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ABSENCES: Students and residents unable to assume their responsibilities must notify their attending physician and the appropriate individual as follows:

- **Medicine:** Dodi Dahl x2710
- **Psychiatry:** Tammy Prischmann, x3566
- **Surgery:** Holly Greger, x3239

ADMISSIONS: Admissions are assigned to staff hospitalists and attendings on a rotating basis. Patients admitted after 4:30 pm are the responsibility of the on-call physician and are assigned to a specific service at 8:00 the next day. On weekends, the attending physician on the day the patient was admitted becomes the responsible physician until the next regular working day.

AMBULATORY CARE:
See Primary & Specialty Medicine SL (Service Line).

AUDIOLOGY:
Audiology Office, x3748

Staff: Sarah Cerney, Chief of Audiology, x3174
Molly Fortney, Audiologist, x 3145
Stanley Krogh, Audiologist, x2895
Kate Rauschenberger, Audiologist, x3748
Bradley Livingston, Health Tech, x3748

Location: Rooms 1159/1160/1161/1170

1. The clinic provides a full range of audiology tests for outpatients and inpatients. The services offered include complete hearing evaluations, special diagnostic tests, neurological diagnostic tests and hearing aid evaluations.

To schedule appointments or for information regarding Audiology Service, please call x3748.

AUTOMATED MEDICAL RECORD:
See CPRS (Computerized Patient Record System).

AUTOPSY:
Location: Basement, Room B79.

An autopsy will be requested on all patients who die in the hospital, except those in conflict with the coroner’s jurisdiction. It is the duty and responsibility of the resident and attending physician to obtain permission and document the request for autopsy in medical records. The administrative portion is handled by Patient Services Assistants. “Pathology Conference” is emailed when an autopsy is performed. (Also, refer to DEATHS.)

CALL ROOM:
Surgery: Room 2106, x3258
CANTEEN:
Location: Basement, northeast wing
Phone: x3013 (Retail Store); x3027 (Cafeteria)
Hours: Monday through Friday:
• Food Service: 7:30 am to 3:45 pm
• Retail Store: 8:00 am to 4:00 pm
Vending: 24 hours

CARDIOLOGY:
Location: Room 3029
Staff: Nurse – Diane Bentley, RN
Phone: x3533/3583 (8:00 am to 4:30 pm)
Services:
1. **Consultations** will be requested through CPRS. Emergency consultations are obtained by directly calling the cardiology resident or the attending cardiologist.

2. **Electrocardiography** will be done on the day of request if it is received by 4:00 pm; otherwise, it will be done in the morning of the next workday (Monday through Friday).
**STAT ECGs** will be done by Cardiology technicians between 8:00 am and 4:30 pm; otherwise, they are the responsibility of the Nursing Supervisor or the outpatient nurse responsible for the care of the patient. ECG machines for night and weekend use are located in the ICU and in the outpatient department. **STAT ECGs** are interpreted immediately by the Cardiologist; preliminary ECG interpretation is done by computer; the Cardiologist gives final interpretation and signs the medical record copy of the ECG.

3. **Transthoracic echocardiography & Transesophageal:** M-mode and 2-D echocardiograms and Doppler echocardiographs, including color flow studies, are available by request. The complete study is interpreted by the Cardiologist. TEEs can be obtained upon consultation with the Cardiologist. There is no service for echos and TEE on weekends and holidays.

4. **Stress Tests:** Regular exercise ECG treadmill tests and pharmacologic stress testing with adenosine, and dobutamine available by request. The requests are reviewed by the Cardiologist who will determine which stress test is most appropriate.

5. **Holter Monitors** may be placed on patients Monday through Friday, 8:00 am to 4:00 pm, and are obtained by request. The complete study is interpreted by the Cardiologist.

6. **Pacemaker Analysis** is obtained by calling Cardiology.

7. **Electrophysiological Studies of the Heart** are requested by consult to the Cardiologist.

8. **Pacemaker Implants**—temporary and permanent—are requested by consult to the Cardiologist.
9. **Signal Average ECGs** may be requested through Cardiology.

**CARE COORDINATION:**
For information regarding patients who may need care coordination, contact one of the following:
- Julie Powell, RN, Mental Health, x3812
- Robert Bennett, RN, Continuity Care Director, x3321, pager 357
- Melanie Jangula, RN, Referral Case Manager, x3845, pager 757*
*for questions regarding consults or transfers

**CLINICAL CHAPLAINCY:**
**Location:** Room 3057 (3rd floor near ICU)
**Staff:** Chief Chaplain: Jack R. Klugh, D.Min., BCC – x2796 or pager 707
  - Secretary: x2795
  - Chaplains:
    - Richard E. Fredine, M.Div. – x2798 or pager 721
    - James Kloster, M.Div. – x3997 or pager 800
    - Peter Hughes, M.Div. – x3397 or pager 879
    - Bruce Krostad, M.Div. – x3997 or pager 945
    - Tom Shaffer, M.Div. – x2795 or pager 370
  - Native American Spiritual Practitioner:
    - Orville Mandan, MA, x2795

1. Chaplains address the various spiritual needs of veterans, their families and staff. These needs can emerge at any point during the course of an illness or hospitalization. Support from chaplains can include listening, re-framing, anxiety/anger reduction, resource recognition, rites/rituals, prayer, or religious reading materials.

2. In response to consult requests, chaplains provide spiritual assessments of patients. Assessments consider the framework of the patient’s own belief system and how these beliefs may impact medical treatment. Chaplains can help the interdisciplinary teams consider how religious beliefs/practices could impact positively or negatively on the patient’s treatment plan.

3. A computerized spiritual assessment tool is available that is useful for identifying religious and spiritual injuries. If the patient is interested, these injuries then can be the focus of discussion in pastoral counseling.

4. Professional pastoral counseling is available for individuals who are interested in spiritual reconciliation and personal religious integration.

5. Traditional services of worship, communion and other pastoral care ministrations are available. If chaplains are unable to meet a particular spiritual/religious need, they will consult with the area religious community for assistance.

6. Sweat Lodge Ceremonies are available through the Chaplain Service. A medical clearance is needed prior to participation. For additional information all x2795.
7. Advance Directive education and information, as well as request for ethics consultation is available through Chaplain Service at x2795.

8. Chaplain support/consultation is available in both inpatient and outpatient settings. Contact the Chaplain Service through CPRS via consult, on Outlook at “VHAFAR Chaplain Svc,” or via VistA email at “g.chaplains.” If you need a chaplain after hours, call the VA operator. To schedule an appointment or ask questions, call x2795 or x2796.

**CLEARANCE:** All clinical trainees, including residents, must clear through various departments when completing their last VAMC rotation prior to finishing their residency program. Clearance is to begin at least three days prior to the last day of the last VA rotation using VA Form 3248, Clearance for Clinical Trainees (Attachment B to Station Circular HR-04). Obtain the form from, and return the completed form to, the Primary and Specialty Medicine Service Line (Room 3123) for Internal Medicine residents, Mental Health Service Line (Room 4021c) for Psychiatry residents, and Surgery and Specialty Medicine (Room 2108) for Surgery residents.

**CLINICS:**
Residents are assigned to outpatient clinics. Patients discharged from inpatient services will be assigned follow-up appointments in these clinics.

**Medicine Clinics:**
- Anticoagulation
- Arthritis
- Cardiology
- Dermatology
- Endocrinology/Lipid
- Glucose Monitoring
- Infectious Diseases
- Occupational Health
- Oncology/Immunotherapy
- Oncology Maintenance
- Pharmacotherapy
- Physical Therapy
- Primary Care
- Pulmonary Medicine
- Renal-Hypertension
- Rheumatology
- Spinal Cord Injury
- Women’s Health

**Surgery Clinics:**
- Ear, Nose and Throat
- General Surgery
- General-Thoracic Surgery
- Neurosurgery Consult
- Oncology Surgery
- Ophthalmology
- Orthopedic Surgery
- Peripheral Vascular Surgery
- Podiatry
- Urology

**Other Clinics:**
- Audiology
- Dentistry
- Diabetic Education
- GI consult
- Mental Health
- Neurology
- Nutrition
- Optometry
Cancellation of Clinics: Cancellation of clinics will be avoided. If completely unavoidable, every attempt will be made to cancel the clinic six weeks prior to the scheduled time. This will minimize patient inconvenience.

COMPLIANCE: The Medical Center must comply with policies from the Veterans Health Administration (VHA), with external regulations and standards from outside agencies such as the Joint Commission or the Health and Human Services which includes the Office of the Inspector General (HHS OIG) and Centers for Medicare and Medicaid Services (CMS), and with rules set up by third party payors; e.g., insurance companies we bill for care provided to insured veterans. We must be able to demonstrate we did provide the care, and that it was appropriate and medically necessary. We must be sure to assign the correct code to the episode of care and bill for only what is appropriate – no more and no less. Correct documentation in the medical record is essential for patient safety and ethical business practices. Remember that compliance is everyone’s business. If you see something you think may be unethical or illegal, talk with your supervisor or call the Medical Center Compliance Officer at x3412.

CONFERENCES: Schedules of Internal Medicine, Psychiatry and Surgery conferences are published, posted and distributed.

CONSENTS:  
1. Each patient has the right to be fully informed--in language he/she can understand--of the treatment to be given, which includes the name, nature and details of a proposed diagnostic/therapeutic procedure or course of treatment, as well as the indications, expected benefits, associated risks, complications or side effects, reasonable and available alternatives, including no treatment, and anticipated results if nothing is done.

2. The patient must have the opportunity to ask questions, to indicate a comprehension of the information provided and to grant permission for performance freely, without fraud, duress, deceit or coercion, and to withhold or to revoke such permission without jeopardizing his/her right to future medical care and treatment.

3. The consent must be obtained by the physician performing the procedure by utilizing the electronic iMed software. The physician counsels the patient concerning the nature of the procedure, its risks and benefits. The patient’s signature must be witnessed by any VA employee who is not a member of the team performing the procedure. It is not necessary for this person to be present during the counseling of the patient, but he/she must be present when the patient signs the consent. The signature will be obtained electronically using iMed. Telephone consents are arranged through the Health Information Management Section and are recorded. Call x3420 during normal work hours (Monday thru Friday, 8:00 – 4:30) and through the AOD x 3402 during all other
times. Emergency consents may be authorized by the Chief of Staff or the MOD. In the
event of computer downtime, the hard copy consent form (Job #543) will be used.

4. Medical Emergencies: Informed consent does not need to be obtained prior to
treating a patient if all of the following three (3) conditions are met:

   a. Immediate medical care is necessary to preserve the life or prevent
      serious impairment of the health of the patient or others.

   b. The patient, for any reason, is unable to consent to a
      procedure/treatment.

   c. The patient has no surrogate or the treating practitioner determines that delay
      caused by obtaining consent from the patient’s representative would materially
      increase hazards to the life or health of the patient or others.

5. Examples of procedures for which a written consent is required include, but are not
   limited to, the following:

   a. Open operative procedures.

   b. Infusions of blood or blood components.

   c. Injections of dangerous substances into the blood stream or body cavities such
      as nonhormonal cancer chemotherapeutic agents.

   d. Endoscopy (proctoscopy, gastroscopy, bronchoscopy, colonoscopy,
      peritoneoscopy, cystoscopy, etc.).

   e. Aspirations (taps), spinal, peritoneal, pericardial, pleural, synovial, etc.

   f. Interventional radiology procedures.

   g. A complete listing of procedures can be obtained through the appropriate
      Medicine/Surgery/Psychiatry office.

   h. If, in the physician’s opinion, an unusual or potential problem with any procedure
      is involved, a written consent should be obtained, regardless of whether or not the
      procedure appears in the aforementioned procedures.
CPRS (Computerized Patient Record System):
Resource person:
Sharon Maughan, Computer Applications Trainer, x 3352, pager 776
Bryan Howard, Clinical Applications Coordinator, x3699

1. Electronic storage of patient medical information will be implemented to the extent possible to enhance access to patient data by health care providers. The electronically-sorted and/or printed patient information is subject to the same medical and legal requirements as that which is handwritten in the official medical record. Electronic signature will be used for the following: discharge summaries, progress notes and doctor’s orders. Each resident will have a unique electronic code. **This must not be shared with other users.** These notes need to be **signed daily**.

2. CPRS (Computerized Patient Record System) is a mechanism for entering and displaying patient orders and results of orders. The resident physician will enter all outpatient and inpatient orders that are released to the ancillary services for action. In addition, all progress notes–inpatient and outpatient–and problem list data will be entered electronically.

3. Clinical information available includes:

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**DEATHS:**
1. Patients who die must be pronounced dead by a licensed physician. After the patient has been pronounced dead, the Business Office must be notified immediately by telephone, x3420 or 2654, Monday through Friday, 8:00 am to 4:30 pm. After hours and on weekends and holidays, contact the Administrative Officer of the Day (AOD) at x3402. The next-of-kin should be informed of the death by the appropriate resident, the attending, or the Medical Officer on Duty (MOD). It is the responsibility of the physician to request permission for an autopsy. The Business Office designee will interview the next-of-kin regarding funeral and burial arrangements. All death certificates are to be completed online by the Death Details Clerk, AODs and attending physicians. The MOD is the individual designated by the Chief of Staff to contact the Organ Procurement Organization (OPO) Life-Source upon a patient’s death or imminent death, as required by law, and to subsequently discuss with families their option to speak with a representative of the OPO if the patient is determined by the OPO to be an appropriate candidate for potential organ, tissue or eye donation.
2. The physician must enter a death note in the medical record in attendance indicating the following: The time, circumstances and apparent cause of death, whether or not resuscitation was attempted and if not, the reason for this decision; whether an autopsy was requested and the decision, and whether or not the family consents to organ, tissue or eye donation.

3. Permission for post-mortem examination should always be requested and documented but should not be aggressively sought if it is clearly against the wishes of the family. Deaths related to criminal charges (assault) or which occur within 24 hours of admission fall into the jurisdiction of the coroner, who will be notified by hospital administration.

DENTISTRY:
Location: Room 1127
Phone: x3371/x3372

1. VA-provided dental care is available for eligible veterans, and includes those rated 100% service-connected (SC) and those rated as former Prisoners of War (POW). Veterans related less than 100% SC require further determination as to eligibility for dental care.

2. Non-service connected (NSC) veterans, with few exceptions, are not eligible for VA-provided dental care. The exception (rare) applies when an NSC veteran has a compelling medical need for dental care, defined as “a dental problem complicating a medical condition currently under treatment by VA.” Referral is accomplished via consultation to the Dental Service. The consult should clearly define the compelling medical need. Dental Service has very limited capacity to accommodate such patients, and compelling medical need must be clearly evident. For example, a patient about to undergo chemotherapy and who has an abscessed tooth would qualify as eligible to treat the abscess under compelling medical need.

3. Consultation is recommended for patients with planned oral cavity radiation therapy, planned chemotherapy, planned joint prostheses, and planned treatment that would impact patient resistance to infection, including patients with planned organ transplant.

DISASTERS: VA-assigned residents are expected to participate in all disaster drills. In the event of an actual disaster; e.g., VA Medical Center closure due to flood, residents are to be on duty at the VAMC and use the time appropriately, until/unless their attending physician specifically excuses them from duty at the VAMC. Residents should return to the VAMC on the day it reopens.
DNR (Do Not Resuscitate) and WITHHOLDING/WITHDRAWAL OF LIFE SUSTAINING TREATMENT:

1. DNR orders and an accompanying progress note should be entered by the attending physician. Residents may write DNR orders only after discussion with and concurrence by the attending physician. The discussion and concurrence must be entered by the resident in a progress note, with co-signature by the attending within 24 hours.

2. The decision to enter a DNR order is affected by many factors; e.g., criteria for the order, competency of the patient, whether or not to discuss with the family, documentation requirements, discussion with staff, etc. The station circular on DNR orders should be reviewed, prior to entering the order, to ensure compliance with requirements. The Ethics Consultation Team is available to provide consultation when the course of action indicates a need.

EAR, NOSE AND THROAT:
Staff: John Jones, MD, x3288; Pam Lorenz, PA-C, x3937
Services: A full-time otolaryngologist provides ENT services on an outpatient and inpatient basis. Care is provided for sleep apnea, hearing problems to include infections, vertigo, tinnitus, mouth lesions, allergies, tumors of the head and neck, nasal and sinus problems. The otolaryngologist performs minor surgical procedures. Outpatient consults will be scheduled through the scheduling clerk, at x3833.

ENDOCRINOLOGY:
Location: 2nd floor, UND Medical Education Center
Staff: William P. Newman, MD
Phone: 293-4133
Consultations: Routine and emergency, by the resident on rotation or by Dr. Newman.

EMERGENCY CODES: Residents are expected to participate in fire and disaster drills.

1. **CODE 1 - Cardiac Arrest Team** – Dial 47 and give location

   A team of doctors, nurses and individuals will arrive to administer CPR or other life saving techniques as indicated by the condition of the individual.

2. **CODE 2 - Utility Failure**

   Medical Officer of the Day (MOD) will immediately notify the Medical Center Director and the Chief Engineering Service. Indicate the type of failure (steam, water, power, telephone, etc.) and the location. Individuals should implement alternate action plans. (Circular EC-11) Telephone Operator will make overhead announcements. MOD will direct the specific situation.

3. **CODE 3 - Assault Intervention Team** – Dial 47 and give location
A team of Mental Health professionals and Police will arrive to assist in preventing or reducing a violent situation. **DO NOT USE THE OVERHEAD PAGING SYSTEM IF THERE IS A GUN.**

4. **CODE 4 – Lockdown**

*MOD will immediately notify the Medical Center Director and the Chief Engineering Service.* Activated to control/prohibit entrance to and exiting from the facility. MOD will initiate lockdown based on community/facility information.

5. **CODE 5 – Fire or Smoke**

*MOD will immediately notify the Medical Center Director and the Chief Engineering Service.* Use the RACE system to protect the facility and individuals within. Call 3298 and give the location after activating the fire alarm. If evacuation is necessary, go horizontally first then vertically.

6. **CODE 6 – Disaster (Internal or External)**

*MOD will immediately notify the Medical Center Director and the Chief Engineering Service.* Begin implementation of the Emergency Management Plan and direct available personnel until properly relieved by the Medical Center Director. A copy of the Emergency Management Plan is located in the MOD room, Room 3002.

7. **CODE 7 – Bomb Threat**

*MOD will immediately notify the Medical Center Director and Chief, Engineering Service.*

8. **CODE 8 – Tornado (Take Cover)**

Upon proper notification (U. S. Weather Service, city siren, etc.) the MOD will give the order to take cover in accordance with Section III of the station Disaster Plan. (Basement-3rd floor occupants, take cover in the most internal hallway to the Medical Center. Sit on the floor until the All Clear is given. 4th floor occupants move down to 3rd floor.)

*MOD will immediately notify the Medical Center Director and the Chief Engineering Service.* If a tornado strikes the community not affecting the VAMC, preparation for implementation of the External Disaster Plan should be undertaken. If a tornado strikes the VAMC, implementation of the Internal Disaster Plan should be undertaken.

9. **CODE 9 – Missing Patient**

Police Officer on-duty will initiate. Activated due to the failure to locate a patient.
10. **CODE BLACK – Armed Assailant**

Police Officer on duty will initiate. Exit area if safe to do so. If not, barricade in room, stay low and wait for Police Officers to clear building.

**EQUAL EMPLOYMENT OPPORTUNITY**

The Medical Center is committed to a policy of equal employment opportunity. Employees, former employees, or applicants for employment may file an EEO complaint if they believe they have been the subject of discrimination on the basis of race, color, religion, gender, sexual orientation, age (40 and over), national origin, disability (physical or mental), marital status, status as a parent, political affiliation, reprisal (for prior EEO activity), or genetic information. Please contact the EEO Program Manager at x3837 or learn more at vaww.va.gov/orm.

**FEMALE VETERANS:**

1. Female veterans are entitled to the same comprehensive outpatient and inpatient care as male veterans. A gynecologist consultant should be utilized when the patient’s condition so warrants. This may be accomplished by entering a Women’s Clinic consult.

2. The admission physical exam should include breast and pelvic examinations unless contraindicated. Reasons for not performing a pelvic exam must be documented in the medical record. A mammogram may be scheduled with the Business Office Downtown Scheduling Clerk x 3408. The Women’s Clinic or Primary Care Clinic may be scheduled for completion of the gender specific procedures or examinations.

3. There will be appropriate consideration for the privacy of female veterans during interviews and examinations with regard to room assignments and arrangements for bath and toilet facilities.

4. If you or your female patient need any assistance related to services provided to our female patients or problems encountered because of gender, please contact the Women Veterans Program Manager, Linda Marquart at x3786.

**FINGERPRINTING:**

All trainees, including residents, are required to be fingerprinted before their first VA rotation and again after an absence from the medical center of >120 days. This is conducted by the Police Service Room 1181 and is to be completed at the monthly resident block orientation or within one week into the rotation.

**GASTROENTEROLOGY:**

**Location:** 2nd floor  
**Staff:** Ruth Whitten, RN – Unit Manager
Phone:      x3249 or 3510
Services:
1. Gastroenterology (GI) services are provided for patients with acute or chronic conditions involving the gastrointestinal tract. The endoscopy suite includes facilities for upper GI endoscopy, flexible sigmoidoscopy, and colonoscopy. An active Hepatitis C program is managed by an infectious disease physician who screens patients and develops treatment plans.

2. GI consults currently are sent out as fee basis.

3. Procedures:
   ▪ Flexible Sigmoidoscopy
   ▪ Colonoscopy
   ▪ EGD
   ▪ Esophageal pH monitoring
   ▪ Esophageal manometry
   ▪ Anorectal manometry
   ▪ Capsule endoscopy

HIV (HUMAN IMMUNODEFICIENCY VIRUS):
1. HIV testing requires written consent. Testing is to be accompanied by pre and post-test counseling. It is the responsibility of the requesting physician to ensure such consent and counseling. Test results are not to be given over the phone unless special arrangements have been made for this and it is documented. Trained personnel are available upon request. For assistance, contact the Infection Control section, x3668, or pager 733.

2. Information concerning a test for, or infection with, HIV is confidential whether results are negative or positive. With limited exceptions, information from these records is disclosed only with specific written release of information.

HUMAN RESOURCES MANAGEMENT:
Location: Building 30W
Phone:     x3641/x3650
1. Residents must have on file a completed VA application, with all appropriate signatures, prior to starting a VA rotation. At the start of their first VA rotation, residents will be required to sign an appointment letter, Appointment Affidavit and Statement of Commitment to be returned to Human Resources Management Service (HRMS).

2. Residents must bring their driver’s license and Social Security card on the first day of their VA rotation and complete/sign the Personal Identity Verification Form. Fingerprints will be taken. Non-citizens are required to present a current visa or permanent resident card.

IMAGING:
Location: 1st floor, northwest
Phone: x3204

Services:
1. All imaging requests are entered electronically. Scheduling for CT, MRI, ultrasound, and fluoroscopy must be done through the Imaging Section by calling x3204.

2. This facility uses a PACS system; all imaging studies will be reviewed electronically. Contact Imaging Supervisor, Steve Selberg, x3209, for PACS instruction. Films, if available, may be signed out for conferences or photography purposes, and must be returned promptly.

3. Nuclear Medicine examinations are scheduled by clerks at any Primary and Specialty Medicine clinic desk. See NUCLEAR MEDICINE section for a listing of all available procedures.

4. Technologist call-back for emergencies is provided only on Saturdays, Sundays, holidays and after 6:00 p.m. on weekdays. The nursing supervisor will notify the technologist on call. There is no radiologist on call.

5. The Vascular Lab performs Doppler ultrasonography to evaluate cerebrovascular occlusive disease, venous obstructive or occlusive disease and peripheral arterial occlusive disease in addition to a variety of other specialized examinations. For scheduling, contact Radiology, x3204 or x3203.

INFECTION CONTROL:
Staff: Joan Quick, MMGT, RN, Infection Control Coordinator – x3668, pager 733 Marian Romanoski, RN, BSN, CHSP, MRSA Prevention Coordinator – x2711

1. Hand hygiene is the most effective means of preventing the transmission of infections. Indications for hand hygiene include: before and after every patient contact, including contact with intact skin, after contact with potentially contaminated environmental surfaces or items (e.g., keyboards, furniture in patient rooms), before donning sterile gloves for procedures, after glove removal (sterile on non-sterile), after using the bathroom, before and after eating, after any personal care activity such as blowing nose, and when hands are visibly soiled.

If hands are not visibly soiled, an alcohol based hand hygiene product may be used to decontaminate hands. At the VA Medical Center, the approved alcohol based hand hygiene products are PURELL and Isagel. PURELL foam is readily available in all patient care areas. Isagel in 2 ounce bottles for pocket carriage is available in patient care areas and may be obtained by requesting from nursing staff. The PURELL containers automatically dispenses a per-measured amount of soap when you put your hands under the sensor. Rub your hands together, covering all surfaces of hands and fingers, until the product is dry.

If hands are visibly soiled, they must be washed with soap and water. Alcohol based hand hygiene products are not 100% effective in killing enteric viruses. Soap and water hand hygiene should be used after assisting patients with toileting or having contact
with stool, when carrying for patients or having contact with the environment of patients known to be positive for C-Difficile, and after using the restroom.

Effective soap and water hand hygiene requires more than just a quick rinse. After wetting hands and applying soap, hands should be washed by vigorously rubbing hands together paying attention to covering all surfaces for a minimum of 15 seconds, rinsed well and dried with a paper towel. Avoid re-contaminating hands by using a paper towel to turn off faucets.

2. Standard and Transmission Based Precaution. Standard Precautions is based on the principle that all blood, body fluids, secretions, excretions and discharges (except sweat), non-intact skin, and mucous membranes, regardless of the patient diagnosis, visible presence of blood, or infectious status of the patient, may be a source for bloodborne pathogen exposure or other transmissible infectious agents. Standard Precautions include diligent hand hygiene practices, use of Personal Protective Equipment (gloves, mask, goggles, gowns, pocket masks for CPR), safe handling and disposal of contaminated equipment, supplies and sharps. Selection and use of Personal Protective Equipment (PPE) is determined by the Healthcare Worker (HCW) based on the nature of the HCW/patient interaction and anticipated risk for blood/body fluid exposure. Based on the assessment of risk, the HCW is responsible to select and use PPE to minimize the risk for exposure. The following table provides a guideline for Standard Precautions and selection of PPE:

<table>
<thead>
<tr>
<th>Component</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene</td>
<td>After contact with blood, body fluids, secretions, excretions, contaminated items or environmental surfaces; immediately after removing gloves; and before and after each patient contact. (Refer to IC-05, Infection Control Guidelines for Hand Hygiene)</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td>For contact with blood, body fluids, secretions, excretions, contaminated items or environmental surfaces, mucous membranes, and non-intact skin. Remove, and wash hands prior to re-donning, if gloves are damaged in any way.</td>
</tr>
<tr>
<td>Mask, eye protection or face shield</td>
<td>During procedures and patient care activities likely to generate splashes or sprays of blood/body fluids, secretions or excretions.</td>
</tr>
<tr>
<td>Gown</td>
<td>During procedures and patient care activities when contact of clothing and exposed skin with blood, body fluids,</td>
</tr>
</tbody>
</table>
secretions or excretions reasonably can be anticipated.

<table>
<thead>
<tr>
<th>Soiled patient-care equipment</th>
<th>Handle in a manner that prevents transfer of microorganisms to others and the environment; wear gloves if visibly contaminated; perform hand hygiene after contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needles and other sharps</td>
<td>Do not recap, bend, break or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique; use safety protected sharps when available and as intended. Dispose of used sharps in designated puncture-resistant containers.</td>
</tr>
<tr>
<td>Patient resuscitation</td>
<td>Use “pocket masks” or ambu bags to prevent contact with mouth and oral secretions. Pocket masks are available in all patient care areas.</td>
</tr>
</tbody>
</table>

Transmission-Based Precautions (Contact, Droplet, Airborne and Protective) are initiated for conditions that are considered to be highly transmissible and epidemiologically important. An extensive listing of diseases/organisms requiring the addition of Transmission-Based Precautions is available on computer (refer to Q-Drive, Medical Center Policies, IC Folder, IC-14 Standard and Transmission-Based Precautions, Attachment A), or by contacting Infection Control. It is the expectation that everyone entering a room where Transmission-Based Precautions have been initiated will comply with the requirements specific to the category of Precautions.

3. **Zeroing in on MRSA:** The Fargo VA Medical Center is part of a VA nationwide initiative to decrease transmission of MRSA in all VA Medical Centers. The goal of the initiative is to quickly identify and initiate Contact Precautions for all patients found to be colonized or infected with MRSA through a program of active surveillance screening. Nasal screens are done on admission, transfer between units and at the time of discharge on all Medical/Surgical patients. Contact Precautions are initiated on all patients with a prior MRSA history, positive surveillance screen or MRSA positive clinical culture.

**Infection Control is Everyone’s Responsibility**

HCWs are encouraged to be observant of their own practices and those of others, and to remind others of the importance of following good infection control practices when gaps are observed.

**INFECTION DISEASES:**
**Staff:** Tze Shien Lo, MD
**Infectious Disease Clinic** – Monday 1:00-2:30; Thursday 9:00-11:30
**Hep C** – Monday 9:00-11:30; Thursday 1:00-2:30
Phone: **x3509 or pager 726**
**Consultations:**
1. Routine: Request consult through CPRS.
2. Emergency: Contact Infectious Disease physician directly.

**Infectious Disease Clinic:**
Wednesday morning, 8:30 to 11:30.

**INFORMATION SECURITY:**
Information Security Officer: Robert Berg
Location: 1078
Phone: x3754

Residents must have a current VA Information Security Awareness certificate of completion on file in order to have computer access. This must be completed yearly.

**INTERNAL/GENERAL MEDICINE:**
Location: Room 1090
Phone: x2710

1. Internal/General Medicine inpatient service admissions are assigned to a hospitalist on a rotational basis.

2. Routine medicine consults: 8:00 am to 4:30 pm, Monday through Friday.

3. All residents and students on Internal/General Medicine rotations are expected to participate in work rounds and attending physician teaching rounds.

**INTOXICATED PATIENTS:**

1. **Medical Detoxification:** Patients who present to this medical center under the influence of alcohol should have a breath alcohol level (BAL) conducted if patient consent is obtained. In medical emergencies, the patient’s consent is implied by law. Patients will be admitted for medical detoxification if deemed necessary to preserve life or avert serious impairment of health of the patient, regardless of BAL.

2. Admission for medical detoxification should be considered for patients with a history of severe alcohol withdrawal symptoms, withdrawal seizures, or delirium tremors. Patients deemed intoxicated but determined by MOD to be medically stable and without a history of serious withdrawal complications may be admitted to psychiatry with consent of the psychiatrist on call, if psychiatric issues are determined to be present.

3. **Social Detoxification:** Patients who present to this medical center under the influence of alcohol should have a breath alcohol level (BAL) conducted if patient consent is obtained. In medical emergencies, the patient’s consent is implied by law. Those determined not to be at risk of serious impairment of health will be offered the following choices: to be discharged home in the care of a family member, guardian, or other competent adult caregiver; or to voluntarily go to Centre Detox (provider should send a signed statement noting breath alcohol level and detoxification need and transportation will be provided if BAL is above the legal limit).
4. If the patient is determined to be a danger to self or others for psychiatric reasons, the psychiatrist on call will be contacted to assist with disposition.

5. **Motor vehicle operation**: When an intoxicated patient (breath or blood alcohol greater than the local legal limit, or showing clinically significant behavioral signs of intoxication) verbally or nonverbally demonstrates intent to operate a motor vehicle, attempts need to be made to persuade (or assist) the patient to arrange other transportation or remain for extended observation until additional testing shows the level has dropped below the local legal limit and the patient is not showing signs of impairment.

6. If an intoxicated patient refuses the breathalyzer or blood test or is unwilling to remain for extended observation, the patient may not be held against his/her will. An entry should be made in the medical record, witnessed if possible, that the patient was informed of any safety concerns and advised not to operate a motor vehicle.

7. If such a patient desires to leave the facility, he/she must be transported by a family member, guardian or other competent adult, or arrange alternate means of transportation. If the patient refuses to make other arrangements or to remain for observation until no longer intoxicated, he/she is to be informed that police will be contacted due to concerns about public safety. The patient then should be referred to VA police for disposition under Federal Law.

8. When contacting VA police and/or local law enforcement officials for a patient leaving against medical advice and if the patient is considered a danger to him/herself or others, such contact must take into consideration the laws governing the release of information about the veteran’s medical condition; e.g., do not describe the patient as intoxicated; rather describe the patient as impaired or incapable of driving. No information protected by Title 38 United States Code (U.S.C) 7332; i.e., information related to the condition and treatment of drug and/or alcohol abuse, may be released.

**LABORATORY TESTING (PATHOLOGY & LABORATORY MEDICINE SERVICE):**

**Location**: 1st floor center, east; autopsy room, B79, basement

**Phone**:
- Office, x3976
- Laboratory Manager, x3186
- Autopsy Room, x3038
- Histology, x3191
- Blood Bank, x3190
- Microbiology/Immunology, x3196
- Chemistry, x3983
- Phlebotomy/UA, x3199
- Hematology, x3984

1. “Lab Users Manual” is available on the shared Q-drive. For ABGs (arterial blood gas), refer to PULMONARY.

2. Lab requests are considered routine unless otherwise specified. STAT tests are those that are considered of urgent nature and of immediate necessity for the care of patients. In-house STAT testing is limited to the following tests:
3. Requesting lab tests in CPRS: Choose from four (4) specimen collection modes; i.e., Lab Collect, Immediate Collect, Send Patient or Ward Collect.

a. Lab Collect: Use for routine lab testing at 6:30 am or 2:00 pm. ICU patients on the 6:30 am list are drawn at 6:00 a.m.

b. Immediate Collect: For specimen collection by lab at times other than the established Lab Collects at 6:30 a.m. and 2:00 p.m.). Indicate collection time. Call the Lab if ordered as STAT. For STAT order entry, at the urgency prompt, type in STAT or use the STAT menu.

c. Send Patient: Use when sending patient to the lab for specimen collection.

d. Ward Collect: Use for specimens collected by ward personnel or clinicians and transported to the lab upon collection of the specimen.

4. Requesting lab tests for outpatients: Request for the same day following the patient’s clinical evaluation or future dates up to 12 months in advance.

5. Order each test individually or via quick order sets established per clinical protocols. Only one request is necessary when serial timed specimen collections are required per established protocols, e.g., MI Profile, Heparin PTT Profile, and AMI Thrombolytic Therapy.

6. Lab test results are available via any computer terminal once verified by the lab staff. Routine inpatient morning work is generally completed and verified by 8:30 a.m. Only critical values and questionable results will be called to the requester or MOD.

7. VA View Alerts: As test results are verified in VistA, a “VA View Alerts” notice is automatically generated to the requester and the attending physician and is displayed until reviewed by the requester. “VA View Alerts” is not applicable for microbiology results and pathology reports.

LIBRARY:
Location: 4th floor, east
Hours: 7:30 am to 4:00 pm, Monday through Friday
Phone: x3755
1. Unless reserved, books may be borrowed for two weeks; periodicals, for three days. Only one renewal upon request. It is the responsibility of the borrower to return books on time. A charge will be assessed for lost books.

2. Residents and students are encouraged to do their own MEDLINE searches; instruction is available by appointment with library staff. Turn around time for articles requested via interlibrary loan may take up to three weeks - plan accordingly.

3. Medical Students pay 10 cents a page for photocopies.

4. The Library Collection includes books, journals and also audiovisuals on medical topics. Library holdings can be accessed via the Library’s website: http://vaww.fargo.va.gov or http://odinlibrary.org/vah.

5. After hours access is available for UND resident physicians, UND medical students, UND staff and VA staff. After proper identification, a key may be signed out from the VA telephone operator, 4:00 pm to 11:00 pm, or from the admission desk, 11:00 pm to 7:30 am.

LOCKERS AND PERSONAL ITEMS:
Medical students have available lockers in the UND Medical Education Center by the main office. Residents may keep their personal items in lockers in the resident lounge(s). Locker users must provide their own locks.

LODGERs:
Patients who travel long distances for clinic appointments and arrive a day early may be “lodged,” provided they are independent with regard to activities for daily living and are not in need of immediate medical treatment. Limited lodging is provided for veterans who 1) are eligible for travel benefits, 2) must travel more than 120 miles to get to the Fargo VAMC, and 3) meet other eligibility requirements. Lodging begins at 4:30 daily from the main desk located in the North main ambulatory entrance. Business Office personnel can answer questions regarding specific veteran eligibility. Contact the Business Office secretary at x3400 with questions. Persons who have been discharged Against Medical Advice within the previous 24 hour timeframe, or are intoxicated will not be lodged at VA expense. Contact the Administrative Officer of the Day (AOD) for assistance or any questions x3402 after regular working hours.

MAIL:
All residents and students will receive mail while on rotation at the VAMC. Mail should be checked on a daily basis in the Medicine/Surgery/Psychiatry offices. For questions regarding mail, inquire in the mailroom, B-60 or x3316.
MEDICAL EDUCATION:
Location: Room 4002h, Library - 4th floor
Services:
1. Computer access code application and access instructions, access to CPRS, are accomplished at the monthly resident block orientation. See ORIENTATION.

MEDICAL OFFICER OF THE DAY (MOD) RESPONSIBILITIES:
The scope of the duties and responsibilities imposed upon the Medical Officer of the Day (MOD) is so wide that only certain and unusual situations can be covered. The MOD must exercise his/her best judgment in all administrative and professional problems. The MOD is the direct representative of, and is delegated to act for, the Medical Center Director and the Chief of Staff in both administrative and professional aspects of the hospital’s operations during other than regular working hours. When in doubt, the Medical Center Director or Chief of Staff will be called at any time when assistance is needed. The MOD will inform the AOD of all actions. The AOD will ensure announcements are initiated to inform employees of emergency situations and appropriate actions. MODs have responsibilities during Code situations. See EMERGENCY CODES for guidance in the identified situations occurring outside regular duty hours. The MOD is the individual designated by the Chief of Staff to work with families regarding potential organ, tissue, or eye donations.

MEDICAL RECORDS:

1. Medical Record Policy
   - The record consists of the electronic medical record and the paper record combined. The electronic record is the primary source of information.
   - Electronic signatures on medical documents will be treated as written signatures with all of the ethical and legal implications there of.
   - Rubber stamp signatures are not authorized for use in the medical record.
   - Shadow record files are not part of the official medical record. Shadow records are not authorized.
   - Medical record information received from outside sources must be sent to the file room to be filed in the hard copy medical record (or to be scanned) in accordance with VHA Handbook 1907.1, August 25, 2006.
   - Abbreviations: Only abbreviations listed in the Approved Abbreviation Circular (available in CPRS Tools) will be used in the patient record.

2. Documentation Completion Requirements:
   - A progress note will be documented by the treating provider for each outpatient encounter.
   - History and physical examination (H&P):
     - Initial history and physical shall be completed utilizing the History and Physical title and template in CPRS; H&P’s cannot be dictated.
History and physical for scheduled admissions may be completed up to thirty (30) days prior to the scheduled admission for surgery.

For readmissions within thirty (30) days, the previous H&P will be referenced with significant changes noted.

H&P exams completed by residents, physician assistants (PA), nurse practitioners (NP) who are not Master’s-prepared licensed independent practitioners (LIP), medical students, or other non-licensed practitioners require the co-signature of an attending/supervising provider MD.

- **Doctor’s orders:**
  - All orders will be entered electronically and signed by the ordering provider.

- **Informed Consent:**
  - All patients’ medical records will include documentation of informed consent for any procedure or treatment.

- **Operative Report:**
  - The surgeon is responsible for dictation of the operative report immediately following the procedure.
  - A progress note must be entered in the patient’s chart immediately following surgery to allow information from the procedure to be available to caregivers pending dictation.

- **Discharge documentation:**
  - Discharge note will be made for all releases from hospital care (in addition to the discharge summary).
  - Discharge summary will be prepared for all releases from hospital care.
    - Identify Principal diagnosis (the condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital).
    - Be specific on diagnoses, ie., anemia(type of), MI, location such as anterior, lateral, etc.,
    - Dictate and follow instructions provided by transcription for appropriate discharge summary format.
    - All discharge summaries shall be dictated within five (5) days of discharge. All summaries for transfer to another VA facility, contract nursing home or VA Transitional Care Unit will be dictated prior to discharge following the decision/acceptance of transfer.

3. **Electronic Documentation Standards**

- **Omit needless text.** Succinct notes are more readable than lengthy discourses. If a section of a template doesn’t apply to your patient, delete it.

- **Clearly indicate within your note what work you completed and what work another observer recorded at another time.** If you incorporate another’s observations and/or findings into your note or use your own observations and/or findings from another time, the information given may inaccurately reflect the patient’s status at the time of the note.
- **Copy and paste.** This functionality must be used with extreme caution. Healthcare providers must document their own notes. Copying others’ notes without attribution is plagiarism, a morally and legally indefensible act.

- **Refer to laboratory findings, radiology reports and other information in the record without copying them verbatim into your note.** Readers can look up details elsewhere in the record, if necessary.

- **Review and sign your notes promptly.** Your note is unavailable for others to view until you sign it. Once you have signed the note, you may add additional information in an addendum, if needed. All signatures are to include the credentials of the healthcare provider.

- **Don’t use abbreviations not included in the Approved Abbreviations List.** If you aren’t sure, check the listing of approved abbreviations in the Tools menu of CPRS.

- **Find or develop note templates that suit your need.** Each progress note should be a succinct recapitulation of a unique episode of care. If templates are used, appropriate text should be added to reflect changes from visit to visit, not an exact repetition of the care given in previous encounters. Validity of an exam may be questioned if each exam contains exactly the same wording in exactly the same sequence.

- **Progress notes should never be used as communication method between providers to disagree over procedural requirements or to present concerns regarding administrative matters.** There are appropriate methods outside the patient’s medical record to voice disagreement with clinical policies and/or address administrative concerns.

4. **Confidentiality/HIPAA**

- **All medical records are the property of the VA Medical Center.**

- **Electronic record and security.** Medical record information, both paper documented and electronic data, is confidential information, and will be safeguarded from unauthorized disclosure at all times.

- **Release of Information.** Request for disclosure information from a patient, a representative of a patient or agencies outside the Department of Veterans Affairs will be directed through Release of Information within the Health Information Management Section (HIMS). Medical records are confidential and information contained therein will not be discussed or disclosed to unauthorized individuals.

5. **Contacts**

   **Transcription – Room B4-d**
   Cindy Bohnsack  x3440
Provides dictation instructions
- ID number for dictating
- Notes entered in error
- Reports dictated; not available
- Relinking of consults

MENTAL HEALTH OUTPATIENT:
Location: Room 4th floor, hospital
Phone: x3150

Services:
1. Mental Health staff provide a number of services, including individual and group
therapy, psychopharmacologic treatment and monitoring, and other services for those
veterans experiencing crises or needing long term support.

2. Referrals are made through CPRS and consultations assigned to an intake worker.
Contact person for new referrals is Keith Zander, RN, x3576. at x3150 or x3569.

MILITARY SERVICE HISTORY:
Answers to these questions will provide data helpful in understanding patients’ medical
problems and complaints and will establish rapport and working partnerships with your
patients. If your patient answers “yes” to any of the following questions, ask, “Can you
tell me more about that?”
- Tell me about your military experience.
- What did you do?
- When and where did you serve?
- How has it affected you?
- Were you ever a prisoner of war?
- Did you see combat, enemy fire, or casualties?
- Were you wounded or hospitalized?
- Did you ever participate in any experimental projects?
- Do you have a claim pending or do you have a service-connected
condition?

Unique Health Risks:
- WW II
  - Infectious diseases
  - Wounds
  - Exposure to atomic bombs or cleanup
  - What theatre? (Pacific / Europe / Africa)

- Korean
  - Cold injury
  - Lasting effects?

- Cold War
  - Nuclear testing

- Vietnam
  - Length and time of service
• Exposure to Agent Orange
• Infectious diseases
• Homecoming reception

Gulf War
• Exposure to chemical biological agents
• Exposed to anything else unusual:
  - CARC (Chemical Agent Resistant Coating)
  - DU (Depleted Uranium)
  - Diesel smoke
  - Others?

Operation Iraqi Freedom/Enduring Freedom (OIF/OEF)*
*Operation Enduring Freedom refers to service in Afghanistan
  - Screenings are completed according to IL 10-2004-001 and include:
    - PTSD screening
    - Depression screening
    - Alcohol use screening
    - Screening for infectious disease and chronic symptoms
    - Traumatic Brain Injury (TBI) screening

Peace Time
• Exposures
• Experiences
• Cold war
• Nuclear testing

Special Risk Factors:
Sexual harassment and trauma may be present in military life service. It is recommended that all veterans be asked these questions:
  • Have you ever experienced physical, emotional or sexual harassment or trauma?
  • How is it for you now?

NEPHROLOGY:
Location: 1st floor Clinic – Desk 4
Staff: David Gelbart, MD
Phone: x3503; pager 878
Consultations:
1. Routine: Request through CPRS.
2. Emergency: Contact nephrologist on call.
3. Dialysis: Acute hemodialysis and peritoneal dialysis are available.
4. Outpatient Clinics: Monday through Thursday, 1:30-4:30 pm
   Tuesday and Thursday, 10:00 am - 12:00 noon

NEUROLOGY:
Location: Clinic – 3B, 3rd floor
Staff: Sandy Anderson, EEG Technician, x3558
       Karen Rasmusson, MD x2420
       Guillermo Estrada, MD (locum tenens), pager 901
Services:
1. Neurology services are provided for veterans on an inpatient and outpatient basis. Conditions of the central and peripheral nervous system, most commonly cerebrovascular disease, epilepsy, multiple sclerosis, neurodegenerative conditions, myasthenia gravis, are treated by neurologists.

2. The neurophysiology laboratory performs neurodiagnostic tests including EEGs, evoked potentials, nerve conduction velocity studies (NCVs), and surgical monitoring for carotid endarterectomy procedures. Neurology also is involved in interpreting sleep studies.

3. **Outpatient Clinics:**
   - Neurology: Monday thru Friday – 8:00-4:30

4. **Consultation** requests are ordered through CPRS and scheduled by the Neurology Section Office. **Emergency** consults may be arranged by contacting staff Neurologist at any time.

5. **Laboratory Testing Schedules:**
   - EEG: 8:00 am to 3:30 pm, Monday through Thursday
   - EEG, Long Term Epilepsy Monitoring: by arrangement with staff
   - Evoked Potentials: 8:00 am to 3:30 pm, Monday through Thursday
   - NCV: 8:00 am to 3:30 pm, Monday through Thursday

**NUCLEAR MEDICINE:**
**Location:** 4th floor center
**Phone:** x3497
**Scheduling:**
1. Nuclear Medicine examinations are scheduled by clerks at any Primary and Specialty Medicine clinic desk.

2. Myocardial Perfusion scan (Adenosine or Treadmill Cardiolite) - scheduled through Cardiology Department, x3533.

**Procedures available:**

- Bone Scan
- Bone SPECT Scan
- Brain SPECT Scan
- Breast Imaging
- Gallium-67 Scan
- Gastric Emptying Scan
- GE Reflux Scan
- GI Bleed Scan
- HIDA Scan

- In-111 WBC Scan
- Liver Scan
- Lung Scan
- Meckel’s Diverticulum Scan
- MUGA Scan
- Myocardial Infarct Scan
- Parathyroid Imaging
- Renal Scan
- 3-Phase Bone Scan
NURSING:
Location and phone numbers:
  Associate Director for Patient Care: Room 1086e, x3661
  Off Tour Supervisor: pager 661

Services:
1. Coordination, guidance and education of all nursing staff.

2. Nursing staff provide multiple services including patient care: physical, psychological, emotional, spiritual, palliative, medication administration, patient/family education, treatments, preparation for tests, procedures, surgery and documentation.

3. Coordination of services with other disciplines.

4. General designation of wards:
   - Unit 3-C: Medical, Surgical, Telemetry
   - Unit 3-M: Medical, Surgical, Telemetry
   - Unit 4B: Psychiatry
   - ICU: Critical Care (Medical and Surgical)
   - AC: Ambulatory Care/Outpatient/Community Health
   - OR/PACU: Surgery/Recovery
   - TCU: Transitional Care Unit

5. Specialty areas: Cardiology, Infection Control, Oncology analysis, Mental Health, Case Management, Computerization, Education, Utilization Review/Management.

6. BLS courses are provided. Contact Education for BLS.

NUTRITION AND FOOD SERVICES:
Location: Room 2142, 2nd floor east
Phone: x3745

Services:
1. All patients are evaluated upon admission to determine if they are at nutritional risk. Risk level is assigned and patients identified at risk have nutrition care plans developed.

2. Diets for inpatients may be ordered under CPRS using the diet order quick screen or the diet order option of the screen (for a more complete list of diets). Diet orders should not be ordered under “free text” in CPRS as this information is not transcribed to Nutrition and Food Services.

3. Consultations: Request under “Doctors Orders” in CPRS.

4. Outpatient diet instruction: Place a nutrition outpatient consult request through CPRS. We will try to accommodate all same day requests.
5. Formulary of approved enteral products is available in CPRS under Tool Bar. Outpatients requiring tube feedings must be seen by the dietitian prior to dispensing formula. Oral nutritional supplements are not available for outpatient usage. Patients who would benefit from nutritional supplements should be scheduled to see a dietitian for assessment and discussion of alternatives.

6. **Total Parenteral Nutrition (TPN)/Enteral Nutrition**: For Parenteral Nutrition please a Nutrition Support Team consults in CPRS. (Use Parenteral Nutrition standing orders). Also contact the clinical dietitian at pager 764 or the clinical pharmacist at pager 842.

7. MOVE! Is a comprehensive weight management program for outpatients that focusses on nutrition, physical activity, and behavior change. Programming is based on the individual needs and goals of veterans in a variety of formats including telephone-based care, individual office visits, or group classes.

8. To enroll in the MOVE! Program, veterans must:
   - Have a BMI > 25, or a BMI < 25 with an elevated waist circumference.
   - Have an interest in weight management and improving overall health
   - Have a MOVE! Consult from their primary care provider.

**OCCUPATIONAL HEALTH (Rm B8):**
1. PPD skin test or verification of status is required at time of employment.

2. In the event you have a blood borne pathogen exposure (needlestick, sharp exposure, mucous membrane splash, nonintact skin contact), immediately contact the Infection Control Nurse (x3668 or pager 733) and Occupational Health (x2005/2206 or pager 880) to complete accident reporting. Report to the Emergency Room during non-administrative hours.

3. If you have been exposed to a communicable disease in which you are not immune or have an infection, contact the Infection Control Nurse (x3668 or pager 733). Then report to Occupational Health (Rm B8) for work restrictions.

**ONCOLOGY/HEMATOLOGY:**
**Location:** Room 3128, 3rd floor, southeast  
**Phone:** x3514  
**Staff:** Eugene Tilchen, MD, pager 336  
Glenn Shamdas, MD, pager 740  
Howard Russell, MD, pager 344  
**Services:**  
1. **Consultations:** Request consults through CPRS.
2. The Oncology/Hematology Section should be contacted whenever a known oncology patient or a patient with any blood condition being followed by Oncology/Hematology is admitted.

3. Outpatient Clinics: Outpatient Oncology/Hematology Clinics are held each Monday and Thursday morning. Approval for over-booking is required and can be requested by calling x3944. Patients needing attention urgently will be given an appointment for the next clinic or, in the case of extreme urgency, may be admitted for evaluation as an inpatient.

4. Oncology Nurses:  
   Michele Everson, RN, pager 784  
   Patty Ressler, RN

OPHTHALMOLOGY:  
A part-time ophthalmologist holds clinic at the VAMC one day per month. Patients are referred by the Eye Department, primarily for cataract surgery and YAG laser treatment, with limited occuloplasty and treatment of glaucoma. Other patients requiring ophthalmology services either are referred to the community for urgent conditions or to the Minneapolis VAMC for non-emergent care.

OPTOMETRY:  
Staff: Nathan Vetter, OD; James Engstrom, OD  
Services: Optometry consults will be scheduled through the scheduling clerk, x3993. Visual Fields testing is also done. The scheduling clerk will arrange a time. The Teleretinal Photography Clinic provides screening for diabetic retinopathy with electronic consultation provided by the VAMC Minneapolis Eye Department. Patients in need of cataract surgery are referred to the Minneapolis VAMC.

ORIENTATIONS:  
In addition to the Annual New Resident Orientation, monthly Resident Block Orientation is held on the first working day of each month in the Information Technology training room 4002a, in the Library. New and returning residents will be given computer access including selection of password/verify codes; instruction on computer security, CPRS/Pharmacy, and medical record/dictation. Residents will obtain ID badges, parking stickers and white coats, if this has not been done by the Service Line. All residents are required to be electronically fingerprinted, and this must be completed at the start of the resident’s first VA rotation.

ORTHOPEDICS:  
Staff: Charles Hartz, MD, x3236; Megan Vetsch, PA-C, x3271  
   Sharon Ries, PA-C, x3053; Catherine Urlaub, PA-C, x3271  
Orthopedic services are provided on an inpatient and outpatient basis. Requests for consultations should include the suspected diagnoses, relevant chief symptoms, and reason(s) for the request. Orthopedic surgeries are available at this facility including
arthroscopies, total hip and total knee arthroplasties and carpal tunnel. Orthopedic consults will be scheduled through the scheduling clerk, x 3833.

**PAGERS:**
Pagers and chargers for resident physicians are signed out from the VAMC telephone operator and must be returned IN PERSON to the operator prior to leaving the hospital. Questions or problems should be referred to Joyce Weible, pager 725.

**PAGING SYSTEM:**
1. To use the paging system, follow these instructions:
   • If you are calling from inside the medical center: Dial 5, then follow instructions given.
   • If you are calling from outside the medical center, dial 239-3722 – Enter the pager # and your call-back #.

2. In case of an emergency, dial 47 for access to the public address system. State message slowly, repeat and hang up gently.

If you receive a page on your pager that instructs you to dial a three-digit number (e.g., 480-489), go to a telephone and dial the number provided, to retrieve an outside call. You have approximately three minutes to answer your call.

**PARKING:**
1. Residents may park in the employee parking lot after registering their vehicle and obtaining a blue parking decal. Prior to that, they must park in the unrestricted lot located on the southern side of the facility as entered from the 19th Avenue entrance. All vehicles must be registered with the Police Service in Room 1181, Building 46, 1st floor, within the first week of starting the residency program.

2. All parking is restricted to vehicles with appropriate VA registrations within designated areas. An open parking policy is observed after 2:30 p.m. Monday through Friday, all day weekends and holidays with the exception of handicapped and space reserved for p.m. personnel.

**PATIENT REPRESENTATIVE:**

**Location:** Room 1181B  
**Phone:** x3738, pager 851  
**Services:** The Patient Representative program is intended to ensure all veteran and family complaints and issues are addressed in a convenient and timely manner. The Patient Representative:

• Serves as a point of contact for patient complaints and issues that cannot be resolved at the point of service and for those received from external community agencies.
• Serves as liaison between patients, patients’ families, staff and management regarding patient rights and satisfaction
• Is an authorized notary public.
PHARMACY:
Location: Room 1048, 1st floor, Outpatient Service
Phone: Inpatient, x3032/x3033
Outpatient, x2499/x3865 (both for providers only)
Hours: 7:30 am to 12:00 midnight (inpatient)
24-hour on-call pharmacist
8:00-6:00 Monday thru Friday (outpatient)

Drugs may be accessed by using generic names. The Medical Center formulary is located on the Internet at www.pbm.va.gov/default.aspx and updated monthly. Pharmacy medication guidelines are located on the CPRS Tools Menu in the Pharmacy folder. All anticipated orders should be placed before 10:00 pm. Requests for nonformulary drugs must be submitted electronically for review and approval prior to the nonformulary drug being dispensed.

PHOTOCOPIES:
Residents and students should go to their attending’s secretary for photocopying of pertinent medical information. Patient files are NOT to be copied.

PHYSICAL MEDICINE & REHABILITATION SERVICE:
Coordinator: Kathleen Day, PT, DPT
Location: Basement B28A
Phone: x3744/3048

PM & R Services:
1. Physical Therapy: Assessment focuses on neuromuscular and musculoskeletal functions that include posture, gait, strength and endurance, balance, coordination, or joint mobility and flexibility. Goals are directed towards prevention, reducing disability or pain, restoring lost function, maximizing functional, physical and mobility levels.

2. Occupational Therapy: Assessment focuses on performance in the areas of activities of daily living, work, and leisure and involves sensori-motor, cognitive, and psychosocial functional components. Physical, manual, self-help and avocational activities/exercises are used to increase upper extremity strength, joint range of motion, coordination and perceptual, self-care, and inter-personal relationship skills. Upper extremity orthotic devices may be fabricated to assist the patient in self-care and joint protection.

3. Speech Pathology: Assessment focuses on neuromuscular or structural disabilities that include speech, language, voice, cognition, or dysphagia components. Swallowing disorders may be assessed with video fluoroscopy.

4. Recreation Therapy: Assessment focuses on use of free time, preadmission hobbies, interests and lifestyles, activity status, and therapeutic leisure goals. Activities are designed for groups or for an individual.
PODIATRY:
Staff: Kim Carroll, DPM
Services: Podiatry services are provided on an inpatient and outpatient basis. Conditions of the feet, including corns, calluses, hammer toes, and diabetic foot conditions are treated; and toenail care is provided. Surgical procedures for correction of nail and foot problems are performed by the podiatrist. Outpatient consults will be scheduled through the scheduling clerk at x3833.

PRIMARY & SPECIALTY MEDICINE SL (Service Line):
Staff: Site Director/Chief, Medical Service – Ajay Aggarwal, MD, x 3523
    Michael Brethorst, MHSA, x3547
    Nurse Manager – Margaret Dahl, RN, x3539

Primary Care & Specialty Medicine is the largest Service Line in the Medical Center. Services provided include:

Primary Care      Nephrology
Cardiology        Neurology
Care Coordination Oncology/Hematology
Dermatology       Pulmonary
Endocrinology     Rheumatology
Infectious Disease Spinal Cord Injury
Internal /General Med Women’s Health Services

Primary Care in the Medical Center is provided by the Blue Team x2580, Gold Team x3933; and the Red Area x3406, each of which is comprised of physicians and other health care professionals familiar with the patients assigned to their Team/Area. Primary Care in outlying communities is provided by Community-Based Outpatient Clinics (CBOCs) located in Bismarck, Dickinson, Grafton, Jamestown, Minot and Williston, ND; and Fergus Falls, and Bemidji, MN.

CBOC Site Managers: CBOC Coordinator – Lori Fisher, MA
Minot – David Walsh, MD                  Fergus Falls – Bruce VerSteeg, MD
Grafton – Vacant                           Bismarck – Nick Helwig, MD
Dickinson - Lori Fisher, MA                Jamestown - Lori Fisher, MA
Williston – Lori Fisher, MA                Bemidii – Lori Fisher, MA

For information related to Specialty Medicine services, see the heading specific to that Specialty.

PROSTHETICS & SENSORY AIDS:
Location: Room B-35, basement
Phone: x3742/x3041
Services:
1. Home medical equipment (beds, wheelchairs, etc.), artificial limbs, orthotics (braces), eyeglasses, hearing aids, etc. Medically prescribed outpatient equipment/devices (“from wigs to arch supports”) for eligible veterans. Please contact the Prosthetic Service to determine or verify a veteran’s eligibility and to review services provided.

2. A Prosthetic Clinic is conducted every other Tuesday afternoon to evaluate for new and replacement artificial limbs and orthotics.

PSYCHIATRY:
Location: Room 4078, 4th floor, hospital
Staff: Timothy Vo, MD
Phone: x4026 or pager 912

1. Inpatient psychiatry consults placed Monday through Friday will ordinarily be seen on the same or following day by an attending psychiatrist. Outpatient consults may be identified as STAT so veteran is seen immediately. Routine consults are scheduled within 14 days of request. Inpatient - done in 24 hours.

2. Emergency consultations for which admission/transfer to the inpatient psychiatric unit is being considered are seen by Psychiatry. Emergency telephone consultations at night or on weekends or holidays may be obtained through the Psychiatry on-call schedule.

PSYCHOLOGY:
Location: Room 4085, 4th floor, hospital
Staff: Psychologist
Phone: x3581, pager 910
Services:
1. Psychological assessment and psychotherapy
2. Request consultations through CPRS.

PULMONARY:
Location: 3rd floor center
Pulmonary Lab: x3526
Respiratory Therapy: x3500
Staff: Chief, Pulmonologist – Dr. Ajay Aggarwal x 3523 pager 730
Mid-level – Joan Shultz, NP
Phone: x3523
1. Consultation:
   ▪ Order routine inpatient and outpatient consults in CPRS.
   ▪ STAT consults – Contact Pulmonologist

2. Pulmonary Services:
   ▪ Pulmonary Function Tests, including cardio-pulmonary stress testing
   ▪ Sleep Disorder Program, including CPAP Clinic
- Administers hand-held nebulizers, chest physiotherapy, and all modalities of oxygen therapy
- Operates and assists with the management of ventilators including non-invasive ventilation
- Draws arterial blood gases (ABGs) on request while on duty. The physician is responsible for drawing ABGs when respiratory therapist (RT) is not on duty. An RT is on call for emergencies during off-hours
- Home Oxygen Program – Initial consultation should be requested 72 hours prior to discharge. It will require 24 hours to set up a patient on this Program.
- Flexible fiber-optic bronchoscopy – Order pulmonary consultation.

RADIOLOGY: See IMAGING

SEXUAL HARASSMENT: It is the policy of the Medical Center to maintain a work environment free from sexual harassment and intimidation. Sexual harassment is unacceptable conduct in the workplace and will not be tolerated. If you feel you have been the subject of sexual harassment, contact your immediate supervisor or EEO Program Manager, Lori Johnson, x3837.

SOCIAL WORK:
1. Social Work Services encompass inpatient, outpatient, and outreach services. Social Work staff cover Primary & Specialty Medicine, Surgical/Specialty Care, Extended Care & Rehabilitation, Diagnostics and Therapeutics, and Mental Health Service Lines.

2. Clinical functions provided include:
   - Anger Management
   - Case finding and outreach services
   - Crisis intervention services
   - Community liaison and networking services
   - Case management for veterans at high medical and/or social risk
   - Case management for chronic and/or seriously mentally ill vets
   - Compensated work therapy (CWT)
   - Coordination of special programs and community-based services
     - Spinal Cord Injury
     - Former Prisoners of War
     - Transitional Rehabilitative Housing
     - Homeless Outreach
   - Coordination of family conferences, and liaison with families
   - Counseling for individuals and families
   - Discharge planning and discharge coordination services
   - Military Sexual Trauma
   - Pain Management
   - Patient and family education
   - Post-Traumatic Stress Disorder (PTSD)
   - Preadmission planning and alternatives to admission planning
Professional Consultation
Psychosocial screening, assessment, planning and intervention
Research

3. Social work consultation is available to all inpatient and outpatient units through electronic text order or by contacting the social worker assigned to a particular area.

4. Evening and weekend referrals may be made by contacting the operator, nurse supervisor, or Administrative Officer of the Day (AOD) to obtain assistance.

5. For further information, contact Debra Kunkel, MSW, LICSW, Social Work Executive.

SUBSTANCE ABUSE TREATMENT PROGRAM (SATP):
Location: Room 4066, 4th floor, hospital
Staff: Psychiatry Service
       David Solberg – Coordinator SATP
Phone: x3569/x3571
Services:
1. Consultation: inpatient, ambulatory care, Regional Office; i.e., vocational rehabilitation, PTSD.
2. Primary and day treatment.
3. Continuing care and family programming.

SURGICAL/SPECIALTY CARE SERVICE LINE (SL):
Staff: William K. Becker, MD, PhD, Site Director, x3202
       Kimberly Rude, MLA, Administrative Officer, x3560
       Holly Greger, Management Program Assistant, x3239

Services provided by the Surgical/Specialty Care Service Line include:

ENT Orthopedic Surgery
Gastroenterology Podiatry
General Surgery Thoracic Surgery
Hand Surgery Urology
Neurosurgery Consult Vascular Surgery
Ophthalmology Wound Care
Optometry

SURGERY:
Staff:
Mark Jensen, MD, Surgeon Thomas Musacchia, MD, Surgeon
Kurt Lindquist, MD, Surgeon De Tran, MD, Surgeon
Linda Lindquist, MD, Surgeon Helen Reddy, PA-C
Barb Franke, BSN, RN, Jeanne Waalen, PA-C
OR/PACU/ASU, x 3998
Services:
1. The operating suite consists of five rooms where general, thoracic, vascular, and oncology surgical procedures are performed. An urologist performs cystoscopy and other urologic procedures. An orthopedic surgeon, podiatrist, an ENT specialist, and ophthalmologist, operate as the need arises. Ambulatory surgery allows patients with monitored sedation, spinal and general anesthesia to be treated on an outpatient basis. The recovery area consists of a post-anesthesia recovery room and an outpatient recovery room.

2. Inpatient surgical service receives admissions and transfers with agreement of the attending physician.

3. Routine surgical consults, placed during normal working hours, will be completed as requested. Emergency consultation can be obtained at any time by contacting the surgeon on call. Consults will be scheduled through the Scheduling Clerk, x 3833.

4. Equipment for segmental pressure and flow studies for evaluation and treatment of peripheral vascular diseases is maintained.

TIMEKEEPING:
All residents, including Senior Residents, must sign in and sign out daily on time sheets. This is separate from any daily sign-in/sign-out rounds related to patient care. Timekeeping sheets for Internal Medicine/Transitional Year residents are maintained by UND and are located in a special folder in the 3rd floor resident lounge, with a tab for each individual resident rotating that month. Psychiatry resident timesheets are located in the Mental Health Outpatient Office for outpatient rotation and for the inpatient rotation, are located in the Resident Office on Ward 4B. Surgery residents use computerized time sheets in accordance with UND requirements.

TOTAL PARENTERAL NUTRITION (TPN)/ENTERAL NUTRITION:
Page the clinical dietitian, 764, or the clinical pharmacist, 342, or order in CPRS. (Use Parenteral Nutrition standing orders.)

TRANSFERS, INTER-FACILITY:
Staff: Melanie Jangula, RN, Referral Case Manager (RCM), pager 757

1. The Chief of Staff; Medical Officer, Primary & Specialty Medicine Care SL; staff physician on call (attending) or the Medical Officer on Duty (MOD), in consultation with one of the aforementioned staff, must approve each transfer request to a non-VA facility. Approval of transfer requests that involve specialty consultations may be referred to the appropriate service for acceptance. The approving VA physician will determine and document the need for any special care to be provided during transfer.

2. A patient at another facility (VA or non-VA) will not be accepted in transfer to the Fargo VA Medical Center without prior approval by an appropriately credentialed and
privileged VA physician. The referring facility should contact the Referral Case Manager (RCM) to provide clinical information about the patient. The RCM will contact either a surgical resident or hospitalist and give a brief report on the patient’s condition and current needs, to gain final approval of the transfer. **No patient will be accepted for transfer to the Fargo VA Medical Center until:**

a. The patient’s care has been discussed by the referring and accepting physicians or the Referral Case Manager.

b. An Inter-Facility Transfer note must be completed in CPRS.

c. The VA physician makes a positive acceptance of the patient.

d. Five items need documentation:
   - Stability (vital signs)
   - Responsible physician
   - Statement of acceptance of transfer
   - Documentation of what was sent
   - Reason for transfer

**There is NO EXCEPTION to this policy.**

3. Patients determined to be clinically unstable will not be accepted for transfer. If there is any question as to the safety of transfer, patients must remain at the facility where they are present until documented to be stable for transfer, unless the patient (or a legally responsible person acting on the patient’s behalf) makes an informed request, in writing, that the transfer be effected against medical advice, or a transferring physician certifies, in writing, that the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks of transfer.

4. The Fargo VA Medical Center will not turn away patients presenting who are in need of emergency care, i.e., exhibiting a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual or fetus in serious jeopardy, serious impairment to bodily function, or serious dysfunction of bodily parts.

5. For assistance with transfers, contact Melanie Jangula, beeper 757.

**TRANSPLANTS:**

Referral of patients to be evaluated for organ transplants must be done by a VA staff physician. Patients being considered for transplantation evaluation must undergo a very specific battery of tests and evaluations within a prescribed timeframe. Upon completion of all evaluations, a comprehensive transplant evaluation referral packet containing all required evaluations and test results is submitted to VA Central Office for
review by the Transplant Review Board. The Transplant Office determines whether or not to refer the patient for further transplant consideration. Station Circular PC-38, “Referral of Patients for Organ Transplant Evaluation,” located on the Q-drive should be consulted when considering referral for transplant evaluation.

**UROLOGY:**

**Staff:** Vacant, x3288  
Howard Carver, PA-C, x3268  

**Services:** Urology services are provided on an inpatient and outpatient basis for patients with conditions involving the urinary tract. Surgical procedures performed by the urologist include cystoscopy and needle biopsy of the prostate. Outpatient urology consults will be scheduled through the scheduling clerk, x 3833.

**WARD ATTENDING ROUNDS (Surgery only):**

**Surgery:** Residents and students are to be present with the surgical staff to review patients on ward teaching rounds. Rounds are held daily. Residents are expected to independently teach students additionally, as needed.

**WHITE COATS:** Residents whose residency program uses white coats may be measured for VA white coats in Room B21 daily at 9:30 a.m. or 1:30 a.m.

**WOMEN’S HEALTH CLINIC:**

A Women’s Health Clinic is held every Wednesday, 1:00 to 4:00 pm. This clinic provides specific health screening and gynecological evaluations for women, with the emphasis on health promotion. Questions concerning any issues related to women may be directed to the Women Veterans Program Manager, Linda Marquart, x3786, pager 743.