health Research Privacy Standards
Corporate Privacy Standards
Discipline for Breaches of Privacy and Privacy Policies - C211
Confidentiality of Patient/Member Information Policy -- Employee Access and Use - C201
HIPAA Security Policy (GHI) - C206
Record Retention Policy

VII. OTHER RESOURCES
Minn. Stat. §144.291-293
45 CFR 160 and 164 (Health Insurance Portability and Accountability Act of 1996)
15 USC 6801-6809 (Gramm Leach Bliley Act)
Minn. Stat. Chapter 13 (Minn. Data Practices Act)
Minn. Stat. §§ 62D.145; 62M.08; 62Q.021; 72A.497; 72A.499; 72A.502 (Laws governing HMOs, health plans, health insurers and UROs)
15 USC 1681-1681u (Fair Credit Reporting Act)
Minn. Stat. § 325L.01-19 (Minnesota’s Electronic Signatures Act)
15 USC 7001 (Federal Electronic Signatures Act)
45 CFR 46 (Federal Research and IRB Regulations)

VIII. APPROVAL(S)
Tobi Tanzer
Vice President of Integrity and Compliance and
Chief Compliance Officer and Privacy Officer

IX. ENDORSEMENT
Enterprise Integrity Steering Committee
Regions Hospital Compliance Committee
Subject | PROCEDURE FOR HEALTH SCREENING OF NEW EMPLOYEES
--- | ---
Key words | HEALTH, HEALTH SCREENING, NEW EMPLOYEES
Category | Human Resources (HR)
Manual | Human Resources
Issued By | Human Resources
Applicable | This policy applies to all employees at Regions Hospital.
Review Responsibility | Human Resources and EHS

I. **PURPOSE**
This policy is established in order to ensure that all employees are cleared medically to perform the essential functions of the job for which they were hired prior to the time they begin work.

II. **POLICY**
All new Regions Hospital employees must complete the Pre-Placement Health Screen and Health History Questionnaire and other necessary forms and receive temporary clearance from Employee Health & Wellness prior to the time the employee begins work.

III. **PROCEDURE(S)**
To assure that the required Pre-Placement health screening process is completed in a timely manner prior to NEO, the following procedure will be in effect:

1. The new employee will be directed to the New Hire Website to obtain the instructions and the necessary forms to be completed prior to the appointment made by Human Resources with EHW for the pre-placement screening.

2. The new employee will bring his/her completed EHW Health Screen and Health History Questionnaire and other required forms to his/her EHW appointment.

3. Employee Health & Wellness will review the health questionnaire with the new employee during the appointment.

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
4. At the end of the appointment one or more of the following will occur:
   - Clearance for employment is granted
   - Temporary clearance is given pending the completion of any necessary follow-up which could include: further information is requested or further evaluation is required,
   - Medical clearance is granted with work modifications
   - Clearance is granted for this position only, with EHW re-evaluation required before a change of position
   - Statutory disability is identified and Human Resources is notified for accommodation, if indicated
   - Clearance is not granted

5. If Employee Health & Wellness determines that the new employee is unable to perform the essential job functions, EHW will notify both the Human Resources Department and the new employee. Human Resources, EHW, the employee and the hiring department will engage in an interactive process to determine if a reasonable accommodation can be made that does not diminish the requirements or standards of position and enables the prospective employee to take part in an equal employment opportunity. If a reasonable accommodation cannot be made, then the offer of employment will be withdrawn.

6. The new employee can begin work at the Hospital only when he/she has been cleared by EHW.

IV. DEFINITIONS
   NOT APPLICABLE

V. COMPLIANCE
   Failure to comply with this policy or the procedures may result in disciplinary action, up to and including termination.

VI. ATTACHMENTS
   NOT APPLICABLE

VII. OTHER RESOURCES
   Employment Requirements for New Employees #RH-HR-60:05:05

VIII. APPROVAL(S)

   Beth Heinz, Vice President

IX. ENDORSEMENT
   Human Resources Leadership Team

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I. PURPOSE
To support the establishment and maintenance of therapeutic relationships between Regions Hospital staff and patients and to insure the patient's rights to privacy and confidentiality.

II. Policy
I. Regions Hospital staff who work with patients are prohibited from having relationships of a personal nature with patients during the patient's hospital stay.

A. Staff are to explain to the patient any physical contact prior to making the physical contact except in emergency situations.

B. Staff may only touch the patient as appropriate to job responsibilities.

II. Regions Hospital staff who work with psychiatry and/or chemical dependency patients are prohibited from having relationships of a personal nature with patients.

A. Staff are not to make personal contacts with patients after discharge.

B. Staff are prohibited from having contacts of an intimate nature with patients during their hospital stay or after discharge.

C. Staff are to explain to the patient any physical contact prior to making the physical contact except in emergency situations.

D. Staff may only touch the patient as appropriate to job responsibilities.

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
E. Any staff person already having a personal relationship with a patient prior to that person’s admission will be reassigned to another area/unit until that patient is discharged.

III. **PROCEDURE(S)**
All employees must complete the Staff Professional Boundaries education and quiz during department orientation at the time of hire.

Employees will revisit the policy annually when completing the annual Code of Conduct training that requires staff to verify their understanding of and compliance with the policy.

IV. **DEFINITIONS**
Vulnerable Adult: Any Person 18 years of age or older who is an inpatient in this facility per MN §626.557 Reporting of Maltreatment of Vulnerable Adults. Violation of this statute requires reporting to the parties listed in the Statute –law enforcement agency(ies), ombudsman office, etc.

The Child Protection Act §626.556 covers people under 18 years of age.

V. **COMPLIANCE**
Employees who violate this policy will be subject to disciplinary action up to and including termination of employment and criminal indictments.

VI. **ATTACHMENTS**
Not Applicable

VII. **OTHER RESOURCES**
NONE

VIII. **APPROVAL(S)**

Kim Egan
Executive Director, Human Resources

IX. **ENDORSEMENT**
Human Resources Leadership Team

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Regions Hospital

**I. PURPOSE**
To establish a mechanism by which an employee may request to be excused from participating in an aspect of a patient’s care or treatment in situations where the prescribed care or treatment presents a conflict with the employee’s values, sense of ethics, or religious beliefs. In no instance will the mission of the hospital be compromised. Medically related treatment and care will be provided to all persons in need regardless of race, color, creed, religion, national origin, sex, sexual or affectional orientation, marital status, status with regard to public assistance, membership or activity in a local commission, disability, age, political affiliation or place of residence.

**II. POLICY**
1. It is understood that situations may arise in which the prescribed course of treatment or care for a patient may be in conflict with the personal values or religious beliefs of a staff member. In such situations, it is the responsibility of the employee to immediately notify his/her supervisor or department head of his/her concerns and to request that he/she be excused from participating in a particular aspect of treatment or care of the patient. The supervisor or department head will make a decision on the request. As permitted by the situation, this request must be committed to writing as soon as reasonably possible and must include the specific aspects of care from which the employee is requesting to be excused and the reasons for making the request.

In no circumstances will a request be granted if it is felt that doing so would negatively affect the care of the patient. The requesting employee is responsible for providing appropriate patient care until alternate arrangements can be made. Refusal to provide care may result in disciplinary action up to and including termination.

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
It must be realized that for reasons of minimal staffing and unavailability of other staff, requests may not be granted. Employees may request a transfer to a department or position in which conflict of care issues are less likely to occur. Requests will not be honored if they are premised on actions or positions which would constitute a violation of the Minnesota Human Rights Act or any similar federal or local law.

2. If an employee feels he/she cannot morally assist with an abortion, he/she should notify his/her supervisor as soon as he/she is aware of this situation in which he/she cannot participate. Notwithstanding, the provisions of paragraph 1 above, any employee has an absolute right, pursuant to Minnesota Statute, Section 145.42, to refuse to perform or assist in the performance of an abortion.

3. Requests for accommodations in the delivery of patient care as a result of an employee’s personal values and/or beliefs are to be first presented to the employee’s leader. If the employee is not satisfied with the leader’s response, the employee may present the request to the respective vice president in writing. The decision of the vice president shall be final.

4. The Hospital will attempt to make reasonable accommodations for all justified employee requests for exclusion from patient care or treatment resulting from a conflict with the employee’s personal values or beliefs.

III. PROCEDURE(S)
NOT APPLICABLE

IV. DEFINITIONS
NOT APPLICABLE

V. COMPLIANCE
Failure to comply with this policy or the procedures may result in disciplinary action, up to and including termination.

VI. ATTACHMENTS
NOT APPLICABLE

VII. OTHER RESOURCES
NOT APPLICABLE

VIII. APPROVAL(S)

Kim Egan
Executive Director, Human Resources

IX. ENDORSEMENT
Human Resources Leadership Team
I. **PURPOSE**
Provide guidelines on the release of information and access to medical records.

II. **POLICY**
To ensure the confidentiality and security of patient information and to provide access to medical records in accordance with Minnesota State and Federal Laws and Regulations

III. **PROCEDURE(S)**
A. **Ownership**
The inpatient and portions of the outpatient, hard copy medical records are the physical property of Regions Hospital. The electronic inpatient and outpatient medical record is the physical property of both Regions Hospital and HealthPartners Medical Group.

B. **Requests for Information**
Requests for copies of the medical record should be forwarded to the Release of Information unit of the Health Information Management Department for proper documentation within the Epic ROI module, tracking of disclosures as needed, and to ensure that applicable State and Federal guidelines for release are met.

C. **Patient Access**
The patient may view the medical record at no cost. The identity of the patient will be verified by photo identification or signature comparison. Guardians and personal representatives will be required to present appropriate legal documentation. Patients/guardians will be observed by release of information personnel while they are reviewing the record to ensure it is protected from tampering or loss. The patient review of the medical record will be documented in the Epic ROI module. The patient may also obtain copies of the medical record at a standard cost upon receipt of a proper request and authorization.
Information may be withheld from the patient if a healthcare provider determines that the
information in the record will be detrimental to the patient or could cause the patient to inflict
harm to himself or another. The provider must document this before a request is received.
Otherwise, the request must be honored. The patient may choose to appeal to the Vice
President of Medical Affairs if this occurs.

If a patient requests to review the medical record during treatment (i.e. while an inpatient or
during a clinic visit), the treating/attending physician (or assigned resident) or designee will be
responsible for honoring this request, assisting the patient in reviewing the electronic record and
assuring that the patient is observed while reviewing the record to ensure that it is protected
from tampering of any kind. A notation that the patient has viewed the medical record will
become a permanent part of the patient's medical record.

D. Amendments: Patients have the right to request an amendment to their protected information if
they feel that the information is inaccurate or incomplete. The patient has the right to request
an amendment for as long as that information is maintained in the designated record set. See
Attachment A for procedure to follow when an amendment is requested. Requests for
amendments should be submitted to the Health Information Management Department.

E. Third Party Access:
   1. Nonconsensual – Disclosure of protected health information can be made without a patient
      authorization in the following situations:
      a. Medical Emergency
      b. Transfer for continued patient care by another healthcare provider
      c. Provider audits, quality assurance, licensing and accrediting reviews, administrative
         functions by the provider
      d. Statutory reporting requirements (i.e. infectious disease, child abuse, etc.)
      e. Judicial court order, search warrants
      f. Disclosure of information relating to the claim for third party payers or workers
         compensation cases

   2. Consensual – A valid authorization is required if information is requested by the following:
      a. Attorney
      b. Insurance Company
      c. Social Security
      d. Military Forces
      e. Any third party deemed by the patient/guardian
      f. Subpoena

      Upon receipt of a proper authorization these third party requesters may view or obtain
copies of the patient’s medical record at standard cost. The viewing party will be observed
by Release of Information personnel of the HIM department to ensure the record is
protected from tampering or loss.

F. Accounting of Disclosures
Patients are entitled to receive an accounting of disclosures of their, not including disclosures for
purposes of treatment, payment and operations. Disclosures to business partners must be
included in the accounting. Patients may request an accounting of disclosures that were made
up to six years prior to the date of the request, and subsequent to HIPAA implementation date of
April 14, 2003. See Attachment B for procedure to follow when a request for accounting of
disclosures is received. Requests should be submitted to the Health Information Management
Department.
G. Alcohol and Drug Abuse Records:
Healthcare records pertaining to the identity, diagnosis, prognosis or treatment of any patient which are maintained in connection with the performance of any drug/alcohol abuse prevention function may be disclosed only with patient authorization for the purpose specified in the authorization. Each disclosure made with the patient’s consent must be accompanied by a written statement of nondisclosure in accordance with Federal regulation 42 CFR Part 2.

H. Medical or Scientific Research:
Healthcare information may be released without patient consent for medical or scientific research unless the patient specifically objected to disclosure for research purposes for records generated before January 1, 1997. For records generated on and after January 1, 1997, patient must be informed, regardless of when the information was generated that their record may be used for medical or scientific research purposes. Appropriate notification, restrictions and provision of information regarding the research will comply with Minnesota Patient Access Law 144.295.

I. Facsimile Release of Information or Transmission of Orders:
Medical record information should be transmitted by fax only when the original document or photocopies delivered by mail cannot be provided within the necessary time frame for urgently needed patient health information or as required for third party payer for ongoing payment for a hospitalized patient. Any medical record information that is faxed must be kept confidential by assuring that the transmitted information is sent to and received by the appropriate requesting party. The cover page must include a “Confidentiality Statement.”

The use of a fax to transmit physician orders is permissible. No countersignature is necessary if the prescribing physician included his/her signature in the original fax.

J. Cost:
The patient may obtain copies of the medical record after review free for current information only (past six months). All information prior to six months may be obtained at the standard cost (based upon the consumer price index released by the State of Minnesota on an annual basis. All external requesters, except for continuing care, will also be charged the standard cost.

IV. DEFINITIONS NOT APPLICABLE

V. COMPLIANCE NOT APPLICABLE

VI. ATTACHMENTS
A – Request for Amendment Procedure
B – Accounting of Disclosures

VII. OTHER RESOURCES

VIII. APPROVAL(S)
Health Record Committee

IX. ENDORSEMENT
Health Information Management: June 2011

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ORGANIZATIONAL PRIVACY STANDARDS:
Sending Protected Information Securely

Definitions:
De-Identified Information means information about a member or patient that is not Protected Information because it does not identify the individual and does not contain sufficient information to reasonably allow someone to figure out who the patient or member is. For information to be considered De-Identified, it must follow the standards for de-identification established in HIPAA. You should not assume that just because a name is not attached to the information that it is De-Identified Information. To determine if information is truly, legally De-Identified, consult with the Law Department or the Office of Integrity and Compliance.

Encrypted Information means Protected Information that has been electronically masked or otherwise made unviewable and unalterable by anyone who does not have a code, key, password or decryption technology to allow viewing.

Basic Rules:
1. All Protected Information must be transmitted (sent outside the organization) in accordance with the organization’s Privacy and Security Policies and Privacy and Security Standards.

2. Whenever possible to accomplish the assigned task, transmit De-Identified Information.

3. If any of the data elements listed below are associated with the information you are transmitting, then it is highly likely that the information is Protected Information and so subject to specific transmission requirements discussed below:
   - Name
   - Address
   - Five-digit zip codes
   - Telephone or fax number
   - Email address
   - Social security number
   - Medical record or insurance ID number
   - Driver’s license number or other vehicle or professional license number
   - Medical device identifier or serial number
   - Biometric identifiers, including fingerprints, voice codes, retinal scans or DNA
   - Photographic images that contain identifying marks or characteristics
   - Date of Birth

4. When transmitting Protected Information outside the organization, you are permitted to transmit only the amount and kind of Protected Information that is reasonably required to accomplish the assigned task. That means:
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- To support treatment, use your best professional judgment as to what kind and how much of the patient’s information you need to transmit;

- To support payment-related activities or health care operations, start with De-Identified information and piece by piece add identifiable information until you have the information you actually need to accomplish the task – and then transmit only that information.

5. When transmitting electronic Protected Information outside the organization, you must use one of the five (5) secure transmission methods listed below.

6. Secure Transmission Methods: The table below identifies secure methods for transmitting electronic Protected Information that conform to the organization’s Privacy and Security Policies and Standards. For assistance accessing or using any of these options, contact IS&T Security Management.

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
<th>Limitations</th>
<th>User Guidance</th>
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| 1. Secure Mail | • Point-to-point email distribution  
|             | • Secure envelope mail delivery                  | • Would not prevent unauthorized disclosure if email sent to wrong address  
|             |                                                  | • 10MB maximum file size                                                   | • Use for small files that will typically only be sent to one recipient and contain limited Protected Information.  
|             |                                                  |                                                                              | • Always verify the recipient email address before sending the message. |
| 2. E-Transfer | • Encrypts data                                  | • Requires separate communication of User ID and Password  
|             | • Handles larger files                           | • 200MB maximum file size                                                  | • Use for medium sized files that will typically only be sent to one recipient.  
|             |                                                  |                                                                              | • Always send the User ID and Password to the recipient via a separate transmission method.  
|             |                                                  |                                                                              | • Always verify the recipient email address before sending the messages. |

For help, contact your supervisor or the Office of Integrity and Compliance at privacy@healthpartners.com or 952-883-5124.
## ORGANIZATIONAL PRIVACY STANDARDS:
### Sending Protected Information Securely

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<tr>
<td>3. <strong>PointSec Portable Media Encryption</strong></td>
<td>Encrypts portable media (CDs, flash drives)</td>
<td>Requires separate communication decryption key</td>
<td>Use when recipient of the data requires physical media. Always send the decryption key to the recipient via a separate transmission method.</td>
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<tr>
<td>4. <strong>Encrypted Processes Employed by the HealthPartners EDI Business Unit</strong></td>
<td>Encrypts the “envelope” and/or “tunnel”</td>
<td>Requires coordination of audit process to ensure data is not sent in the incorrect “envelope”</td>
<td>Recommended for files that are sent on a routine schedule. Business units and IS&amp;T should coordinate an automated audit function that validates and ensures that the correct data is entered into the correct “envelope.” For ad hoc or urgent requests, incorporate additional validation points.</td>
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<tr>
<td>5. <strong>Portals</strong></td>
<td>Encrypts the “tunnel”</td>
<td>Requires coordination with our customers</td>
<td>Modify reporting process so that customer “pulls” data, rather than our pushing the information to a mailbox. Use whenever possible for sharing Protected Information with employers, brokers and providers.</td>
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</table>

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Exceptions:
There are only limited exceptions to the requirements for transmitting Protected Information outside the organization as described in this standard, and those will depend on the circumstances. If you are considering transmitting Protected Information in a manner that is not described in this standard, you must first consult with IS&T Security Management.

Important Reminder:
These are important standards for you to follow. If you don’t follow them, you may be subject to discipline.

Resources:
Organizational Privacy Standards: Minimum Necessary
Organizational Privacy Standards: Protected Information, De-Identified Information and Encrypted Information
Organizational Privacy Standards: Using E-Mail to Communicate With and About Patients and Members
Organizational Privacy Standards: Business Associates and Business Associate Agreements

For help, contact your supervisor or the Office of Integrity and Compliance at privacy@healthpartners.com or 952-883-5124.
I. PURPOSE

The purpose of this Policy is to establish clear expectations for the use of online networking or “social media” and staff behavior in the social media environment. All of the people served and employed by the Employer deserve to be treated with dignity and respect. This Policy is meant to ensure that these values will be upheld through employees’ professional and personal use of social media.

This Policy applies whenever there is a reference or allusion to Regions Hospital (or a related organization), its people, patients, members, services, products, customers or businesses in the social media environment, regardless of whether this is done as part of work or for personal reasons. This Policy also applies when using social media via a company-owned computer or other device (such as a smart phone), when using a personally-owned computer or device in a facility owned or operated by the Employer and when using a company-owned or a personally-owned computer or device during working hours, as well as during “off hours” and/or when using a personally-owned computer, device or system.

II. POLICY

In general, the Employer does not prohibit the use of social media at work and as part of work. In fact, there may be times when some employees will be encouraged to use social media as part of their work. But in order to protect the privacy of employees and the people served, preserve the reputation of the organization and promote a respectful and productive work environment, there are important rules that must be followed when using social media for personal or work-related reasons. These rules are described in this Policy.
A. Using Social Media as Part of Your Work

Social media can be an important tool in the work done by the organization. It can help the organization communicate with patients, members, customers and each other. It can help the organization improve service, respond to concerns and identify care and business opportunities. But like all tools, social media must be used properly.

1. When Is It Appropriate to Use Social Media as Part of Your Work?

There are so many possible ways the organization could use social media to help with its work, but that does not mean that the organization should be using it for everything. In general, employees may use social media as part of their work if:

- The activity fills a legitimate need related to marketing, patient care, employee engagement or community benefit;
- The activity is consistent with the Mission, Vision and Values of the organization; and
- The organization will have the ability to regularly monitor the proposed site and content, and to edit or remove content at its discretion.

If employees have an idea for how using social media can help with the work done by the organization – for example, a work-related blog, a virtual meeting or online content sharing – the employee must first work with her/his leader (who must work with Corporate Communications) to determine appropriate use, content and administration. Corporate Communications must approve all social media use for Regions Hospital business- and care-related purposes.

2. How Should Staff Behave when Using Social Media for Work-Related Reasons?

It might seem a little strange to talk about “behavior” in the online world, but just as people behave in the “real” world, people also behave in the “virtual” world. In general, all organizational policies that govern employees’ “real world” behavior also govern their behavior in the social media world. This means, for example, that when using social media, employees must follow all applicable organizational policies, including but not limited to:

- Code of Conduct
- Privacy Policy, Standards and Guidelines
- Security Policy and Standards
- Internet Use and Email Use Policies
- Human Resources Policies

But there are some unique aspects of the “virtual” world that are in fact different from the “real” world. For example, it can be difficult to determine the true identity of an online user. Also, online postings are generally considered public, can be disseminated easily and rapidly, and often cannot be deleted – ever. For these reasons, the Employer requires employees to follow some additional rules when using social media:

a. Represent Themselves and Regions Hospital Honestly.

When using social media for work-related reasons, employees must:

- Use their real name and disclose that you are a Regions Hospital employee (or consultant, resident, volunteer, medical staff member, etc.); be clear about which part of the organization they work for and what their general role and responsibilities are.
- Disclose only information that is already available to the public. You may not post or comment on confidential Regions Hospital information, such as patient information, financial information, business performance, business plans, legally protected information or employee...
or staffing information. If employees have any question about what is considered confidential Regions Hospital information, or what is or is not already available to the public, employees must get guidance from their leader; leaders, in turn, are responsible for consulting with Corporate Communications, Legal, Human Resources, Corporate Integrity and Finance, as appropriate.

- When employees post any material, they must make sure that they do not claim or imply that they speak for Regions Hospital or any of its related organizations unless they have been expressly authorized by their leader to do so.

b. Be Responsible.
When using social media for work-related reasons, employees must:

- Make sure that any material they post or publish is factually accurate and complies with all related organizational policies, such as Code of Conduct and privacy-related policies.
- Not make any announcements or statements about Regions Hospital or a related organization unless they have received the specific authorization of the Corporate Communications Department to do so.
- Only offer opinions, support or guidance about matters that fall within their area of responsibility at Regions Hospital. If employees become aware of an opportunity to engage in a social media interaction related to the work of Regions Hospital or a related organization that falls outside their area of responsibility, they must bring this to attention of a leader in the relevant area so that they can evaluate the matter and follow up as appropriate.
- Not disclose other people's personal information or images in social media (or any other format) and make sure that they comply with the Employer's privacy-related policies, guidelines and standards and expectations related to caregiver professionalism. This includes (but is not limited to) not discussing specific patients/members or employees, displaying or posting their information or images on social media, even if they do not refer to the patient, member, or employee by name or other details.
- Obey copyright, privacy and other applicable laws when using social media. Employees must seek advice from the Law Department if they are not certain about what they are permitted to post or publish on a social media platform.
- Observe standards of professionalism and professional boundaries.

c. Be Respectful.
When using social media for work-related reasons, employees must:

- Be respectful of all individuals and communities with which they interact.
- Be polite and respectful of others' opinions, even if they disagree in the midst of heated debate and discussion.
- Obey the Terms of Use and the cultural and behavioral norms of the social media platform being used.
- Make sure that they do not post any material that is obscene, defamatory, threatening, harassing, discriminatory or hateful to another person or organization, including Regions Hospital, its employees, its competitors or its customers, patients or members.

B. Using Social Media for Personal Purposes
When employees choose to use social media for non-work-related reasons, the requirements described above continue to apply. In addition, employees must follow several additional rules:

1. If using social media while at work, on work time or using a device or system that belongs to Regions Hospital, employees must:
   - Limit their use to occasional and incidental personal use.
• Make sure that their use does not interfere with the organization’s business activities or their job performance or productivity
• Not pursue or promote any outside job or business activity not associated with the organization
• Not make any statements, post any material or act in any way that could embarrass or potentially embarrass Regions Hospital or its related organizations
• Make sure that their use does not violate the Code of Conduct, this Policy or any other organizational policy.

2. In addition, whether using the organization’s or their own devices or systems, and whether they are using social media on work time or their own personal time, they must also follow these rules:

• If you refer to Regions Hospital, a related organization, our people, services, business partners or competitors, identify yourself as an employee (or consultant, resident, volunteer, medical staff member, etc.).
• Do not imply in any way that you are authorized to speak for or on behalf of Regions Hospital or a related organization.
• Do not use or co-opt the identity of any patient or member or any other employee (or consultant, resident, volunteer, etc.) of Regions Hospital, a related organization, a business partner or a competitor.
• Do not use any logos, signage or trademarks of Regions Hospital or a related organization in your personal social media interactions, unless Regions Hospital has specifically authorized that use.
• Make it clear that any opinions you express are your personal opinions. If you are commenting or offering your personal opinion about a work-related matter, make sure that your comments and opinions do not cause damage to Regions Hospital, its related organizations, our people, services, business partners or competitors.
• If they regularly refer to your work or the activities of Regions Hospital or a related organization (for example, if they maintain a personal blog about your profession), include a permanent disclaimer that their comments and opinions are their own and not those of Regions Hospital or its related organizations.
• All of the people served and employed deserve to be treated with dignity and respect; negative, disrespectful or inappropriate material about them will not be tolerated. There are many ways to identify individuals other than by name. Therefore, refrain from commenting about patients, members, employees, business partners or other customers in any way that could lead to their identification.

III. PROCEDURE(S)

The Employer reserves the right to monitor and review employees’ use of social media in an Employer facility or through an Employer owned or issued device or system. In the event the Employer identifies any material posted by or at the request of a person subject to this Policy that it deems inappropriate under this Policy, the Employer may demand the removal of such content.

Business unit leaders may adopt more restrictive policies and procedures relating to employees’ use of social media in order to protect the organization or its patients, members, employees, business partners or customers.
IV. DEFINITIONS

“Material” means any words, comments, photographs, video, audio or other content, images or sound that is posted or published or transferred to any social media.

“Social media” means the use of web-based or other electronic technology for the purpose of interacting and communicating with people, companies and communities through the use of an electronic identity. Examples of social media include, but are not limited to:

- Social networking sites, such as Facebook, LinkedIn and MySpace
- Video, photo and audio sharing sites, such as YouTube and Flickr
- Blogs and blogging tools, such as Blogger and WordPress
- Micro-blogging tools, such as Twitter and Yammer
- Collaborative forums (open or closed), such as Yahoo!Groups, SharePoint and SecondLife
- Interactive encyclopedias, such as Wikipedia
- Comment-enabled online tools on webzines, online news sites and listservs
- Personal web mail accounts, such as Yahoo or gmail
- And any other web sites or electronic media that allow individual users or companies to publish or post material

“Staff” or “Employee” means any person who works for or represents Regions Hospital, or who works in a facility owned or operated by Regions Hospital. This includes, but is not limited to, employees, privileged medical staff, residents, students, volunteers, temporary workers/employees, consultants, board members.

V. COMPLIANCE

Failure to comply with this Policy may result in suspension or removal of internet or email privileges and/or may result in disciplinary action, up to and including termination. If the violation of this Policy results in Regions Hospital or a related organization’s incurring any cost, the Employer can recover those costs from the employee. If employees break the law, they may also be personally liable.

VI. ATTACHMENTS

None

VII. OTHER RESOURCES

- Code of Conduct, other policies (privacy, security, internet, email, etc.)
- Privacy Policy, Standards and Guidelines
- E-mail and Internet Use Policy RH-HR-HR 60-10-25
- Social media tips for appropriate and effective use.

VIII. APPROVAL(S)

Kim Egan
Executive Director Human Resources

Regions Hospital management retains the right to interpret and/or change current policies as necessary. These policies and procedures are not an employment contract and should not be interpreted as creating an employment contract or contractual rights.
IX. ENDORSEMENT
People Council
Corporate Integrity
Human Resources Leadership Team

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ORGANIZATIONAL PRIVACY STANDARDS:
Verifying Patient & Member Identity Over the Phone

Definitions:
Caller means a person who calls HealthPartners or whom HealthPartners calls on the telephone to communicate Protected Information.

Basic Rules:
1. Protected Information may only be given over the phone if (A) the person receiving the information has a right to receive it, and (B) the identity of the person receiving the information has been verified. The standards described in both (A) and (B), below, must be met.

(A) Callers only have a right to receive Protected Information if:
- The Caller is the patient or member who is the subject of the information;
- The Caller is an authorized legal representative of the person who is the subject of the information;
- The patient or member has specifically authorized the disclosure of the information to the Caller; or
- HealthPartners is otherwise authorized by law to release the information to the Caller.

(B) No Protected Information may be released to a Caller without first verifying the identity of the Caller by requesting the full name of the patient or member, plus at least two (2) of the following pieces of information:
- Membership/insurance ID number
- Patient account number or medical record number
- Claim number or Authorization number
- Employer/group name
- Name of research study (if applicable)
- Date of birth (correct month, day and year)
- One other piece of information that exists in our system, such as current address or phone number.

2. When you verify a Caller’s identity, ask the Caller for the information you need; DO NOT tell the Caller the information and ask the Caller to confirm. Instead, compare the information the Caller reports with the information you have on record.

3. If the information provided by the Caller does not match the information in our records, then the requested Protected Information should not be given to the Caller. Staff and providers should express an apology to the Caller and explain that that our privacy standards do not allow release of
ORGANIZATIONAL PRIVACY STANDARDS:

Verifying Patient & Member Identity Over the Phone

information if we are not able to verify the Caller’s identity – and explain that this is for the protection of our patients and members. If a Caller gives you verification information that is almost – but not quite – correct, you may give the Caller an opportunity to correct the mistake, but do not suggest what the error is (for example, if a person seems to have transposed digits in an identification number, you can tell the Caller that the number is not correct and ask the Caller to read it again).

4. SPECIAL NOTE FOR MINORS: If the Caller is the parent or Guardian of a Minor and the Protected Information relates to the Minor’s reproductive health (including contraception, pregnancy, STDs), Hepatitis B or chemical dependency, the Protected Information must not be disclosed without the Minor patient or member’s written Authorization – even if the caller provides the appropriate verification information.

Exceptions:
1. If the Caller is personally known to a caregiver or business leader (supervisor or manager), and the caregiver or business leader believes, in his or her professional judgment, that the Caller is who they say they are, and is authorized to receive the Protected Information, the caregiver or business leader may disclose the information, subject to the following:

   • The caregiver or business leader must inform the Caller that caller verification information will be required in the future; and
   • Disclosure must be documented in the member or patient’s record, including name of Caller, what information was disclosed, purpose of disclosure, and the fact that caller verification information will be required in the future.

2. If the Caller requests general information that is not specific to a particular patient or member, we can give that information to the Caller without verifying his or her identity (for example, clinic hours or days of the week a particular provider works).

Examples:
1. Member calls Member Services and asks for additional information on a claim received in the mail. The Member Services Representative should ask the member for her name and two additional pieces of identifying information (see list under Basic Rules).

2. Medical Office Assistant (MOA) calls patient’s home to leave an appointment reminder. When someone at the house picks up the phone, the MOA asks for the patient. The person who picked up the phone asks who is calling, and the MOA says that he is calling for [patient name] with an appointment reminder from HealthPartners. If that person then begins to ask questions about the type of appointment, the MOA may not provide any information about the kind or location of the
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appointment. MOA should only leave his name and a call-back number. If the person who answered the phone claims to be the patient, MOA should get at least two pieces of identifying information (see list).

3. Nurse leaves a voicemail for a 16-year-old patient requesting a call back; parent calls back – identifies herself as the patient’s mother and provides two correct pieces of identifying information for the patient. If the information relates to a “sensitive service” (such as reproductive health or chemical health), the nurse must refrain from providing any information to the parent. If the information does not relate to a “sensitive service,” the nurse may provide the information to the parent.

**Practical Tips:**
1. There is no need to be shy about asking the Caller for their verification information. If you are polite but firm, most people will understand that we are doing this for the protection of our members and patients.

2. If a Caller is reluctant to provide the information, it is important to clarify why you are asking: To protect the patient or member’s privacy.

3. If you have left a message for a patient or member to call you, make sure to ask for the Caller verification information when the call is returned.

4. If you are concerned that the Caller is not who they say they are, even if they provide accurate verification information, you have a couple of good options:
   - Politely place the Caller on hold, explain your concerns to your supervisor and ask your supervisor to resume the call, or
   - Politely tell the Caller that you will call them back shortly and call back at a number we already have documented for that person in our system.

**Important Reminder:**
These are important standards for you to follow. If you don’t follow them, you may be subject to discipline.

**Other Resources:**
- *Organizational Privacy Standards: Special Privacy Considerations for Adolescents and Other Minors*
- *Organizational Privacy Standards: Using and Releasing Protected Information (Consent/Authorization)*

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I. **PURPOSE**

This Policy identifies the security responsibilities of HealthPartners/REG’ users of information assets.

II. **POLICY**

**Password Security**

HealthPartners/REG’ information asset users will be required to follow good security practices for the selection and use of passwords (reference Account and Access Management Policy (REG-SEC-100-5)).

- End User logon processes must not be automated to contain passwords i.e. stored in a macro or function key.
- HealthPartners/REG Information Assets users should not use the same password for business and non-business purposes.

**Protecting Computers, Laptops, Tablets, Cameras, Mobile Computing and Storage Devices**

Information Assets must be secured and not left unattended. HealthPartners/REG’ users of Information Assets must follow secure practices to ensure the protection of HealthPartners/REG Systems and Data. HealthPartners/REG’ users must log out of applications or IT services when no longer using the application or IT service.
- Desktops must be locked when not in use or stepping away.

- Laptops and other mobile devices need to follow the Employee Mobile Device or Remote Access Policy REG-SEC-100-6.

- Password protected screensavers must automatically lock unattended systems.

**Protecting Company Confidential and Protected Information Assets**

Security measures must be followed to protect access to our organization’s network, applications and data.

- Save patient and member data only to secure folders and applications on HealthPartners/REG’ network, personally-owned approved mobile devices managed by HealthPartners/REG’ security or to company-owned, encrypted mobile computing and storage devices (not on home or remote computers).

- Protected Information must not be stored outside of HealthPartners/REG Computing Facilities unless the storage device is a company-owned device with company-owned encryption software enabled or is a personally-owned approved mobile device managed by HealthPartners/REG’ security (reference Encryption Standard REG-SEC-200-7-1, Data Storage Standard REG-SEC-200-10-3 and Data Classification Standard REG-SEC-200-10-1).

- Protected Information must not be stored on non-HealthPartners/REG devices, except for personally-owned approved mobile devices managed by HealthPartners/REG’ security (reference Data Storage Standard REG-SEC-200-10-3).

**Clear Desk and Printed Output**

Information left on desks or left open on a workstation screen increases HealthPartners/REG vulnerability to a data disclosure or breach. HealthPartners/REG requires staff to adhere to security practices that mitigate the risk to data disclosure.

- Credit card (PCI) or PHI information, i.e. on paper or electronic storage media, will be locked away (ideally in a safe or locked cabinet) when not required, especially when a desk is unoccupied.

- Documents containing HealthPartners/REG confidential or PHI information must be removed from printers, fax machines, copiers, etc. immediately.

**Suspicious Activity**

All HealthPartners/REG employees and staff will be responsible for securing day to day operations and will inform IS&T Security Management immediately upon witness of any suspected data breach.

**III. RISK**

Adherence to Policies, Standards, and Procedures reduces the risk of exposure of organizational information assets.
IV. DEFINITIONS

HealthPartners/REG Computing Facilities buildings or facilities where production computing environments such as servers, data storage and other critical computing equipment are operated. Telephone and networking closets do not necessarily define an IT computing facility.

Mobile Computing and Storage Devices include, but are not limited to: laptop computers, tablet computers, smartphones, pagers, cameras, keyfobs (hard tokens), personal digital assistants (PDAs), Universal Serial Bus (USB) storage devices, Compact Discs (CDs), Digital Versatile Discs (DVDs), flash drives, handheld wireless devices, memory sticks/cards and any other existing or future mobile computing or storage device owned by HealthPartners/REG and/or may connect or access HealthPartners/REG applications and the network. Includes devices that store or access sensitive data: patient, member, employee, and company confidential data.

Protected Information is information, including demographic, health or financial information that:

(1)(a) identifies (or could reasonably be used to identify) a patient or member; and
(b) is not generally known by or made available to the public;
and
(2)(a) is collected or received by or on behalf of HealthPartners/REG from
   (i) a member (or his or her authorized representative);
   (ii) a patient (or his or her authorized representative);
   (iii) a member’s or patient’s health care provider or their agents; or
   (iv) a member’s or patient’s third party payer or health plan sponsor or their agents;
and
(b) Relates to or facilitates the past, present or future physical or mental health condition of the member or patient, payment, or the past, present or future provision of health care to the member or patient.
(c) A social security number and/or a credit/debit card number.

Policy Words:

**MUST** This word, or the terms "REQUIRED" or "SHALL", mean that the definition is an absolute requirement of the specification.

**MUST NOT** This phrase, or the phrase "SHALL NOT", mean that the definition is an absolute prohibition of the specification.

**SHOULD** This word, or the adjective "RECOMMENDED", mean that valid reasons may exist, under particular circumstances, to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.

**SHOULD NOT** This phrase, or the phrase "NOT RECOMMENDED" mean that there may exist valid reasons in particular circumstances when the particular behavior is acceptable or even useful, but the full implications should be understood and the case carefully weighed before implementing any behavior described with this label.

**MAY** This word, or the adjective "OPTIONAL", mean that an item is truly optional. One vendor may choose to include the item because a particular marketplace requires it or because the
vendor feels that it enhances the product while another vendor may omit the same item. An implementation which does not include a particular option MUST be prepared to interoperate with another implementation which does include the option, though perhaps with reduced functionality. In the same manner an implementation which does include a particular option MUST be prepared to interoperate with another implementation which does not include the option (except, of course, for the feature the option provides).

V. COMPLIANCE
Failure to comply with this Policy or the associated Standards and Procedures may result in disciplinary action, up to and including termination.

VI. MONITORING AND MEASUREMENT
This Policy will be reviewed every three years to determine relevance and assess potential vulnerability gaps.

VII. OTHER RESOURCES
ISO 27002:2005 Section 11.3., User Responsibilities
Employee Mobile Device and Remote Access REG-SEC-100-6
Encryption Standard REG-SEC-200-7-1
Data Classification Standard REG-SEC-200-10-1
Data Storage Standard REG-SEC-200-10-3
Information Security Incident Reporting REG-SEC-100-28

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