

# **House Staff Manual 2019-2020**



**The University Hospitals and  
Health System  
The University of Mississippi  
Medical Center • Jackson**

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▪  
The University of Mississippi Medical Center offers equal  
opportunity in education and employment and  
in all its programs and services, M/F/D/V.

▪  
April, 2019

## **To the Members of the House Staff:**

Welcome to the University Hospitals and Health System (UHHS) and the University of Mississippi Medical Center (UMMC). You represent an important aspect of the mission of our hospitals and we are very pleased that you have chosen this institution as the site for your postgraduate training.

This **House Staff Manual** contains information, which is designed to assist you in becoming more familiar with the hospital and its routines. An Administrative Policy and Procedure Manual provides supplemental information and may be found online on each of the hospitals' patient care units. **I would encourage you to review and become familiar with both the manuals.** A knowledge of their contents will facilitate your work.

Every employee of the hospital is dedicated to helping you progress in your professional development. At the same time, we invite you to join us as we seek to provide each patient with the best care possible.

Again, welcome to the UMMC family. Please feel free to contact Hospital Administration at any time for assistance. However, I would also ask that you assist the hospital by making us aware of any suggestions that you believe would improve the hospital environment or patient care.

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Chief Executive Officer (Adult Hospitals)  
The University Hospitals & Health Systems

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Chief Executive Officer  
Children's of Mississippi

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## **MEDICAL CENTER STATEMENT OF PURPOSE**

The 1950 Mississippi Legislature enlarged and strengthened health professions education in Mississippi by enacting bills to establish and construct the Medical Center in Jackson as part of the University of Mississippi. The School of Medicine and graduate program enrolled students in 1955; the School of Nursing moved from the parent campus to Jackson in 1956; the School of Health Related Professions was established in 1971; and the School of Dentistry admitted its first class in 1975.

The University of Mississippi Medical Center unites the interrelated activities of education in the health sciences and accepts responsibility for teaching, research, service and leadership in this field. Its programs embrace training for physicians, dentists, nurses, and related members of the health team, graduate medical education; graduate dental education; graduate study in the health sciences, and the delivery of health care in the teaching hospitals and clinics. The Medical Center offers equal opportunity in all its programs and services regardless of race, creed, sex, color, religion, marital status, sexual orientation, age, national origin, and disability or veteran status.

The parent campus, the University of Mississippi, which was chartered in 1844, has five areas of focus in its current Statement of Purpose. One of these is health. "The University will continue to provide the professional education of those who deliver and administer human health services and those who perform research aimed at improving the efficiency, the effectiveness, quality, and availability of health care..."

Within this framework, the Medical Center's principal and continuing purpose is to accomplish the interrelated goals of health professional education for Mississippi: to teach in a superior manner the art and science of health care to students of exceptional promise and talent; to provide high quality treatment for all patients using the disciplines and specialties of modern health care; to lead the way to discoveries which will raise the health level of Mississippians and, indeed, all mankind; to fo

ster dedication to life-long learning; to respond to community needs through continuing education and outreach programs that extend beyond the campus; and to recruit and retain the caliber of faculty necessary to meet these goals.

The Medical Center fosters and protects an intellectual, emotional and challenging learning environment conducive to educational excellence in the health sciences, productive scientific investigation and exemplary patient care and moves toward the ultimate goals of improved health and well-being for the citizens of Mississippi, the region, the nation and the world.

Mississippi's population is culturally diverse. Most Mississippians trace their ancestral roots to the British Isles, the continent of Europe or the continent of Africa. The state also has many citizens of American Indian, Asian or Pacific Islander and Hispanic descent. In policy and practice, the institution encourages and actively recruits applicants from all segments of the state's population. The Medical Center is committed to maintaining an educational environment that fosters respect for and sensitivity to individual differences; promotes personal and professional development; and gives all students the opportunity to succeed, regardless of ethnicity, gender, sexual orientation, age, creed, national origin or socioeconomic status.

Medical Center graduates at all levels are expected to possess and to demonstrate the skills and knowledge necessary to practice their disciplines as competent health professionals. The Medical Center regularly uses appropriate external and internal measurement tools to assess the institution's effectiveness in training health professionals for Mississippi and to evaluate its programs for patient care, research, continuing education and outreach.

The expeditious growth of the Medical Center into a major academic health sciences center reflects the deep commitment of the State of Mississippi, the Board of Trustees of State Institutions of Higher Learning and the

administration and faculty of the University of Mississippi Medical Center to the continuing fulfillment of this Statement of Purpose.

## **HISTORY OF UNIVERSITY HOSPITALS AND HEALTH SYSTEM (UHHS)**

As an integral part of the University of Mississippi Medical Center, the University Hospitals and Health System serve as the primary teaching hospitals for all the Medical Center's educational programs. The original hospital doors opened July 1, 1955, at which time the two-year School of Medicine was expanded to a four-year program and moved from Oxford to Jackson. The hospital at that time had 250 beds in use and expanded to 350 beds shortly thereafter. Currently, the hospitals are licensed for 722 beds.

The hospital admits more than 28,000 patients per year. Nearly 500,000 outpatients are seen here each year in the clinics and in the pediatric and adult emergency departments, the state's only level one trauma centers.

In the enabling legislation of 1950, the legislature set forth that "There shall be built, equipped and operated. . .a teaching hospital. . .together with all ancillary. . .facilities needful or proper. . .including clinical and outpatient services. . . Said hospital and related facilities shall be utilized to serve the people of Mississippi generally; shall

be operated on the basis of charges for services rendered, but shall do a reasonable volume of free work. . ."

The UHHS system, as one of the major components of the Medical Center, reports to the vice chancellor for health affairs and through the chancellor of the University to the Board of Trustees of State Institutions of Higher Learning. Recommendations for appointment to the medical staff and other matters regarding major policy in the performance of clinical activities of the institution are a matter of decision by the Board of Trustees. The medical staff activities and procedures are based principally on its

bylaws.

UHHS is accredited by the Joint Commission on Accreditation of Hospitals and is licensed by the Mississippi State Department of Health.

## **RESOURCES**

### **TELEPHONE LIST**

#### **Telephone Dialing Instructions:**

- *To call outside*-Listen for dial tone; dial "9" and your number.
- *To dial an inside call*-Listen for dial tone; dial the last 5 digits of the phone number.
- *To call message operator (hospital paging)*-Listen for dial tone; dial zero (0) or 4-1001.
- *To call the Veteran's Administration Medical Center*  
Listen for dial tone; dial access code "319";  
Listen for dial tone; dial desired station number.

#### **Emergency Numbers:**

Campus Police-Emergency 5-7777 or 4-7777

Non-emergency 4-1360

Sterile Services 6-2010

Fire, Emergency-Fire, Smoke, Heat, Drill 4-6666

Medical Emergency Inside Hospital 4-1111

Medical Emergency Outside Hospital 9-911#

Poison Control 4-1675 1-800-222-1222

#### **Numbers Frequently Called:**

**Ambassador (Escort) Service** 4-2242

**Admissions** 5-2116

**Blood Bank Laboratory** 4-2390

**Clinics, Ambulatory (Jackson Medical Mall) Adult:**

Special Care Clinic Infectious Diseases) 5-3120

Communicative Disorders 5-6064

Dental Emergent Care 4-4196

Ear, Nose and Throat 4-5160

Hematology/Oncology 5-6700

Adult Medicine JHCHC 9-601-709-5140

Medicine 5-1420  
Metabolic Clinics (Diabetes, Lip, Obesity) 5-8632  
OB GYN- JHCHC (9-601-709-5130)  
Ob-High Risk 5-0050  
Ophthalmology 4-4183  
Orthopedics/Neurosurgery/Neurology 5-1420  
Outpatient Renal Dialysis 5-6345  
Pain Clinic 4-5950  
Pediatric-JHCHC (9-601-709-5130)  
Pediatrics Care Clinic 4-4955  
Pediatric Allergy 5-3284  
Pediatric Infectious Disease 5-1119  
Pharmacy 5-3857  
Plastics 4-4093  
Psychiatry 4-5836  
Renal 4-4070  
Sickle Cell 4-5627  
Surgery 4-4170  
Teen Medicine 4-2923  
Medicine Specialty Clinic: Urology 4-4093  
Emergency Room  
Adult 4-4001  
Pediatric 4-2001  
**Family Medicine:**  
Lakeland Family Practice Center 4-6800  
West Jackson Family Medicine Center 5-5700  
**Graduate Medical Education 4-1113**  
**Health Information Services 4-4035**  
**Heart Station 4-2250**  
**Hospital Administration 4-4100**  
**Intensive Care Units:**  
Cardiac Care 5-1575

Medical 5-8800

Neurosurgery 5-1626

Newborn 5-7100

Pediatric 5-8150

Surgical 5-1470

**Kidney Transplantation 4-5065**

**Laboratories:**

Acute Care (Critical Care) 4-2380

Blood Bank 4-2392 / 4-2390

Clinical Bacteriology 4-2358

Blood Drawing Station 4-2377

Chemistry 4-2366

Chemistry Stat Lab 4-2368

Hematology 4-2364

Perinatal (Pathology) Lab 5-7194

Perinatal (Wiser) Lab 5-7190

Serology 4-2365

Special Chemistry 4-2372 / 4-2359

Electrophoresis Lab 4-2372

Urinalysis 4-2371

**Lounges:**

Doctors, Delivery Room 4-4811

Doctors, Operating Room 4-2452

**Lounge, Student/Faculty 4-6179 (School of Dentistry)**

Student (N039) 4-1347

Women Doctors (N037) 4-1349

**Message Operator 4-1001**

**Medicine Dept. 4-5600**

**Morgue 4-1890**

**Ob-Gyn 4-5300**

**Organ Procurement / Organ Recovery Agency  
(MORA) 601- 933-1000**

**Outpatient Surgery 4-4030**



**Surgical Pathology Reports 4-1534**

**Pediatrics Dept. 4-5200**

**Public Affairs 4-1100**

**Radiology:**

Adult Radiology 4-2500

CT Main 5-3968

Diagnostic Ultrasound 4-2570

Emergency Room X-ray 4-2660

Film File Room 4-2530

Interventional Radiology 4-2833

MRI MAIN 5-1864

Nuclear Medicine 4-2575

Pediatric X-ray 4-2030

**Radiation Oncology 4-2550**

**PACU Main Recovery Room (1st Floor) 4-2295**

**Social Work 5-2800**

**University Medical Pavilion:**

Pavilion Administration 5-4775 \*\*\*\*(4-6501)

Laboratory 4-6460

Patient Accounts 9-601-493-9303

Pharmacy 4-6455

Physical Therapy and Occupational Therapy 4-6513

Radiology 4-6548

**Suite A 4-6755**

Adult Neurology

Adult Neurosurgery

Interventional Radiology Neuropsychology Laboratory

Pre-Anesthesia 4 -6437

**Suite B 4-6710**

Cardiology

Cardiothoracic Surgery

Nuclear Cardiology

Vascular Surgery

**Suite C 5-8066**

Pediatric Orthopedics

**Suite D 4-6525**

Orthopedics/Sports Med

**Suite F & Suite G 4-6475**

Endocrinology

Digestive Diseases

General Internal Medicine

Genetics

Geriatric

Infectious Diseases

Pulmonary

Rheumatology (5-5820)

**Suite H 5-5821**

Transplant Clinic

**Suite I - 4-6760**

Orthopedics

**Suite J 4-6370**

General Surgery

Plastic Surgery

**Suite K 5-6064**

Communicative Sciences

Dermatology (The Face and Skin Center) Facial Plastic  
and Reconstructive Surgery Cosmetic Procedures

**Pager Operations:**

**Leased Alpha and Numeric Pagers**

Using the UMMC online directory

- From the UMMC intranet homepage select Employee Search.
- Enter the first then last name of the employee to be paged.
- Click on Search.
- Click on the employee's name.
- Click on Page Me.
- Numeric Pager: Enter the telephone or

extension number you wish the person to call.  
Alpha Pager: Enter your name, contact extension, and a short message.

- Click on Send.

*\* This feature only works if the employee has authorized online paging in his or her directory profile.*

### **On-call Scheduling/Contact U:**

- UMMC Intranet: Applications
- Select On-call scheduling/Contact U
- Enter Name, Search
- Click on appropriate person and enter text, then hit send.

Using a telephone

- On Campus dial pager 9-929-0000 or 9-1-800-0000 plus pin #. Off campus dial pager 601-929-000 or 1-800-0000 plus pin #.
- Listen for system prompt or tone.
- Dial telephone or extension number you wish the person to call, then hang up.\*

*\* After you enter your call back number, press the # sign to send or the system will wait approximately 15 seconds before sending your page.*

Using the vendor's website

- Access the vendor's website. (a.) American Messaging  
(a) (AKA Teletouch Paging) – [www.teltouchpaging.com](http://www.teltouchpaging.com)  
(b) Arch (A.K.A. USA Mobility) - [www.usamobility.com](http://www.usamobility.com)  
(c) MetroCall (A.K.A. USA Mobility) - [www.usamobility.com](http://www.usamobility.com)
- Locate the Send a Message button on the website.
- Click on the button.
- Enter the pager number as follows: (a.) Local numbers 601-929-0000 (b.) 800 numbers without a PIN 8001235678 (c.) 800 numbers with a PIN 601800 four digit PIN

- Enter a subject and call back number or type a short message.
- Click on Send.

### **ADMINISTRATOR ON CALL**

A member of the administrative staff is on duty 24 hours a day, seven days a week. Monday through Friday between the hours of 8:00 am and 5:00 pm, call extension 4-4100. At other hours, call the hospital operator for the name, telephone number and pager number of the staff member on call. If you are outside the hospital, a hospital operator will page the administrator for you.

### **BOOKSTORE**

The UMMC Bookstore is located in the Norman C. Nelson Student Union. Hours are Monday through Friday from 7:45 am - 4:30 pm. All major credit cards are accepted. The bookstore has more than 50,000 titles in its medical database. Those not available in stock may be special ordered. The bookstore also carries medical instruments, lab coats/scrubs, leisure clothing, and a variety of unique gifts. Out-of-town residents can call 1-601-984-1090 or email Angelia McGee at [amcgee@umc.edu](mailto:amcgee@umc.edu). There is also a bookstore website at <http://umc.edu/bookstore>.

### **STUDENT EMPLOYEE HEALTH SERVICES**

Student Employee Health is located in room N136 on the first floor of the North Wing. Hours are 7:00 am to 5:00 p.m. Monday through Friday. Services for work-related accidents or illnesses are provided.

For new employees, a physical exam and TB mask fit testing will be done. Arrangements will be made for a drug screen. Blood tests will be drawn to determine immunity to Rubella, Varicella, and Hepatitis B. All individuals with negative titers will be notified.

Should non-work-related health services be required, professional services from the attending physician of the house officer's choice should be sought. Hepatitis B, Tetanus/Diphtheria, and Varicella vaccinations are

available free of charge to susceptible individuals.

## **FOOD AND NUTRITION SERVICES**

### **Retail Services**

**Cafeteria Service.** The Main Café is located in the University Hospital next to the Central Elevators and maintains the following hours of service:

Breakfast: 6:00 a.m. - 10:30 a.m.

Lunch: 11:00 a.m. - 2:00 p.m.

Snacks: 2:00 p.m.-5:00 p.m.

Dinner: 5:00 p.m. – 9:00 p.m.

Snacks: 9:00p.m.-10:30p.m.

Late Night: 11:00p.m.-3:00a.m.

The cafeteria features several food options including: Chick-fil-A Express, grill, favorite's station (traditional cafeteria food), Pizza station, daily special station, made-to-order salad station and To-Go cooler (stocked with "grab & go" items).

**Wiser Bistro.** Located on the first floor of Wiser Hospital for Women and Infants is open from 7 a.m.-2 p.m. Monday-Friday. A full breakfast is served until 9:30a.m. and a grill type lunch with a salad bar, pizza and soups is served from 11AM to 2PM.

**Norman C. Nelson Student Union Food Court.** Serves a full breakfast until 9:30 a.m. and grill type lunch with salad bar, pizza and soups from 11:00 a.m.-1:30 p.m. and is open from 7:00 a.m.-2:00 p.m. Monday- Friday.

**Coffee Kiosks.** Two coffee kiosks available to the public:

- Starbucks- located in lobby area of new hospital is open from 6:00 a.m. -6:00p.m. Monday-Friday.
- Community Coffee- located at the UMMC Pavilion is open from 7:00a.m.-2:00p.m. Monday-Friday.

In addition to beverages and pastries, pre-made salads and sandwiches are also available.

**Catering.** Contact Food and Nutrition at 4-2070.

### **Patient Services**

A diet order for a patient must be sent through the computerized order entry system before a tray can be delivered to the patient. A change in a patient's diet order must be transmitted to the diet office according to the following schedule:

Breakfast - by 5:30 am, Lunch - by 10:00 am, and Dinner - by 3:00 pm.

If a late tray is desired, Nursing will need to call the Diet Office and request this.

The Academy of Nutrition and Dietetics-Nutrition Care Manual is the hospital's approved diet manual. This can be found on the hospital's intranet by clicking on the Healthcare button and then the Nutrition Care Manual link. The Adult Nutrition Care Manual will pull up automatically but you may switch over to the Pediatric Nutrition Care Manual by clicking on the View Another Subscription drop down arrow. Patient Education material and various other nutrition related information can be found here.

### **Clinical Nutrition Services-Registered Dietitians**

Registered Dietitians are available Monday through Friday from 7:30 am until 5:00 pm and on weekends; by consult and/or pager. Consults must be ordered through the computerized order entry system and are answered within 24-48 hours. Outpatient Dietitians are also available by electronic referral. The Outpatient Dietitians are located at the Jackson Medical Mall and Pediatric Outpatient Clinics.

### **LIBRARY**

Rowland Medical Library at the University of Mississippi Medical Center (UMMC) provides and supports access to biomedical and health sciences resources for students, faculty, and researchers in the Schools of Dentistry, Graduate Studies in the Health Sciences, Health Related Professions, Medicine, Nursing, and Population Health. The library acquires, preserves, and manages these resources and provides services on campus and through

the library's website, <http://www.umc.edu/library>.

### **Accessing Electronic Resources**

No password is required to access electronic resources when in UMMC network. An UMMC ID and password provides access to library resources when out-of-network. For problems with your password, call the DIS Help Desk at (601) 984-1145. A guide for new clinical residents and fellows on the resources and services available at Rowland Medical Library can be accessed at <http://umc.libguides.com/residents>.

### **Location & Hours**

Rowland Medical Library is located in the Verner S. Holmes Learning Resource Center, adjacent to the School of Medicine. The library is open to UMMC personnel and the general public. Individuals must have their UMMC identification badge to checkout library materials.

The library is open during the following hours:

7:00 am-12:00 midnight, Monday through Thursday

7:00 am-9:00 pm on Friday

8:00 am-7:00 pm on Saturday

Noon -12:00 midnight on Sunday

A UMMC badge is required for entrance Monday-Thursday and Sunday after 8:00 p.m. and Friday after 7:00 p.m. The library is closed on all official UMMC holidays. Hours may vary holidays and summer semester; please visit <http://www.umc.edu/library/About-the-Library/Medical-Library-Hours.html> for updated hours.

### **Contacts**

<http://www.umc.edu/library>

Email: Lib-Library@umc.edu

Circulation - (601) 984-1230

Reference - (601) 984-1231

Director's Office - (601) 984-1290

E-Resources - (601) 984-1277

## **VOLUNTEER SERVICES**

The Volunteer Services Office is located in Room H-146. The telephone extension is 4-2068. Office hours are 8:00 am to 5:00 pm, Monday through Friday.

Volunteers provide services for the hospital patients, their families and staff without pay.

Volunteers assist staff in many areas throughout the hospital, clinics, the Durant Nursing Home, the hospital at Lexington and the Jackson Medical Mall by staffing information desks, providing a liaison between staff, patients and families, helping in the pediatric activities rooms, providing reading materials to patients and reading to them, delivering patient mail, manning the CHEC centers, assisting in the Cancer Institute and Ambulatory Surgery Unit and numerous other areas of UMMC.

Specifically trained volunteers scheduled through the Volunteer Services office are Rocking Mamas for infants in NICU; REACH volunteers who assist staff in both the Children's Cancer Clinic and children's hospital; and students participating in the Health Careers Development Program who receive an overview of possible careers in the Health Care field.

Volunteers are recruited from church and civic groups, colleges and high schools, and the community.

## **POST OFFICE**

The Post Office is located in the basement of the Medical Center. The Post Office is open Monday through Friday from 10:00 am to 4:00 pm.

## **GRADUATE MEDICAL EDUCATION OFFICE**

The Graduate Medical Education Office, located in Room R102 in the Research Wing, is the Institution's Representative to the House Staff. The telephone extension is 4-1113. The website is <http://www.umc.edu/gme/>

House Staff may consult with the Graduate Medical



Education Office on any matter including the professional liability program, state medical licensure, federal drug licensure, contracts, lab coats, etc. Residents may send anonymous feedback to the Associate Dean of Graduate Medical Education by logging onto the GME website under Resident Information/ Resident Suggestions/ Residents Commentary OR by going to the UMMC Intranet and clicking Education on the Tool Bar and then clicking on Resident Suggestions located under R-Education Links.

The Graduate Medical Education Office is responsible for the administration of such matters as recruitment, applications, registration and enrollment, employment, National Resident Matching Program, registrar certification, award of certificates, and verification of requests from hospitals relative to graduate program completion.

### **POSTGRADUATE MEDICAL EDUCATION**

The House Staff is composed of physicians undergoing training in the following programs:

#### Anesthesiology

Pain Management  
Pediatric Anesthesiology

#### Dermatology

#### Emergency Medicine

#### Family Medicine

Sports Medicine

#### Internal Medicine

Allergy & Immunology

Cardiology

Cardiology-Interventional  
Adult Congenital Heart Disease

Digestive Diseases

Endocrinology

Geriatrics

Hematology-Oncology

Infectious Diseases  
Nephrology  
Pulmonary/Critical Care  
Rheumatology  
Medicine Pediatrics  
Medical Genetics & Genomics  
Neurology  
Neuro Critical Care  
Neuromuscular Medicine  
Neurophysiology  
Vascular Neurology  
Neurosurgery  
Obstetrics and Gynecology  
Maternal-Fetal-Medicine  
Ophthalmology  
Orthopedic Surgery  
Orthopedic Hand Surgery  
Otolaryngology  
Pathology  
Cytopathology  
Pediatrics  
Pedi-Cardiology  
Pedi-Critical Care  
Pedi-Emergency Medicine  
Pedi-Hematology/Oncology  
Pedi-Hospice & Palliative  
Pedi-Neonatal-Perinatal  
Pedi-Neurology  
Plastic Surgery  
Plastic Surgery-Integrated  
Plastic Surgery-Hand  
Psychiatry  
Child Psychiatry  
Sleep Medicine

## Radiology

### Radiation Onc

### Surgery

Cardiothoracic

Pediatric Surgery

Surgical CC

Vascular Surgery

### Urology

### Dentistry

The School of Dentistry offers a one-year General Practice Residency, a one-year advanced education in General Dentistry Residency Program, a two-year Pediatric Dentistry Residency Program and a four-year Oral and Maxillofacial Surgery Program.

All programs meet the requirements of the various specialty boards. Members of the house staff are under the supervision of their assigned chief of service in all matters relating to professional care of patients. All House Staff appointments are made for one year from the date of entry (usually July 1 through June 30) and are subject to cancellation by the hospital for just cause. Resignation from any service requires approval of the chairman of the department. Any House Staff member leaving without proper authorization is ineligible to receive a certificate of training, awarded as recognition of completion of training by the University of Mississippi Medical Center. A House Officer leaving without completing a training program will receive a verification of incomplete residency education.

The Medical Staff, through its Executive Committee, operates under the bylaws, rules and regulations as approved by the Board of Trustees of State Institutions of Higher Learning. Overall coordination of the Medical Staff is exercised by the Medical Director.

### **LEAVE OF ABSENCE DURING HOURS OF DUTY**

During hours of duty it is essential that House Staff keep the telephone operator advised concerning their whereabouts if they are not within the paging system capability. A resident should not leave the hospital while

on duty without first obtaining permission from his senior resident or chief of service.

### **LEAVE POLICY**

Leave will be accrued in accordance with UMMC policy, and as permitted by the VA. Leave must be reported and may be granted in accordance with the requirements of the individual residency programs, UMMC Policy, and also in accordance with the requirements of the VA for those residents assigned to the VA. A resident must not take leave without first obtaining approval from the program director.

**RECRUITMENT AND APPOINTMENT OF RESIDENTS -**  
See GME website.

**RESIDENCY CLOSURE -**See GME website.

**RESIDENT ELIGIBILITY AND SELECTION -** See GME website.

**RESIDENT TRANSFER-REHIRE -** See GME website.

### **ACCREDITATION: THE JOINT COMMISSION**

The University Hospitals and Health System are accredited through the Joint Commission on Accreditation of Healthcare Organizations (TJC). TJC accreditation enables the University Hospitals and Health System to participate in residency education programs.

The survey process involves interviews, visits to patient care settings, and document review. Physicians, hospital employees, and patients are involved in the survey. House Staff are expected to respond to documentation and interview requests.

### **INSURANCE**

#### Health Insurance

Health insurance coverage is effective on the date of employment. There is no charge for the individual house officer's coverage for the Base Coverage (\$1,800 deductible). There is a \$20 payroll deduction for Legacy Individual coverage & \$38 payroll deduction charge per month for Horizon Individual coverage for the Select

Coverage \$1,000 deductible. Health insurance for eligible dependents is available through payroll deduction and may be applied for through the Department of Human Resources: Benefits.

#### Life Insurance

All house officers are eligible to enroll in the State Term Life Insurance Plan. The Medical Center pays one-half of the premiums. The amount of coverage is equal to twice the amount of his/her annual salary rounded to the next \$1,000 (minimum 30,000/maximum 100,000). Plan premium information can be found by viewing the biweekly premiums posted on the Benefits Website.

#### Retirement

**All benefits-eligible employees' are required to participate in either the Public Employees' Retirement Plan or the Optional Retirement Plan.** Total contributions is 9.00% of your gross earnings per pay period.

Special tax-deferred retirement plans are also available. You may contact the Benefits Department for further information regarding available retirement options.

#### Other Insurance

Other insurance available to house officers include: supplemental term life, whole life, accident health, critical illness, dental, vision, long-term disability, short-term disability and cafeteria plan with medical and dependent care spending accounts. Additional information regarding your benefits can be found by viewing the Benefits Guide on the Benefits website.

### **RESIDENT PROFESSIONAL LIABILITY PROGRAM**

The Mississippi Supreme Court has ruled that physicians and dentists, who are residents, interns or fellows (hereinafter "House Officers") at the University of Mississippi Medical Center, are employees of the State of Mississippi and are entitled to the protection and immunity from liability under the terms of the Mississippi Tort Claims Act. Pursuant to the Act, the University will provide a defense and indemnity to all House Officers against claims for actions or omissions occurring within

the course and scope of their employment while at UMMC and/or on official rotation at other Mississippi hospitals or clinics. The same protection is afforded to former house officers for such claims made after leaving UMMC, if the matter relates to claims arising during the term of their internship, residency, or fellowship. The University Resident Professional Liability Program does not cover moonlighting.

### **PARKING**

Parking is available for members of the House Staff, and Physical Facilities will issue a decal.

### **PAYCHECKS**

Pay vouchers are issued to members of the House Staff on a Bi-Weekly payroll schedule. All staff must sign up for direct deposit through the Payroll Department which is located at the JMM 2<sup>nd</sup> floor in the Financial Suite, above the Ambulatory Clinics. Respective departments will distribute direct deposit notification.

### **LAB COATS**

House staff new to the hospital are furnished three 3/4 length coats (to be worn over street clothes, *i.e.*, shirt, tie, pants or dress). House Staff transferring from one Residency/Fellowship Program to another are furnished with 2 new 3/4 length coats.

### **MEAL TICKETS**

House Staff receive meal tickets with a value of \$6 for in-house call. The meal tickets are valid Saturday; Sunday; holidays, and 5:00 pm to 10:00 am Monday-Friday.

### **RESIDENTS' COUNCIL**

Residents are peer elected to the Residents' Council, which meets quarterly with the Associate Dean of GME. The Council provides a forum for the GME to share information directly with residents, monitors resident satisfaction and discusses concerns confidentially. Members are appointed to standing committees of the medical staff of the University Hospital, as provided by the medical staff bylaws.

## **PROFESSIONAL ISSUES**

### **DUTY HOURS POLICY**

The University of Mississippi Medical Center and its affiliated hospitals are committed to providing excellent patient care and outstanding education for physicians in training. Compliance with all Accreditation Council for Graduate Medical Education policies is expected. Effective July 1, 2011, the work hours of resident physicians enrolled in programs not granted a work-hours extension are as follows:

#### **I. Duty Hours**

- Duty hours are defined as all scheduled clinical and academic activities related to the residency program, *i.e.*, patient care (both inpatient and out-patient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- Scheduled duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Residents are to be provided with one day in seven free from responsibilities to the program, averaged over a four-week period, inclusive of call and free from all clinical, educational, and administrative activities. One day is defined as one calendar day.
- Residents should have 10 hours free of duty, and must have 8 hours off between Scheduled Duty Periods.

#### **II. On-Call Activities**

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty

hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- Interns (PGY-1's) are limited to a maximum of 16 hours of continuous duty in hospital.
- PGY-2 residents and above must be scheduled for In-house call no more frequently than every third night (when averaged over a four-week period).
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. PGY-2's must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for severely ill or unstable patients and must be documented as defined in section VI.G.4.b of Specialty and Subspecialty Program Requirements.
- All trainees are limited to no more than 28 hours continuous duty in the hospital (24 hours in house call, plus 4 hours to complete post call patient care responsibilities).
- No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
- At-home call (pager call) is defined as call taken from outside the assigned institution.
  - Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-



seven completely free from all educational and clinical responsibilities of duty, when averaged over four weeks. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
- The Program Director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### **III. Moonlighting**

- The Program Director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- External Moonlighting must be monitored and tracked in addition to In-House Moonlighting and must be counted toward the 80-hour Maximum Weekly Hour Limit (as defined in the ACGME Glossary of Terms).
- In Mississippi, it is illegal and/or grounds for loss of temporary or limited medical licensure for any resident or fellow in training to engage in moonlighting unless in possession of an unrestricted license to practice medicine in the State. Residents are not required to engage in moonlighting; further, the University of Mississippi Medical Center (UMMC)

discourages moonlighting or professional activity by residents or fellows apart from full-time UMMC-sponsored or ACGME-sanctioned postgraduate educational programs because these activities tend to interfere with the educational process and health of the physician-in-training. The program director must acknowledge in writing that a resident or fellow is moonlighting, and the information made a part of the resident's folder. The effects of moonlighting on performance in the residency program will be monitored and adverse effects may lead to withdrawal of permission to engage in moonlighting activities.

The University of Mississippi Medical Center Professional Liability Program for residents only applies to those professional activities within the course and scope of their employment while at UMMC and/or on official rotation at other hospitals or clinics. It does not apply to outside professional activities such as moonlighting.

The UMMC institutional DEA number must not be used while moonlighting.

#### **IV. Oversight**

- Each residency program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of scheduled duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
- Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

- To monitor compliance with applicable institutional and specialty/ subspecialty duty hours policies and requirements, the GMEC will assess each UMMC residency program at least annually. The extent and frequency of monitoring for each program will be determined by the GMEC based upon the program's duty hour history, data collected by the GMEC from the program and its residents, and other data sources identified by the GMEC. Duty hours assessment will also be a standard component of each GMEC-RRSC internal program review and report.

### **Work Hours Extension**

The work hours of resident physicians enrolled in programs which have been granted an extension are limited to the amount in that extension up to a maximum of 88 hours per week. Except for an extension of total work hours all other aspects discussed in section 1 a-d of this policy apply to those programs receiving the extension.

The UMMC considers the participation in program or institutional work hours monitoring processes to be a part of the resident physician's professional responsibilities.

### **WORK ENVIRONMENT POLICY**

The work environment should foster achievement of educational goals of the program and promote high quality patient care. The general employment policies and procedures are described in the *House Staff Manual* and in the Faculty and Staff Handbook. Several mechanisms exist for residents to raise issues of concern about the work environment. The Resident Council exists for the purpose of discussing issues related to the work environment. Other mechanisms available to residents include raising issues through resident or faculty representatives on the GMEC, through the leadership of the house officers association, through meeting with program directors or department leaders, through the

monthly chief residents meetings with the Medical Director of the hospital, or through meeting with the Associate Dean for Graduate Medical Education.

### **QUALITY OF EDUCATION POLICY**

Residency and fellowship training programs sponsored by the UMMC are required to maintain educational programs which meet or exceed the standards of the external accrediting bodies. The programs will establish educational goals consistent with these standards. Programs in emerging fields for which accrediting bodies do not exist are required to develop and maintain educational programs consistent with the goals of the program.

The educational experiences will include formal instruction and clinical experiences with appropriate supervision to ensure that the educational objectives are achieved. The program and its faculty are required to provide residents with formal evaluations of their progress in the program.

Programs must provide residents with a mechanism to evaluate faculty and the educational program. In addition to the specific educational requirements of each program, all programs are required to provide a curriculum and evaluation system ensuring achievement of the following general competencies: patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and systems based practice.

The programs will receive formal internal reviews each year as mandated by ACGME. Those programs accredited by other entities will also be reviewed annually in the same process. Additional full or ad-hoc reviews may be conducted if significant problems are identified either through the annual review process or other mechanisms or if requested by programs.

### **EVALUATION AND PROMOTION AND DISMISSAL OF RESIDENTS POLICY**

All residency programs are required to provide regular evaluations to the residents. Programs will provide formal written evaluations from the program director, program

residency committee, department chair, or designee at least two times per year or more often if required by the accrediting body for that program. Residents whose performance is below an acceptable standard must be notified of deficiencies in their performance.

Each program must establish criteria for promotion for each level of training and completion of the program. Unsatisfactory trainee performance may result in the dismissal from the program of the House Officer. This decision will be made by the Program Director and GME in consultation with Chairman of the Department. If a House Officer wishes to contest the Program Director's decision for termination from the training program, appeal for review can be addressed to a constituted Departmental Grievance Committee composed of selected peers and faculty.

Reappointment for additional years of training shall be based upon evaluation of the resident physician's performance and availability of positions. If the resident physician does not commence the training program upon the first day of the regular academic year of UMMC, viz., July 1, and the resident physician does not exhibit sufficient competency to advance to the following year of residency, then UMMC may terminate this contract at the end of the academic year of the training program even if this contract states a later termination date. UMMC shall give the resident physician at least four (4) months written notice of an intent not to reappoint the resident physician to the next year of training, unless the event or events giving rise to such non-reappointment occur during the last four months of the academic year, in which case UMMC shall give the resident physician as much notice of non-reappointment as is reasonably allowable.

### **DISCIPLINE AND BEHAVIOR**

The house staff member's greatest asset or liability is the manner in which he/she conducts himself/herself in his/her relations with patients, members of the hospital staff and the public. Residents have a special responsibility to avoid the use of intemperate language or

actions in front of patients, the nursing staff, other hospital personnel and visitors.

Interns, residents, & fellows (House Officers) are subject to the rules and regulations that govern the hospital. The UHHS Professional Behaviors Policy is available on line on the Medical Center Intranet and in the *Administrative Policies and Procedures Manual*. House Officers are expected to adhere to this policy. Infractions of the rules will be referred to the chiefs of the services.

House Staff shall have the rights of grievance procedures as detailed in the Handbook for Employees of the Medical Center. There is a separate House Officer Grievance Policy for residents maintained in the Graduate Medical Education Office and included on the GME website under Administration/Policies/Grievance.

Members of the Graduate Medical Education Committee (GMEC) and/or appropriate program leadership serve on the Appeals Committee for matters involving House Officers.

### **HARASSMENT**

See GME web site under Administration/Policies. Also, see UMMC Faculty and Staff Handbook and Personnel Procedures.

### **SUBSTANCE ABUSE**

See GME web site under Administration/Policies. Also, see UMMC Faculty and Staff Handbook and Personnel Procedures.

### **ASSIGNMENT SCHEDULES**

Schedules of assignments are arranged by services prior to changes in service. Compliance with these schedules is mandatory and no changes may be made without approval of the Chief of service or his representative.

Each department has established rules and procedures for its own staff. Certain general requirements exist for all hospital staff members and it is expected that the house staff will comply with the standards established by the hospital.

### **LICENSURE**

## **Drug Enforcement Administration**

Every physician licensed to practice in Mississippi who prescribes, administers or dispenses any controlled substance within Mississippi or who proposes to engage in the prescribing, administering or dispensing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1201 Food and Drugs. The DEA has advised the Medical Center that the University Hospital DEA number may be used by UMMC physicians provided a unique four-digit suffix is added for each individual. The number will be provided to the DEA upon request, and it will be traceable. UMMC interns and residents are allowed to use this number for prescriptions written for Medical Center patients. This number is not to be used for the purpose of moonlighting or other purpose, outside of official University of Mississippi Medical Center business. It also does not give the user the ability to order DEA 222 forms.

Interns and residents may obtain their unique hospital DEA number from Pharmacy Administration, located in room H027 just past the main pharmacy in the basement of the adult hospital. Their hours are 8:30 am to 4:15 pm Monday through Friday. Each physician must present his/her own Medical Center ID badge and sign for the number.

The Hospital Pharmacy will supply the hospital DEA number with a unique suffix for interns and non-fully licensed residents.

## **State Medical License**

All House Staff must have a valid Mississippi license issued by the Mississippi State Board of Medical Licensure. No House Staff will be able to start a residency or begin employment at The University of Mississippi Medical Center unless the House Staff has obtained a valid Mississippi medical license.

It is imperative that residents abide by all state laws and Board of Medical Licensure rules. It is the responsibility of each House Staff to obtain, maintain, and renew his or her

own medical license. The Mississippi State Board of Medical Licensure may be contacted at: Suite 200B, 1867 Crane Ridge Drive, Jackson, Mississippi 39216; telephone (601) 987-3079.

### **VISAS FOR INTERNATIONAL MEDICAL GRADUATES**

The University of Mississippi Medical Center sponsors Immigrant or J-1 Visas for all international graduates who are not United States citizens or Permanent Residents.

### **MEDICAL RECORDS**

Medical records reflect the quality of patient care given. They are the basic tool for planning patient care and for communication between physicians and other persons contributing to patient care. The content of the medical record shall be sufficient to justify the diagnosis and warrant the treatment.

A unit record is kept on each patient, thus all emergency room visits, admissions and clinic visits are in the same record. Each patient has a unit number which identifies his (her) for all purposes. The patient's name, medical record number and date of service must be placed on every sheet of the record that is scanned into the Electronic Health Record (Epic).

### **GENERAL PROCEDURES**

When Recording Information in the medical records during downtime procedures or on documentation in the thinned chart:

- Write legibly.
- Sign, date and time all entries; indicate your credentials.
- Do not use prohibited abbreviations. The list of DO NOT USE abbreviations and symbols is available on each nursing unit and on the UMHC Intranet, Departments, Health Information Management, "Do Not Use Abbreviations".



Make no change or deletion in the medical record except in case of error when a single line shall be drawn through the error, the correction made, dated and signed. For legal reasons, do not erase, use ink eradicator or do anything else, which might be considered tampering with the record. The Epic correction procedure should be followed for making corrections in the Electronic Health Record.

## **DICTATION**

Admitting service history and physical, consults, operative reports, clinic notes and discharge summaries should be documented or dictated into the Electronic Health Record (Epic) using MModal partial dictation or MModal Fluency Direct. When dictating speak slowly and distinctly. Spell proper names and difficult words. Indicate paragraphing. Careful dictation means accurate transcription.

## **COMPLETION OF MEDICAL RECORDS AND GUIDELINES FOR RECORDING INFORMATION**

### **History and Physical Examination:**

A specialty appropriate history and physical examination shall be documented or dictated and signed electronically within 24 hours of admission including a statement of conclusions or impression drawn from the admission history and physical examination.

The admitting service may document or dictate the history and physical examination. An attending physician shall countersign the history and physical examination recorded by a person other than the attending physician.

If a medical staff member has recorded a complete history and physical examination within 30 days prior to the patient's admission to the hospital this report may be used in the patient's hospital medical record in lieu of the admission history and report of physical examination. In such instances, an interval admission note that includes all additions to the history and any subsequent changes or no changes in the physical findings must always be recorded.

The complete history and physical examination shall be

documented within 30 days prior to a scheduled outpatient procedure. An interval note shall be recorded no more than 24 hours prior to the procedure. The interval note will document pertinent changes in the patient's condition that have occurred between the original history and physical and the procedure. If there is no interval change in the patient's condition, "no interval change" shall be documented. If the patient requires conversion to hospital admission status, then an updated history and physical will be required within 24 hours if the pre-history and physical is dated seven days prior to the current date.

**Progress Notes:**

- Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability.
- Each note should be dated, timed and signed by its author. An attending physician shall countersign a preoperative note recorded by a person other than the attending physician.
- Whenever possible each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment.
- Progress notes shall be completed at least daily on critically ill patients and those where there is difficulty in diagnosis or management of the clinical problems and at least every third day in any case. A progress note is required by the service transferring the patient and the service receiving the patient.
- A medical student writing progress notes should indicate the resident or staff attending of responsibility. This note must be counter signed by a resident or attending physician.

**Orders:**

All orders for treatment must be dated and timed, and signed by the responsible practitioner.

Routine orders cannot be given over the telephone. The

responsible practitioner shall authenticate verbal restraint/seclusion orders according to restraint/seclusion policy and all other verbal and/or telephone orders within 24 hours of receipt of the order.

Authentication shall consist of a signature, date and time.

A medical student may write orders if cosigned by the resident of attending. A nurse practitioner may write orders that do not require counter signatures.

The practitioner who writes the discharge order will be responsible for completing the record and documenting or dictating the discharge summary unless he/she designates another practitioner of responsibility in the discharge order.

### **Consultation:**

Consultations shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, the consultant's opinion and the recommendations.

Consultations may be documented or dictated. The consultant's history and physical may satisfy requirement for H&P.

The consultant and the attending practitioner must sign a consultation performed by a medical staff member.

### **Operation Report:**

A progress note shall also be entered in the medical record immediately after surgery to provide pertinent information for anyone required to attend to the patient. Include the date and time the note is entered in the record.

The operative reports shall include a detailed account of the findings at surgery as well as the details of the technique. The following items should be included:

- Documenter or Dictator's complete name
- Attending surgeon's complete name
- Patient's complete name
- Patient's medical record number
- Date of operation

- Complete name of primary surgeon, and assistants
- Anesthesiologist's complete name
- Type of anesthesia used
- Name of the operation
- Preoperative diagnosis
- Postoperative diagnosis
- Description of procedure (including preparation, incision, findings, any specimens removed, disposition of specimens, estimated blood loss, technique and closure).

□

A documented or dictated operative report is required in all general anesthesia cases. Operative reports shall be documented or dictated immediately following surgery. Per UMHC Bylaws and Policy, all operative reports shall be documented or dictated 24 hours post procedure. If the report is not documented or dictated within 24 hours it is considered delinquent and the attending physician may lose OR privileges. Please refrain from using "Do Not Use Abbreviations. The operative report must be signed by the documenting or dictating practitioner and the attending surgeon

### **Discharge Summary:**

A discharge clinical summary shall be documented or dictated at the time of discharge on all Inpatient, observation, and surgery admit patient classes. The discharge summary shall be signed by the documenting and dictating practitioner and the attending practitioner. Discharge summaries shall be documented or dictated within 48 hours after discharge. If the report is not documented or dictated within 48 hours it is considered delinquent and the attending physician may lose admitting privileges.

The discharge summary should include the following items:

- Documenter or Dictator's complete name
- Attending complete name

- Patient's complete name
- Patient's medical record number
- Admit and discharge date
- Diagnoses and procedures (no abbreviations)
- Brief past history/present complaint
- Physical examination-limited to pertinent findings
- Laboratory results/x-ray/diagnostic findings
- Course in hospital/operative findings
- Treatment given
- Disposition of patient
- Instructions to patient to include: exercise/physical limits, diet, medications, length of disability and follow-up visit/plan.

## **GENERAL INFORMATION**

### **Completion of Records:**

The patient's medical record shall be completed at the time of discharge, including progress notes, final diagnosis and discharge summary.

### **Deficiency Analysis:**

The deficiency analysis division of Health Information Management, located in suite 550B of the JMM, is staffed Monday-Friday 8:00 a.m. to 4:30 p.m. Please call 4-4040 for deficiency inquiries.

### **Vacations and Off-Campus Rotations:**

All practitioners must notify the Deficiency Analysis Specialist, extension 4-4862, and complete all deficiencies before going on vacation or leaving for an off campus rotation.

## **DELINQUENT MEDICAL RECORDS**

A medical record shall be considered delinquent if it is not completed within 30 days post discharge. Undocumented or Undictated operative reports will be delinquent 24 hours post procedure and will result in suspension of the attending surgical privileges if not completed timely.

## **REQUEST FOR MEDICAL RECORDS**

### **Emergency Patients:**

Requests for records for immediate patient care will be given top priority if the patient is being seen in the emergency room or being admitted that day.

### **Clinic Records:**

Clinic records are requisitioned at least 48 hours prior to the clinic appointment. Clinic records must be returned to Health Information Management at the close of the clinic.

## **MEDICAL RECORD LEGAL CONSIDERATIONS**

All entries must be clearly identified with signature and date. The medical record is a confidential document and no information may be released from it without a written authorization signed by the authorized person, except under subpoena. A court subpoena will be handled by the Release of Information Office. No UMHC medical records may be removed from the hospital except as provided for in the medical staff bylaws, rules and regulations and the UMHC administrative policies and procedures.

## **RELEASE OF PATIENT INFORMATION**

Requests for patient information to be sent to attorneys, insurance companies, etc., should be promptly sent to the Release of Information Office.

Departmental and unit secretaries are responsible for obtaining information from other institutions and agencies.

## **INFORMATION SYSTEMS**

The Division of Information Services (DIS) is located on the north end of the Jackson Medical Mall. DIS provides approved hardware and approved software support for desktop computers and workstations throughout UMMC.

### **DIS Help Desk contact methods:**

- Phone: 601-984-1145 (4-1145 on campus)

- Toll Free: 1-877-347-5041
- Self Service:  
<http://myservicedesk> (on network); <http://myservicedesk.umc.edu> (off network)
- Email HelpDesk@umc.edu

### **Passwords:**

A user name and password are necessary to gain access to the UMMC computer network and associated applications. Each user is responsible for their unique password.

**YOUR PASSWORD MUST BE KEPT SECURE AT ALL TIMES. DO NOT SHARE YOUR PASSWORD WITH ANYONE!**

Take a few minutes to enroll in [Password Central](https://passwordcentral.umc.edu/aims/ps/) (<https://passwordcentral.umc.edu/aims/ps/>) so you can manage your password resets, forgotten passwords, or network account locks.

### **Password Policy:**

- Must not contain all or part of the user's account name
- Previous password should not be used
- Must be at least eight (8) characters in length
- Must contain characters from three of the following four categories:
  - English uppercase characters (A through Z)
  - English lowercase characters (a through z)
  - Base 10 digits (0 through 9)
  - Non-alphabetic characters (examples include: !\$#%)

Six unsuccessful login attempts will lock you out of the UMMC network including email on mobile devices.

After changing your password, you will need to make sure it is changed on any mobile device connected to your Blackberry Work e-mail or calendar.

[Blackberry Work \(https://www.umc.edu/DIS/BlackBerry-Work-Application.html\)](https://www.umc.edu/DIS/BlackBerry-Work-Application.html) application is UMMC's solution for mobile email.

[Entrust Identity Guard \(https://www.umc.edu/dis/entrust%20identity%20guard.html\)](https://www.umc.edu/dis/entrust%20identity%20guard.html) is required in order to access UMMC Webmail, Citrix or VPN. This process ensures your device and accounts are secure against critical threats and attacks when you connect from off campus.

[Click here \(https://intranet.umc.edu/sites/Administration/informationsecurty/Pages/Policy-and-Compliance.aspx\)](https://intranet.umc.edu/sites/Administration/informationsecurty/Pages/Policy-and-Compliance.aspx) for the complete UMMC Information Policy. (Internal link only)

## **PATIENT CARE**

### **A Comprehensive Tobacco Center (The ACT Center)**

The ACT Center is located in the Cancer Center, in the Jackson Medical Mall, Suite ME102. The telephone extension is 5-1180.

### **POISON CONTROL CENTER**

The Mississippi Regional Poison Control Center serves as the regional center for the entire state. Calls from both the general public and health care professionals are accepted 24 hours a day, every day of the year. You may obtain assistance in diagnosis and management of poisonings resulting from medications, household products, poisonous plants, venomous animals, agricultural chemicals, industrial chemicals, and hazardous materials. Whether you require assistance or not, you may wish to report cases to the Poison Center, since all poisonings are Class II reportable diseases in Mississippi. To contact the Poison Control Center, call the emergency number 1-800-222-1222.



In addition to the above services, the Mississippi Regional Poison Control Center operates a poison prevention and education program that distributes poison prevention literature and arranges educational programs for schools, day-care centers, churches and civic groups. This service also arranges and conducts continuing education programs for health care professionals. To obtain further information on poison prevention services, call 984-1680.

### **ADMISSIONS DEPARTMENT**

Three primary factors determine whether or not a patient may be admitted to the University Hospital: (1) medical need, (2) bed availability, and (3) financial arrangements for cases of elective admissions.

The Adult Admissions Department is located on the first floor at the main entrance to the new adult hospital. It is open Monday - Friday 6:00 AM - 6:00 PM. After hours, holidays and on weekends, all admissions are through the ED. When a patient is to be admitted, the medical staff with privileges must call in the admission in advance to the Bed Board Officer at ext. 4-2140.

The Pediatric Admissions Office is located in the Children's Hospital lobby and is open Monday-Friday 5:30 am -9:00 pm. After hours admissions and holiday admissions will be through the PER. Call Bed Board at 4-2140 to admit a patient.

Admission to any UMMC Hospital is made without regard to sex, race, creed, color or religion.

### **Admission Classifications**

1. *Emergency*: An emergency is defined as a condition in which the life of the patient is in immediate danger and in which any delay in administering treatment would significantly increase such danger.
2. *Urgent*: Urgent is defined as a condition in which the health of the patient is in need of immediate attention (within forty-eight hours)

and in which any prolonged delay in administering treatment would jeopardize the health of the patient. This category includes those so designated by the attending practitioner and shall be reviewed as necessary.

3. *Elective*: Elective is defined as a condition in which the next available date for scheduled admission is not considered to cause an adverse effect on the patient's health.

### **Visitors**

Visitors are not allowed in patient areas past 9:00 pm, unless a physician has requested a family member to remain overnight.

### **Hours of Visitation**

Visiting hours are from 9:00am - 9:00pm daily. Visiting hours for special units are posted on the entrance to the units.

### **Scheduled Discharges**

Please plan a patient's discharge by:

- Notifying the family, case manager and patient one or two days in advance of the anticipated departure date, so that necessary arrangements can be made.
- Seeing that a consult is done to dietary or education for teaching patient about diet and the giving of insulin far enough in advance so that he is ready to go home.
- Discussing and planning as soon as possible with the social worker any specific need the patient may have, for example:
  - a. discharge by ambulance
  - b. discharge to a nursing home
  - c. homemaker to be available
  - d. home health service
- Preparing clinic appointment slips, if necessary. Writing discharge order the preceding evening or by 9:00 am ON THE DAY OF DISCHARGE.

### **AGAINST MEDICAL ADVICE**

When a patient insists on being discharged against the professional advice of the medical staff, or his family insists on removing the patient from the hospital against such advice, the member of the house staff caring for the patient must observe the following procedure:

- Attempt to dissuade the patient from such a course, pointing out the risks of leaving the hospital against medical advice and document this discussion in the medical record. A hospital social worker may be able to assist you in resolving the patient's concerns.
- If the patient insists on leaving the hospital, have the patient sign the "Against Medical Advice" form. One witness should also sign the form.
- Complete the Occurrence Report form and forward to the Nursing Service Office.

## **INFECTION CONTROL**

An infection control website is available online. Consult this manual for routine infection control policies. Go to Network Applications- All; click on UMMC Infection Control Website icon (a clipboard).

If any questions or problems arise concerning hospital acquired infections or infection control, call the Hospital Epidemiologist at extension 4-5566; the infection control nurses can be reached at 4-2699; 4-2189; 5-3942; 5-5563; or 5-1139. The pediatric infection control nurse can be reached at 4-6783. All phone numbers and pager numbers are listed on the website.

## **ETHICS**

Persons desiring an Ethics Advisory Committee Consult should contact the Social Worker in the Coordinated Care office, extension 4-2468 (main office during the day and the emergency department worker during nights and week-ends). This request will be triaged and referred to the appropriate consult team. Requests may be made by

any-one and may be anonymous.

### **Consent for Treatment**

It is the policy of The University Hospital to require a written informed consent for:

- Any surgical procedure that invades the body through incision or natural orifice.
- Any procedure where anesthesia is used.
- Any medical treatment/procedure that involves a risk to the patient.
- Any other procedure that the medical staff deem necessary.

Listed below are the individuals who may legally consent for treatment.

- Any adult, for himself. For purposes of this section, the term "adult" shall mean any person who is 18 years of age or older.
- Any parent, whether an adult or a minor, for his minor child or for his adult child of unsound mind; however, the father of an illegitimate child cannot consent for said child solely on the basis of parenthood.
- Any married person, whether an adult or a minor, for himself, and, where his joinder in the consent of his spouse may be desired or required, with his spouse.
- Any married person, whether an adult or a minor, for his spouse of unsound mind.
- Any person standing in loco parentis, whether formally serving or not, and any guardian, conservator of custodian, or anyone possessing durable power of attorney for his ward or other charge under disability.
- Any adult for his father or mother of unsound mind; however, an illegitimate child cannot consent for his natural father solely on the basis of the latter's parenthood.
- Any emancipated minor, for himself.

- Any un-emancipated minor of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures, for himself.
- Any female, regardless of age or marital status, for herself when given in connection with pregnancy or childbirth.
- Any adult, for his minor brother or sister or for his adult brother or sister of unsound mind.
- During the absence of a parent so authorized and empowered, any maternal grandparent and, if the father be so authorized and empowered and be of legitimate birth, any paternal grandparent, for his minor grandchild of unsound mind.

**Permission to Treat Minors:**

Written permission or monitored telephone permission to the attending physician from the parents or legal guardian must be obtained for the treatment of minors.

Exception: Bona fide emergency. In case of true emergency a physician may perform any medical or surgical procedure necessary to save life or limb. However, the physician must document in the patient's chart the nature of the emergency and must state clearly that he/she (the physician) considers this to be an emergency situation.

**Unsound Mind:**

In addition to its usual definitions, the phrase "unsound mind" shall also mean, and include, a state of mind during which the person affected is unable to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures so as to intelligently determine whether or not to consent to the same, regardless of whether such state of mind is only temporary or has existed for an extended period of time or occurs or has occurred only intermittently and whether or not it is due to natural state, age, shock or anxiety, illness, injury, drugs or sedation, intoxication or other cause of whatever nature.

**Consent for Organ Donation:**

According to the Mississippi Anatomical Gift Law, recovery of organs from deceased donors requires the consent of the legal next-of-kin in order of priority. If there is no legal next-of-kin, and the donor has a donor card which is signed and witnessed properly, organ donation may proceed on that basis after compliance with a diligent search for relatives.

Both federal and state law require that upon each death the legal next-of-kin of the deceased be approached by Mississippi Organ Recovery Agency (MORA) personnel, or someone trained by MORA, with the option of organ and/or tissue donation. Guidelines require that documentation be made in the patient's chart indicating whom from MORA approached the family. If MORA decides not to approach, documentation of that decision and on what basis is also required. Finally, it must be noted how the legal next-of-kin responded to the donation offer.

Consent for organ donation is obtained by a member of MORA, or someone within the hospital trained in the consent process. A consent form with original signatures should be obtained, if the legal next-of-kin is not available the hospital staff or a member of the organ procurement program.

**INVOLUNTARY COMMITMENT TO MENTAL HEALTH FACILITIES**

*See Administrative Policy and Procedure Manual*

**CODE SECTION****Code Blue Team:**

The University Hospitals and Health System has a "code blue" team which responds to cardiopulmonary emergencies for persons aged 16 and up in the Adult, Wiser, Batson and Critical Care hospitals, and the research wing. The team members will carry code blue pagers. Upon notification of a code blue, the hospital operator will page out the team, announce "code blue" and the location on the over-head paging system.

**Code 13 Team:**

The University Hospitals and Health System has a "code 13" team (pediatric "code blue" team) to respond to a child in distress. The team members will carry code 13 pagers. Upon notification of a code 13, the hospital operator will page out the team, announce "code 13" and the location on the overhead paging system.

**Code Pink:**

The following guidelines are provided for emergency preparedness and designation of duties for hospital personnel during an actual or suspected infant/child abduction (code pink). Upon suspicion that an infant/child may be missing, staff member discovering the possible abduction shall:

\* Contact Campus Police Department Emergency at 5-7777 or 4-7777; notify the hospital switchboard/paging operator at 4-1001; contact the clinical director, nurse manager or administrative nursing supervisor on duty at 4-4130 and call Public Affairs at 4-1100. For further details see Administrative Policy and Procedure Manual A-17.

**Code White:**

"Code white" is the PA announcement for security to respond to an unruly person.

**Doctor Red:**

The "doctor red" is an announcement over the PA system for FIRE. It is explained in detail in the Fire Safety Program.

**Response to Other Emergencies:**

On occasion, medical emergencies arise in and around the building on the Medical Center campus. In an effort to effectively respond to these emergencies, the following protocols have been developed:

**Incidents in Close Proximity to the University, Batson Children's Hospital, Conerly Hospital for Critical Care, and Wiser Hospital**

Included in this category are: the immediate exterior of the

University, Batson Children's Hospital, Conerly Hospital for Critical Care, and Wisser Hospitals and the interior and immediate exterior of all Medical Center buildings physically connected to the University, Children's, Conerly and Wisser Hospitals.

The response to emergencies in these areas should be initiated by notifying the campus police (5-777 or 4-7777). If the operator is called first, she should notify campus police. They, in turn, will call the hospital operator to page the code team to the site of the emergency under special circumstances (for example, extrication difficulties) the campus police will call 911 to request an ambulance. They will also notify the Emergency Department attending physician of the incident. That physician will respond as appropriate.

Incidents Distant from the University, Batson Children's Hospital, Conerly Hospital for Critical Care and Wisser Hospital Included in this category are all emergencies that occur on the UMMC campus that are not included in the previous category.

The response to these emergencies should also be initiated by notifying the campus police. They will then call 911 for an ambulance and will notify the Emergency Department attending physician of the incident. That physician will respond as appropriate.

### **Medical Emergencies in the School of Dentistry**

- Stop all dental procedures
- Ensure patient airway
- Call 911
- Institute basic life support if indicated
- Follow faculty instructions
- Call EMS (911) if directed by faculty - send messenger to first floor to direct EMS team to patient
- Call the Emergency Room (Adult 4-4000; Pediatric - 2000) to notify Emergency Room personnel if the victim is going to UMMC. Give all available pertinent information relative to the emergency condition and victim's medical history and demographic data.
- Notify any family member waiting for the victim, or



next of kin as recorded in the PODR if victim is a clinic patient.

- If the victim is a School of Dentistry or Intramural Practice Patient, write a complete record of the occurrence in the Progress Note section of the patient's record, describing what happened and what was done. All entries should be objective and factual, expressing no opinions or valued judgments.
- All medical emergencies should be reported through the assistant dean for clinical programs. Incident reports and progress notes should be filled out and should be factual.

#### **Preventive Measures:**

- A current medical history should be maintained and periodically updated on each patient to be treated in the School of Dentistry;
- Identify potential signs and symptoms that might indicate an impending emergency and institute appropriate preventive procedures with faculty consultation. Suggestive signs and symptoms: pallor, vertigo, faintness, perspiration, nausea, hives, chest pain, shortness of breath, change in voice tone, incoherence, severe headache, stupor.

#### **Medical Emergencies in the Methodist Rehabilitation Center**

Only the senior medicine resident will respond to medical codes announced overhead for MRC.

#### **NURSING SERVICE**

The patient care areas at the University Hospitals and Health Systems are organized both by hospitals and by functional areas. Strategic leadership and direction comes from the Chief Nursing Executive Officer (CNEO) for the system. This individual also serves as the Chief Nursing Officer for the Adult Hospital. The CNEO works collaboratively with a CNO for the Batson Children's Hospital, a CNO for Ambulatory Services, and the Assistant Administrator for Peri-operative Services on the

Jackson campus. The CNEO also is responsible for nursing practice and standards in other off-site clinics as well as the hospital in Lexington and the Durant Nursing Home. She can be reached at 4-4114.

Clinical Directors are responsible for the operation of groups of patient care units that are staffed by RNs, LPNs etc and with a Nursing Manager for each area who has 24/7 accountability for his/her unit. Feel free to contact the Nursing Manager, Clinical Director or CNO if you have concerns. Also, ideas and suggestions for improvement are always welcome. A physician hot line is now available to allow registration, formally, of issues identified throughout the institution.

Administrative House Supervisors are available after 4 pm on weekdays and on the weekends in both the Adult Hospital and in the Batson Children's Hospital. On off hours, the appropriate person can be paged through the hospital operator.

Nursing administrative policies and procedures, as well as Hospital Administrative Policies and Procedures, can be accessed on-line via the intranet>Health Care>Documents and Manuals.

**Coordinated Care Department-Children's of Mississippi and Newborn Services (NICU and Newborn Nursery) 601-815-6168**

## **Coordinated Care Department**

**Main Office 601-815-2800**

**Coordinated Care-**The Coordinated Care Department consists of RN Case Managers, Utilization Review Nurses and Social Workers.

**Case Managers/Utilization Review Nurses-coordinates/facilitates patient care progression through the continuum.** Case Managers/Utilization Review Nurses evaluate the medical necessity, appropriateness and efficient use of healthcare services, resources and procedures under the provisions of the

applicable health benefit plans. Each unit/floor has a case manager available to assist in determining the appropriate Level of Care for admissions.

**Social Work**-evaluates psychosocial concerns and needs, their causes and provide solutions for patients and families. Social Workers assess patients, families, and financial issues that impact the discharge plan and post-acute care needs while collaborating with the multidisciplinary team to facilitate discharges based on physician orders and patient needs. Social Workers provide Crisis Intervention, arrange for Ethic Consults, address any abuse, neglect and exploitation issues, as well as facilitates discharge planning.

**Availability**-The Coordinated Care Department has 24/7 coverage. Each floor is assigned a team of Case Managers and Social Workers who manage the needs of the patient Monday through Sunday from 8:00am to 4:30pm. Additionally, Emergency Department Social Workers and Case Managers are available 24/7 and provide coverage hospital wide after hours, weekends and holidays

**Accessing Services**-Requests for Services for Coordinated Care can be made via an inpatient consult to case management or social work within EPIC. After hours, referrals shall be made by contacting the Emergency Department Social Worker via pager 601-929-2150.

## **OCCUPATIONAL THERAPY**

Occupational therapy is available throughout the hospital and ambulatory care clinics. Services are divided into three areas- adult inpatient, adult outpatient and pediatrics.

**ADULT INPATIENT**: 1st floor, Room N182. The telephone extension is 4-4395, and the fax number is 4-4397. The OT department for adults is open daily, except state holidays, 8:00am - 4:30pm.

**ADULT OUTPATIENT**: Jackson Medical Mall and the

Pavilion. The Jackson Medical Mall telephone extension is 5-8846, and the fax is 5-8851. Mall hours are Monday-Friday 8:00 am -4:30 pm except for state holidays. The Pavilion telephone extension is 4-6513, and the fax is 4-6514. Pavilion hours are Monday-Friday 7:00 am - 5:00 pm except for state holidays. Outpatient services are available in the adult inpatient department for patients referred from the outpatient surgery units for same day services. Patients referred from Employee Health should be referred to either the Jackson Medical Mall or the Pavilion.

**PEDIATRICS:** The Children's Rehabilitation Services are located in C205 for inpatients, outpatients, and acute inpatient rehab. The telephone extension is 4-2905, and the fax is 5-1772. Inpatient hours are Monday-Saturday 7:00 am-4:30 pm except for state holidays. Outpatient hours are Monday - Friday 8am-4:30pm except for state holidays.

#### **REFERRALS:**

Adult and Pediatric Inpatients:

The physician writes an order for therapy in the MD order section of the patient chart. Inpatient referrals are placed in the Invision order system by unit secretaries.

Adult and Pediatric Outpatients: The referring physician must complete and sign a prescription. A Certificate of Medical Necessity form is required for Medicaid clients. Please include the primary problem and any secondary problems that might alter or limit the occupational therapy plan. The signed prescription or CMN form must accompany patient for outpatient services.

\*\*\* Medicaid outpatient referrals require that the Certificate of Medical Necessity (prescription) be signed prior to the initiation of treatment and the therapy plan of care document be signed within 30 days of referral. If referring a patient with Medicaid from the ER or outpatient surgery unit, please be aware that you will need to sign the Certificate of Medical Necessity THE SAME DAY. This is most easily accomplished by calling the department

with the referral and having the therapist bring the form to you to sign while you are still on the floor.

**SERVICES:** Services provided by occupational therapy include: motor and cognitive function evaluation and treatment, orthotic fabrication and training, upper extremity prosthetic check-out and training, activities of daily living evaluation and training, homemaking evaluation, rheumatology evaluation, hand rehabilitation, bedside psychosocial services, educational skills, coping skills, social skills, evaluation for adaptive equipment and assistive devices, and sensory integration for pediatrics.

Clinical documentation for all service areas may be viewed on-line through Net Access or the EHR portal.

### **PHYSICAL THERAPY**

Physical therapy is available throughout the hospital and ambulatory care clinics. Services are divided into three areas- adult inpatient, adult outpatient and pediatrics.

**ADULT INPATIENT:** 1st floor, Room N137. The telephone extension is 4-2180, and the fax number is 5-3676. The PT department for adults is open daily, except state holidays, 8:00am - 4:30pm.

**ADULT OUTPATIENT:** Jackson Medical Mall and the Pavilion. The Jackson Medical Mall telephone extension is 5-8846, and the fax is 5-8851. Mall hours are Monday-Friday 8:00am - 4:30pm except for state holidays. The Pavilion telephone extension is 4-6513, and the fax is 4-6514. Pavilion hours are Monday-Friday 7:00 am - 7:00 pm except for state holidays. Outpatient services are available in the adult inpatient department for patients referred from the outpatient surgery units for same day services. Patients referred from Employee Health should be referred to either the Jackson Medical Mall or the Pavilion.

**PEDIATRICS:** The Children's Rehabilitation Services is located in C205 for inpatients, outpatients, and acute inpatient rehab. The telephone extension is 4-2905, and the fax is 5-1772. . Inpatient hours are Monday-Saturday 7:00 am-4:30 pm except for state holidays. Outpatient

hours are Monday-Friday 8:00 am-4:30 pm except for state holidays.

### REFERRALS:

Adult and Pediatric Inpatients: The physician writes an order for therapy in the MD order section of patient chart. Inpatient referrals are placed in the Invision order system by unit secretaries.

Adult and Pediatric Outpatients: The referring physician must complete and sign a prescription. A Certificate of Medical Necessity form is required for Medicaid clients.

Please include the primary problem and any secondary problems that might alter or limit the physical therapy plan. The signed prescription or CMN form must accompany patient for outpatient services.

\*\*\* Medicaid outpatient referrals require that the Certificate of Medical Necessity (prescription) be signed prior to the initiation of treatment and the therapy plan of care document be signed within 30 days of referral. If referring a patient with Medicaid from the ER or outpatient surgery unit, please be aware that you will need to sign the Certificate of Medical Necessity THE SAME DAY.

This is most easily accomplished by calling the department with the referral and having the therapist bring the form to you to sign while you are still on the floor.

### SERVICES:

Services provided by physical therapy include: motor function evaluation with treatments for increasing strength, endurance, coordination and range of motion; instruction in functional mobility and use of assistive devices; the use of modalities to relieve pain and stimulate motor activity, lower extremity prosthetic check-out and training. Pediatric Neuro-developmental services are available.

Clinical documentation for all service areas may be

viewed on-line through Net Access or the EHR portal.

### **RESPIRATORY CARE**

Respiratory Care is located in room N200-15. Telephone extension is 4-2095. Team supervisors may be reached on pager 601-929-5083. Service is available 24 hours a day, seven days a week.

Services provided include: assessment and evaluation of respiratory therapy potential, bedside pulmonary mechanics; hyper-expansion therapy to prevent and treat atelectasis; oxygen therapy; humidification therapy; medication delivery; airway care and management; chest physiotherapy and postural drainage; mechanical ventilator management; assistance with cardiopulmonary resuscitation; assistance with endotracheal intubation special medical gas delivery; and obtaining arterial blood gas samples.

Real-time respiratory care patient documentation can be accessed via the Lifetime Clinical Record via the Electronic Health Portal.

### **PATHOLOGY SERVICES:**

**Please see website:** [Pathlab.umc.edu](http://Pathlab.umc.edu)

### **Laboratory Telephone Extensions**

Central Receiving 4-2350

Phlebotomy Service 4-2350

Phlebotomy Service 4-2377

(Outpatient Clinic)

Hematology 4-2370

Chemistry (Stat) 4-2368

Arterial Blood Gases 4-2380

Bacteriology 4-2358

Parasitology 4-235

Mycology 4-2358

TB 4-2358  
Virology 5-6186  
Chemistry Profiles 4-2368  
Chemistry Special 4-2372  
Chemistry RIA 4-2359  
Luminometer 5-6262  
Chemistry Urine 4-2369  
Chemistry Drug 4-2366  
    Toxicology  
Coagulation 4-2367  
Hematology 4-2370  
Hematology Fluid 4-2370  
    Cell Count  
Serology 4-2365  
Molecular Pathology 4-2365  
Urinalysis 4-2371  
Reference Lab 4-2373  
Blood Bank  
Office and Donor Information 4-2390  
Blood Bank Laboratory 4-2392  
POCT 4-4746  
LIS 4-2883  
Toxicology 4-1614

## **BIOCHEMICAL GENETICS**

### **Inborn Errors of Metabolism**

The Biochemical Genetics Testing Laboratory is located in Room G126 in the Guyton building (ext. 4-1943). The lab is open from 8:00 am until 4:00 pm Monday-Friday and closed on UMMC holidays. Tests available in this laboratory are for the diagnosis or confirmation of inborn errors of metabolism and for other Mendelian disorders.

Our requisition form must accompany the sample(s) stating (1) clinical indication, (2) date of birth, (3) specific test(s) desired. Be sure to specify "send to Biochemical Genetics Lab" when you write orders so that the sample does not get sent to the wrong lab.

Test Available:



1) *In-House:*

- a) Quantitative Amino Acid Analysis: Samples needed are 1.0 ml (minimum volume) heparinized (green top) blood, urine (5 ml) and CSF (0.5 ml). Turn around time (TAT) for Amino Acid Analysis is typically about 48 hours. STAT TAT is a minimum of five hours.
- b) G6PD (Quantitative); requires our lab's getting a copy of a CBC drawn along with the sample as the hemoglobin level is required.
- c) Lactate/Pyruvate (requires a special perchloric acid tube: call 4-1943 to get the tube and for instructions).

2) *Outside Lab Work:*

This lab sends samples anywhere in U.S. (and with special prearrangements also elsewhere) for biochemical genetic testing including urine organic acids, bio-tinidase, carnitine levels and acylcarnitine profile, urine acylglycines, very long chain fatty acids, mucopolysaccharides, various quantitative enzyme analyses (e.g. urea cycle, porphyria, etc.), various quantitative enzyme analyses (e.g. urea cycle, porphyria, etc.), mitochondrial studies, various DNA-based analyses, and assorted other special tests as needed (please inquire regarding your needs).

*Call ext. 4-1943 for information regarding your requirements.*

The Biochemical Genetics Testing Lab is CAP certified. Genetic Consults are available by calling ext. 4-1900.

## **RADIOLOGY**

The Department of Radiology offers a wide range of services/procedures and operates 12 divisions/sections, which are listed separately below. The procedures offered are listed in the computer system on the "on-line Order Entry" screens. A radiologist is available 24 hours a day for consultation as to appropriate procedure, proper sequence protocols and patient preparation. All procedure

preparations are found online with hospital manuals. Referral of inpatients to other facilities, including VA and MRC, must be approved and arranged through hospital administration. The main department, consisting of Adult Diagnostic Division, department chairman and administrative offices, image management and the main reading/consultation rooms, is located in the basement in S011.

#### Requests for Services

Requests for procedures are placed through the hospital electronic health record system.

#### SEE THE APPROPRIATE DIVISION/SECTION FOR SCHEDULING PROCEDURES.

All STAT requests will be honored as soon as possible. Abuse of STAT requests will only serve to delay the examination of those that are appropriately considered STAT.

#### Radiology Reports

Reports are available via digital dictation system as soon as dictated. They can be accessed at any hospital terminal as soon as typed. Instructions for viewing are found in the Invision Life Time Clinical Record "LCR" manuals.

#### **RADIOLOGY RELEASE OF INFORMATION**

Images may be viewed on the PACs (Picture Archiving Communication system) any time on terminals located in the radiology department and throughout the hospitals.

#### ADULT RADIOLOGY

The Adult Radiology Image Management is located in S011, operating hours are Monday through Friday, 8:00 am until 4:30 pm. Copies of images can be reproduced on CDs upon request.

#### JACKSON MEDICAL MALL

The Jackson Medical Mall Release of Information room is located in the Ambulatory Care Radiology Department (room 1319) and is open Monday through Friday, 8:00 am to 4:30 pm.

## Clinics, Conferences, Research CDs and Mammography films

Special arrangements for clinics, conferences and research may be made by contacting the Information Supervisor (4-2529). Due to limited personnel, adequate notice must be given. Images requested may be viewed on PACs.

### **SCHEDULING PROCEDURES**

Routine procedures, i.e., chest, spine, head and extremities, do not need to be scheduled. Call 5-4RAD (5-4723).

- Fluoroscopic procedures
- Procedures involving any contrast media including air
- Procedures involving the introduction and/or manipulation of catheters, wires, stints, and needles for purpose of a biopsy, etc.
- Mammography
- Procedures requiring special equipment, (i.e., C-Arm) Special patient preparation orders are necessary for many radiographic procedures. The most common of these procedures include upper GI series, IVP's and Barium Enemas with or without air. A current list of procedure preps may be found in the online policy/procedure manual, [https://documents.umc.edu/\\_layouts/SPUmcPolicy/ViewPolicy.aspx?pid=H-IM-XR-GEN-PO-00011](https://documents.umc.edu/_layouts/SPUmcPolicy/ViewPolicy.aspx?pid=H-IM-XR-GEN-PO-00011)

### **Special Requirements for Procedures Using Contrast**

Except for emergencies, patients having procedures requiring intravenous contrast should have current (30 days) creatinine and BUN if they are in one of the below listed groups:

- Over 60 years of age
- Known diabetic (Creatinine, BUN within 30 days)
- Known hypertensive on medications
- Known renal disease

- Known blood diseases such as multiple myeloma, sickle cell disease and leukemia

#### ADULT DIAGNOSTIC MODALITY

The Adult Diagnostic Division is located in the basement of the south wing of the hospital in room S011, and the telephone extension is 4-2500. Routine radiologic service is provided 8:00 am until 4:30 pm, Monday through Friday. Main Radiology S011 is closed Saturday, Sunday, and Holidays, all exam services are provided in the Emergency Radiology Department 4-2660.

#### PEDIATRIC RADIOLOGY MODALITY

A radiology unit for pediatric patients is located in the basement of the Children's Hospital, room S080, phone extension 4-2030. The department offers services 24 hours a day. Suite C located in the Pavillion provides orthopedic pediatric radiology exams during the hours of 8:00 am until 4:30 pm.

#### EMERGENCY RADIOLOGY MODALITY

A radiology unit adjacent to the Emergency Department provides service to emergency room patients 24 hours a day. This unit also provides emergency radiographic procedures for inpatients when the main imaging department is closed. Call 4-2660 before sending patients. Additional staff is available on Saturday, Sunday and Holidays.

#### PAVILION DIAGNOSTIC MODALITY

Pavilion Radiology is located next to Suite D in the Medical Pavillion. Hours of operation are from 8:00 am until 6:00 pm, Monday – Friday.

#### INTERVENTIONAL RADIOLOGY MODALITY

Interventional Radiology provides services Monday through Friday from 8:00 a.m. until 5:00 p.m. Emergency service is available by consulting with the Radiologist on duty. The modality is located in the basement of the research wing, rooms R040 and R017, extension number 4-2833.

All interventional procedures must be requested through

the hospital computer system. A Radiologist will consult with the requesting physician, the nursing unit and the patient concerning preparation, procedure to be performed and a scheduled time.

#### DIAGNOSTIC ULTRASOUND MODALITY

The Ultrasound Division is located in the basement of the Medical Center, room N025, extension 4-2570. The Ultrasound Division provides service from 7:30 am until 5:00 pm Monday through Friday, and 11:00am to 3:00pm on Saturday and Sunday. Emergency service is provided at night, on weekends and on holidays. All ultrasound procedures are scheduled by calling 5-4RAD (5-4123). The radiology resident on call may be contacted for consultation as to appropriate procedure.

**Patient Preparation:** Some ultrasound procedures require special preparation to obtain a diagnostic study and are available ON-LINE (SEE HEALTH CARE, MANUALS, "RADIOLOGY PATIENT PREPARATION")

#### DIAGNOSTIC ULTRASOUND MODALITY PAVILION

Pavilion Ultrasound is located in Radiology between Suite D and Suite I in the Medical Pavilion. Hours of operation are from 8:00 am until 4:30 pm, Monday – Friday.

#### NUCLEAR MEDICINE MODALITY

Nuclear Medicine is located in the basement of the North and Research Wings, room N023, extension 4-2575.

**Scheduling of Procedures:** All nuclear medicine procedures are scheduled by calling extension 5-4RAD (5-4723) for centralized scheduling. Routine services are provided from 8:00 am until 4:30 pm Monday through Friday. Emergency services are provided after hours, weekends and holidays by calling the radiology resident on call and he/she will make arrangements to perform the procedure. (Radiopharmaceuticals must be ordered by 3:00 pm for next day). However, add on scans can be performed the same day if the radiopharmaceutical can be obtained from the nuclear pharmacy.

Radionuclide Therapy Consults: Consultations for radionuclide therapy are obtained by sending a standard UMMC consult form (1788) to Nuclear Medicine or the primary physician of the patient should contact the nuclear medicine radiologist for a consult.

#### POSITRON EMISSION TOMOGRAPHY (PET IMAGING)

PET Imaging is located in MI 104 at the Jackson Medical Mall. All PET procedures are scheduled by calling extension 5-4RAD. Services are provided from 7:30 am until 4:00 pm Monday through Friday. All procedures must be ordered in advance.

#### COMPUTERIZED TOMOGRAPHY (CT) MODALITY

CT is located in the acute services wing, room X004, extension 5-3968. Routine services are provided 24 hours a day, Monday through Sunday.

#### CT CANCER CENTER

CT is also located at the Jackson Medical Mall Cancer Imaging Center, room MI-111. It is staffed from 7:30am until 4:30pm for outpatients. To schedule a procedure call extension 5-9133.

PAVILION CT is located inside the Radiology department in the Pavilion (M010-05). Hours of operation are Monday-Friday; 7:30 am-5:00 pm. Outpatient procedures can be scheduled by calling 601-815-4RAD (601-815-4723).

#### MAGNETIC RESONANCE IMAGING MODALITY

MRI is located in the basement in the acute services wing, room X001, extension 4-2645. Service is provided 24hours a day 7 days a week. A radiologist is available 24 hours a day for consultation as to appropriate procedure, proper sequence and patient preparation. Not All Patients Can Have MRI Scans - please review the policy below.

[https://documents.umm.edu/ layouts/SPUmcPolicy/View Policy.aspx?pid=H-IM-MRI-GEN-PO-00013](https://documents.umm.edu/layouts/SPUmcPolicy/ViewPolicy.aspx?pid=H-IM-MRI-GEN-PO-00013)

The following patients **cannot** be scanned:

- Patients with cardiac pacemakers are contraindicated for MRI procedures.
- Patients with neuro-stimulators and aneurysm clips are at high risk. These patients are evaluated on an individual basis by the radiologist to determine if they are acceptable MRI candidates.
- Patients in the first trimester of pregnancy are high risk and the radiologist assigned to MRI will consult with the requesting physician to determine risk versus benefit to performing the MRI procedure.
- All patients, staff, and visitors are screened before entering the magnetic field. Patients who are found to have ferromagnetic objects that cannot be removed from their person may be deemed unacceptable candidates for MRI scans.
- All patients scheduled for a Cardiac MRI and MRAs requiring additional dose of contrast need to have a recent BUN, Creatinine and a Glomerular Filtration Rate test within two months of the scheduled procedure.
- All MRI Arthrograms and Cardiac exams must be scheduled by the MRI Chief Technologist or by calling 5-4RAD (5-4723)
- All MRI Breast exams must be referred to the Mammography CHIEF TECHNOLOGIST before the MRI will be scheduled UNLESS THE EXAM WAS RECOMMENDED BY UMHC BREAST IMAGING.

#### MRI CANCER CENTER

MRI at the Jackson Medical Mall is staffed from 8:00am until 4:30pm for outpatients. It is located in the Mall's Cancer Imaging Center, room MI-108. To schedule a procedure call extension 5-9133.

#### PAVILION MRI

Located inside the Radiology department in the Pavilion. Hours of operation are Monday-Friday from 7:00 am until 7:00 pm. Please call 4-6542 to schedule outpatient MRI.

JACKSON MEDICAL MALL MAMMOGRAPHY MODALITY

DIAGNOSTIC AND SCREENING Mammograms, BREAST ULTRASOUND, AND BREAST BIOPSIES are performed MONDAY – FRIDAY from 8:00 am to 4:30 pm in the BREAST IMAGING Department.

PAVILION MAMMOGRAPHY MODALITY

Pavilion Mammography is located between Suite B and Suite C in the Pavilion. Hours of operation are Monday-Friday from 8:00 am until 4:30 pm. SCREENING MAMMOGRAPHY AND NEEDLE LOCALIZATION PROCEDURES ARE PERFORMED AT THE PAVILION LOCATION.

GRANT'S FERRY MAMMOGRAPHY MODALITY

SCREENING MAMMOGRAPHY IS PERFORMED AT THE UNIVERSITY PHYSICIANS AT GRANT'S FERRY. HOURS OF OPERATION ARE MONDAY – FRIDAY FROM 8:00AM UNTIL 5:00 PM.

**SCHEDULING OF PROCEDURES**

ALL SCREENING MAMMOGRAPHY APPOINTMENTS CAN BE MADE BY CALLING THE RADIOLOGY CENTRALIZED SCHEDULING DEPARTMENT AT 601-815-4RAD (601-815-4723). ALL DIAGNOSTIC MAMMOGRAPHY, BREAST ULTRASOUND OR BREAST BIOPSY PROCEDURES CAN BE SCHEDULED BY CALLING 601-815-8624 DURING HOURS OF OPERATION.

ALL MAMMOGRAPHY PROCEDURES REQUIRE A REFERRAL BY A PHYSICIAN.

RADIATION ONCOLOGY MODALITY

The Radiation Therapy Modality is located in Suite 1600, Jackson Medical Mall, 4-2550. Space is also maintained in the hospital basement to provide radiation oncology services to inpatients. Normal services are provided from 7:30 am until 4:00 pm. Emergency radiation oncology treatments may be arranged through consultation with the



Radiation Oncologist.

#### Requests for Services

Radiation oncology treatments are initiated by a consult and the patient acceptance for treatment by the radiation oncologist. The standard Medical Center Consult form (1788) must be forwarded to the Radiation Oncology Division (Suite 1600) or by FAX to extension 5-6876.

### **PHARMACY**

The Department of Pharmacy is charged with the responsibility to assure the appropriate selection, distribution, and safe and effective use of drugs within the institution. This responsibility is established by the combined efforts of the medical staff, pharmacy department, nursing service and hospital administration.

#### **Hospital Formulary**

The Department of Pharmacy operates under a selective closed formulary system. The formulary system is a method whereby the medical staff of an institution, working through the pharmacy and therapeutics committee, evaluates, appraises, and selects from among the numerous available drug entities and drug products those that are considered most useful in patient care. Only those so selected are stocked and routinely available from the pharmacy. The formulary system is thus an important tool for assuring the quality of drug use and controlling its costs.

**The Hospital Formulary** is distributed throughout the institution via the University of Mississippi Medical centers intranet site. The formulary is accessible by clicking on:

- "HEALTH CARE"
- "PHARMACY"

Drugs can be found by brand name or by generic name. Many brand name products are cross-referenced in the generic name section. Additionally, the Hospital Formulary contains information relative to prescription directions for written and verbal orders, policies and guidelines of the pharmacy and therapeutics committee, narcotic and dangerous drug prescribing, adverse drug reaction

reporting and directions for submitting requests for formulary revision. This online formulary resource is updated monthly.

### **D.E.A. Numbers**

Every physician licensed to practice in Mississippi who prescribes, administers or dispenses any controlled substance within Mississippi or who proposes to engage in the prescribing, administering or dispensing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFT Part 1201.

Once obtaining your medical license, you are highly encouraged to acquire your DEA number without delay. This is the only method to assure you have prescriptive authority for all of your patients, and also provides you the ability to monitor your patient's prescription use.

The DEA has advised the Medical Center that the University Hospital DEA number may be used by UMHC physicians, provided a unique four-digit suffix is added for each individual. The number will be provided to the DEA and others upon request, and it will be traceable. UMMC interns and residents are allowed to use this number for prescriptions written for Medical Center patients. This number is not to be used for the purpose of moonlighting or other purpose, outside of official University of Mississippi Medical Center business. It also does not give the user the ability to order DEA 222 forms.

Interns and residents may obtain their unique hospital DEA number from Pharmacy Administration, located in room H026 on the opposite side of the hallway from the main pharmacy, between the hours of 8:30 am and 4:15 pm Monday through Friday. Each physician must present his/her own Medical Center ID badge and sign for the number.

### **Hospital Pharmacy Information and Contacts:**

Inpatient (4-4020): The inpatient pharmacy is open 24

hours a day, seven days per week, including holidays. This pharmacy is comprised of Centralized and Decentralized (PCAP) pharmacists. This pharmacy handles the needs of the Adult Hospital, Adult Critical Care Hospital and the Adult floors of Wisner Hospital.

**Pediatric (5-8383):** The pediatric pharmacy is open 24 hours a day, seven days per week, including holidays. This pharmacy is comprised of pediatric and Decentralized (PCAP) pediatric pharmacists. This pharmacy handles the needs of the Batson Children's Hospital and the Neonatal Intensive Care Unit.

**Drug Information (4-2060):** The Department of Pharmacy provides comprehensive drug information services for all health care professionals throughout the institution. Services include medical staff committee support, publication of the Drug Information Bulletin, coordination of investigational drug research protocols, development and maintenance of information resources and databases for rapid retrieval and, maintenance of the Hospital Formulary. Most major medical references and many medical journals can be found in the drug information center.

**Adverse Drug Reaction Reporting System (iCare Reporting System - Intranet):** The pharmacy coordinates the reporting of adverse drug reactions (ADR) for the Pharmacy and Therapeutics Committee. Any side effect or adverse reaction to a drug, occurring at doses used for prophylaxis, diagnosis or therapy, experienced by any patient at UMMC must be reported by completing an online iCare Report. Under "**Event Type**" the reporter is to select "**Adverse reaction**" and complete the report with all other pertinent information. Monitoring and investigating ADRs aids in drug selection and in improving drug use which results in improved patient care.

**Outpatient Pharmacies:** UMMC has three retail pharmacies. The Pavilion pharmacy (4-6455) is similar to any community pharmacy and fills prescriptions from any

provider or location. Our Jackson Medical Mall (5-3857) and Meds and Threads (5-1586) pharmacies only fill 340B eligible prescriptions. The 340B program is a federal program that allows medications to be purchased at reduced prices. To be eligible, prescriptions must meet multiple federal requirements including both the provider and clinic location being eligible. Employee Quick Care is not a 340B eligible location. Prescriptions from this location can be filled at our Pavilion pharmacy or any outside pharmacy.

Typically, prescriptions written at one of the main campus hospitals or clinics inside one of the hospitals, Batson Specialty Clinic, or most of the UMMC Jackson Medical Mall clinics are eligible to be filled at one of our 340B pharmacies. Please check with clinic or pharmacy staff for additional details.

### **ICARE REPORT**

A special report must be completed when any of the following conditions or incidents occur:

- Errors and/or omissions of medications and/or treatments.
- Accidents or incidents relating to patients or visitors.
- All AMA (Against Medical Advice) discharges.

The report shall be submitted as soon after the occurrence as possible. The occurrence reporting form is available in all patient service areas in the hospitals and clinics. Online reporting is available <http://uhc.umc.edu/intranet/ICARE.html>

### **RADIATION SAFETY**

UMMC maintains compliance with federal and state regulations governing the use of x-ray generating devices, brachytherapy implants, and radiopharmaceuticals. Policies designed to address specific issues and to ensure compliance have been posted at <http://ehs.umc.edu/Manuals1.htm> and instituted within each department as required. Please refer to these policies when working near a source of radiation. For

more information contact the UMMC Radiation Safety Office at 4-1980.

### **LASER SAFETY**

UMMC maintains compliance with federal and state regulations governing laser safety. Policies and manuals designed to address specific issues and to ensure compliance have been posted at website <http://ehs.umc.edu/Manuals1.htm> and instituted within each department as required. Please refer to these policies when working with or near a laser device or laser system. For more information contact the UMMC Laser Safety Office at 4-1980.

EMERGENCY NOTIFICATION LIST		
Disaster Type	Primary Responder	Phone Number
Fire Security Incidents	Fire Responders Campus Police	4-6666, 4-1360 or 5-777 or 4-7777
Chemical Spill Infectious Spill Radioactive Spill	Risk Management	4-1981, 4-1981, 4-1981
Tornado	Campus Police	4-7777
Patient Equipment	Patient Equipment	4-4884
Medical Equipment	Biomedical Equipment	4-4660
Nitrogen Failure	OR Workroom	4-5945, 4-5946, or 944-2658
Nitrous Oxide Failure	OR Desk	4-2440

Oxygen System	Physical Facilities	4-1420
Failure Medical		4-1420
Air Failure		4-1420
Vacuum Failure		4-1420
Electrical Failure		4-1420
Loss of Heating		4-1420
(Steam Loss)		4-1420
Water Loss		4-1002
Communication		
System Failure		
Paging System		
Failure		

### **EMERGENCY PREPAREDNESS**

The Medical Center Emergency Management Plan outlines response protocols for a variety of internal and external disaster or emergency events. Copies of the Plan are available at all nursing stations and in the clinical departments, as well as available on the UMMC Intranet under Support/Environmental Health and Safety/Manuals. Each resident should review this material in order to be prepared should a disaster occur.

All House Officers should check with their respective department chairman for specific assignments in the event of an external disaster. Anyone not having a specific assignment should report to classroom S-123 on the first floor of the hospital during a disaster response for specific instructions.

Should an external disaster or emergency occur, there are two disaster (plan) response phases that can be implemented, depending upon the number of anticipated casualties. Mobilization and preparation activities begin when a "Disaster Alert" announcement is made via the overhead public address system.

Phase 1 - Casualties will be handled by on-duty personnel and is declared when victims arrive.

Phase 2 - ALL personnel with disaster response assignments will be called for immediate duty. Other

professional personnel will report to Classroom S-123 for assignment. The PBX operators will announce three times over the public address system that a "Disaster Alert" or "Phase 1 (2)" of the disaster plan has been activated. Similarly, the operators will announce three times "Disaster Situation All Clear" when the disaster response operation has ended.

### **MEDICAL DISASTER RESPONSE PLAN**

The Medical Disaster Response Plan (MDRP) is to mobilize the medical resources of UMMC in a manner that will provide the best patient care with the least disruption of normal hospital function. To accomplish this, whenever possible, the disaster response plan utilizes medical personnel working in areas in which they are trained. In a disaster situation, excessive manpower or individuals attempting to perform functions they are not familiar with, can be as detrimental as insufficient manpower. Additionally, the MDRP is designed around the use of staff physicians. Although residents may provide support functions, intimate involvement of the medical center's most highly trained physicians is critical in a disaster situation. Disasters are most likely to happen during typical non-business hours. The MDRP is designed to work at any hour of the day.

Contact lists have been compiled to obviate the chore of searching for numbers. These lists will be updated yearly by Hospital Administration. Protocols for contacting all ancillary services and determining staffing needs from them are included.

### **PROCEDURE IN THE EVENT OF FIRE**

The telephone operator will announce over the public address system three times in succession at 5-second intervals the code to alert personnel in areas of the hospital where there is a fire, and the location.

*Example:* "Dr. Red, 3-East."

In the event of a fire, you should follow the steps

established by the R.A.C.E. system:

Remove any person in immediate danger from room where fire is located. Alert other staff members to the problem. Make sure that the alarm is transmitted by dialing 4-6666 and pulling a manual fire alarm pull stations. Confine the fire to the room of origin by closing the door after making sure all persons are safely out of the room. Close all other doors in the area to prevent the spread of fire and smoke into unaffected spaces on the wing.

Extinguish the fire if at all possible. Do not put yourself in unnecessary danger in attempting to do so.

## **REPORTABLE EVENTS**

### **ACTS OF VIOLENCE**

All patients of the University Hospitals and Health System at the University of Mississippi Medical Center are protected by HIPAA confidentiality laws and any reports should be mandated by law or with the patient's consent. Social work is available at all times to assist and clarify reporting issues.

Any injury from gunshots or knifings is to be reported to the law enforcement agency where the injury occurred.  
MS Code 45-9-31

Any hunting or boating accident is to be reported to the Ms. Dept of Wildlife, Fisheries, and Parks. Report to local law enforcement if Wildlife and Fisheries are not available.  
MS Code 45-9-31

Any deaths that occur in the Emergency Department or that are defined in the Medical Examiner Reportable Cases. Report to the Hinds County Coroner, 601-973-5505 (office) 601-857-2600(after-hours). If the death occurred outside Hinds Co., inform the coroner of the location of the death at the time of the report and coroner is responsible for notifying the appropriate medical examiner.

Any child (patient under the age of 18 years old) who



presents or is suspected to be battered, abused, or neglected, physically, sexually or emotionally is to be reported to the Dept. of Human Services in the county of incidence or occurrence. This is mandatory by law to report. Contact hospital Social Worker immediately who will coordinate procedures and provide assistance. Contact # day 4-2468, nights and weekends 4-2487 or pager 929-2150.

**See Administrative Policy and Procedure Manual-available on line for details.**

Any vulnerable adult who presents or is suspected to be battered, abused, neglected or exploited is a mandatory report.

Any suspected or alleged injury of a patient in a care facility is a mandatory report. Contact hospital Social Worker immediately as above.

See Administrative Policy and Procedure Manual-available on line for details.

### **Any Communicable Disease**

Each member of the house staff (physician and dentist) who is attending, has examined or has knowledge of any case or suspected case of communicable or reportable disease must report to the State Department of Health. The report should include the patient's name, address, age, race, sex, the disease or suspected disease, the date of onset of the disease and method of diagnosis. All reports are confidential.

Class 1 disease - the report shall be made directly to the Office of Epidemiology, Ms Dept. of Health, by telephone, within one working day of diagnosis.

Class 2 disease - the report shall be made within one week of diagnosis and may be made by telephone or mail. Case Report Cards are supplied by the Ms. State Dept. of Health and are available in the emergency dept. and all nursing units for reporting cases of communicable or reportable diseases.

Any medical condition, communicable disease, viral

disease, or terrorist contamination illness that threatens the PUBLIC health shall be reported as a Class 1 disease. If it is believed to be related to a criminal act verify that the Epidemiology Officer will report to law enforcement.

Any dog bites should be reported to the Health Dept office of the county where the incident took place.

Any illness due to poison should be reported to Poison Control, 601-984-1222 or 1-800-222-1222.

Any incidence of domestic violence may be reported to law enforcement and is protected if done in good faith but is not a mandatory report and the patient's safety should be considered. MS Code 93-21-23

## **DEATH/AUTOPSIES**

### **Consultation:**

The Department of Pathology offers autopsy consultation to any faculty or house staff physician of The University Hospital who desires, with proper permission, a post-mortem examination of any patient admitted to or followed in the clinics of the University Hospital.

Families requesting autopsies of deceased individuals who do not meet the conditions above may request to have an autopsy performed by the Department of Pathology on a fee for service basis.

Deaths that fall under the jurisdiction of the county coroner must be reported to the coroner who will decide whether or not an autopsy is necessary. The family will not have a choice about whether an autopsy will be performed or not in county coroner cases; however, they have the right to ask the coroner to have the autopsy performed at the University Hospital.

Autopsy findings are reviewed each Friday at 8:15 am in the autopsy room (N-035). Clinicians are encouraged to attend this conference.

### **Postmortem Requests to Pathology:**

The resident requesting the autopsy should call Pathology (ext. 4-1530) and ask to speak with the pathology resident on autopsy call. If the request is made after 5:00 pm or before 7:30 am, the pathology resident will page the

resident on the clinical service who is requesting the autopsy. A pathology resident and staff physician are on call 24 hours a day and can be reached by UMMC physicians through the hospital operator or via pager.

### **How to Request an Autopsy**

When a patient expires, the house officer present is responsible for the following procedures:

- Pronounce the patient dead.
- Immediately notify the attending staff physician.
- Notify the next of kin.
- Request permission for an autopsy.
- Complete the following forms, available on all nursing units and the emergency rooms:
  - A. Authorization for an autopsy.
  - B. Autopsy Consultation form.
  - C. Certificate of Death (see "Certification of Death and Reporting Responsibility".)
- Send all the forms along with the patient's chart to Health Information Services.
- Contact the Pathology Department, extension 4-1530, or Dr. Subramony, extension 4-1552, for any additional information regarding the autopsy.
- Further details for obtaining authorization for an autopsy are available in the lab handbook located at each nurse's station.

### **Certification of Death and Reporting Responsibility**

The Mississippi State Board of Health's "Rules Governing the Registration and Certification of Vital Events in Mississippi" states that:

The physician in charge of the decedent's care shall certify to the cause of death if death does not affect the public interest.

The medical examiner shall certify cause in deaths affecting the public interest. A death affecting the public interest . . . includes, but is not limited to, any of the following:

- Violent death, including homicidal, suicidal or accidental death.
- Death caused by thermal, chemical, electrical or radiation injury.
- Death caused by criminal abortion, including self-induced abortion, or abortion related to, or by, sexual abuse.
- Death that has occurred unexpectedly or from an unexplained cause.
- Death of a person confined in a prison, jail or correctional institution.
- Death related to disease thought to be virulent or contagious which may constitute a public hazard.
- Death of a person where a physician was not in attendance within thirty-six (36) hours preceding death, or in pre-diagnosed terminal or bedfast condition, within thirty (30) days preceding death.
- Death of a person where the body is not claimed by a relative or a friend.
- Death of a person where the identity of the deceased is unknown.
- Death of a child under the age of two (2) years where death results from an unknown cause or where the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death.
- Where a body is brought into this state for disposal and there is reason to believe either that the death was not investigated properly or that there is no adequate certificate of death.
- Where a person is presented to a hospital emergency room unconscious and/or unresponsive, with cardiopulmonary resuscitative measures being performed, and dies within twenty-four (24) hours of admission without regaining consciousness or responsiveness, unless a physician was in

attendance within thirty-six (36) hours preceding presentation to the hospital; or in cases in which the decedent had a pre-diagnosed terminal or bed fast condition, unless a physician was in attendance within thirty (30) days preceding presentation to the hospital.

- Death of a patient who dies in surgery.
- Death of a patient as a result of "medical misadventure."
- In any case where doubt exists as to who shall certify, the medical examiner shall certify death.

*QUESTIONS CONCERNING REPORTABILITY OF DEATHS SHOULD BE DIRECTED TO THE COUNTY CORONER/ MEDICAL EXAMINER OR THE OFFICE OF THE STATE MEDICAL EXAMINER.*

**Dead on Arrival:**

In DOA cases released by the coroner, the physician pronouncing the patient dead is responsible for the death certificate.

**Decedent Affairs Office:**

For every death, a social worker is designated as the Decedent Affairs Officer (DAO) to assist the family and facilitate post-death discharge processes. For assistance call the Social Work Department (4-2468); nights and week-ends, contact the on-site social worker through the Emergency Department.

**Death Certificates:**

The death certificate is an important legal and scientific document. The information on death certificates is used by state and federal agencies to guide funding for research and intervention. It must be legible and properly filled out in black ink. The disease causing death must be written in terms that are accepted medical descriptions of diseases and pathological conditions.

*Example:*

- Disease directly leading to death-peritonitis.
- Antecedent cause-intestinal obstruction.

- Underlying condition-carcinoma of rectum.

### **Autopsy Pending:**

If autopsy pending is listed in the "death caused by" section, the physician signing the death certificate must amend the certificate once the autopsy is received. This can be handled by calling Vital Records Registration at the State Department of Health at 576-7746 and request a "Statement to Amend Cause of Death". You must provide the following information to them when placing the call: 1) decedent's name, 2) date of death, and 3) county of death. When completed, signed and dated, the amendment should be mailed to the State Department of Health. No certified copies of a death certificate with a pending cause of death will be issued. It is the responsibility of the certifying physician to take the proper steps to finalize the cause of death.

### **Stillborn Babies:**

1. If fetus is 20 weeks or under in gestation and weighs 350 grams or less, no death certificate is required. Disposal papers must be signed in duplicate. One signed copy should go to the Admissions Department, and one copy should be left on the mother's chart.
2. If fetus is over 20 weeks, over 350 grams, but not over 1,000 grams, two death certificates must be completed and signed. One copy with disposal sheet should go to the Admissions Department, and the other copies left on the mother's chart. Additional papers to be completed are:
  1. Release of body authorization
  2. Autopsy permit (if permission granted)

### **Authorization for Autopsy:**

The "Authorization for Autopsy" form must be completed in duplicate, as follows:

1. Original signatures must be on all copies.
2. One relative's signature is adequate; two are preferred. The persons in the following order of

- priority stated may give permission for autopsy: (1) spouse, if one survives, (2) an adult son or daughter, (3) either parent, (4) an adult brother or sister, (5) the guardian of the person at the time of his death, (6) any other person or agency authorized or under obligation to dispose of the body.
3. Two witnesses' signatures are required, one of which may be that of the physician obtaining consent.
  4. Any restrictions to the postmortem examination must be noted on the permit; any special examinations or examinations which would cause mutilation must be noted on the permit.
  5. See reportable events/death/autopsies.

#### **Release of Body:**

Refer to the University Hospitals and Health System *Administrative Policy and Procedures Manual*, Code R-6.



## **Mississippi Organ Recovery Agency**

***MORA staff is available 24 hours a day for consultation by calling 1-800-362-6169***

#### **Responsibilities of the physician caring for a potential organ donor**

1. Identify the potential organ donor. Clinical triggers are:
  - a. **Ventilated patient with a neurologic insult and GCS of 5 or less**
  - b. **Ventilated patient whose family makes decision to terminally withdraw care/vent support**
2. Referral of the potential organ donor to MORA within one hour of meeting above clinical triggers. Referrals may be made by the nurse.
3. Maintain the opportunity of donation by ongoing medical maintenance and optimization of organ

function of the potential donor until pronouncement of brain death.

4. Pronouncement of brain death of the donor with concise documentation in the medical record i.e., “John Doe is declared brain dead via clinical assessment and (apnea test, cerebral blood flow, EEG or CTA)” with date and time. The record of death is signed by the attending or resident before beginning organ donation process.

### **The Huddle and Effective Request Process**

The Huddle is an integral part of the process and signifies a care-planning meeting involving the healthcare team and a member of MORA with the goals: 1) to identify the right time for each family to effectively be approached about the opportunity of donation 2) to find the facts e.g. First Person Authorization (Donor Registry), family dynamics, legal next of kin, designated decision maker, spiritual and cultural needs of the family, etc. *The huddle should occur on every single potential donor case—PRIOR to any discussion of donation with the patient’s family.*

#### **Suggested Transition Language:**

*“We will have someone specialized in helping families going through these situations come speak with you.”*

*“We will have someone specialized in End-of-Life decisions come help you through the next steps.”*

#### **Key:**

Families need to understand brain death, be accepting of the prognosis, and have no doubt that everything was done to save their loved one. Families should not be rushed and must be given time to process this information, before sensitively entering a planned donation conversation. ***Timing is the Key!***

### **Authorization for Organ Donation**

According to the Mississippi Anatomical Gift Law, recovery of organs from a deceased donor requires the



authorization of the legal next-of-kin in order of priority if the person is not listed on the state donor registry. If the patient is a registered donor, then the donation will proceed as designated by the Mississippi Donor Registry.

### **Medical Examiner**

MORA will coordinate the surgical removal of donated organs and tissue with the medical examiner when a death falls under their jurisdiction.

### **Please:**

- ❖ Do not rule patients out for disease or age.
- ❖ Maintain the option of donation by ongoing aggressive medical management and optimization of organ function.
- ❖ Do not extubate before MORA evaluates for medical suitability if patient meets brain death criteria.
- ❖ Call before terminal extubation. This patient must be evaluated for Donation after Cardiac Death (DCD) and family approached for possible organ donation before the patient is removed from the ventilator.

## **DIVISION OF PUBLIC AFFAIRS**

### **RELEASE OF INFORMATION TO THE MEDIA**

The Division of Public Affairs is the only authorized channel for release of information about the Medical Center to the local, regional and national lay press, including all print and broadcast media. Any media query should be referred immediately to Public Affairs at ext. 4-1100. A staff member will obtain accurate information or arrange interviews with appropriate persons. Observance of the policy on replies to all requests for information and on all material originating with the Medical Center is the responsibility of all faculty and staff, including those in postgraduate training.

Media requests for information on all patients should be

referred to Public Affairs. In all other matters, public relations counsel and guidelines for handling specific requests and situations may always be obtained from the Division of Public Affairs.

Public Affairs is to be notified at once by the individual immediately in charge of the area involved if any incident occurs which may lead to unfavorable public reaction.

Faculty and Staff members are urged to send Public Affairs potential news items for possible publication in lay and professional journals or use with radio/television. These may include Medical Center achievements, recognition and progress. Also, early notification about the hospitalization of a public figure is most helpful in handling media calls concerning condition.

Public Affairs is open from 8:00 am until 5:00 pm, Monday through Friday, and staff members are on call at all times when the office is not open. Call the hospital operator for the name, telephone number or pager number of the staff members on call.

## **DEPARTMENT OF HUMAN RESOURCES**

The UMMC Human Resources Service Center is located in room R-106, phone 4-1130. For Employee Benefits assistance by phone dial 4-1133. The Academics and Research HR Support team is located in the former Student Apartments, Apts. E-14, E-13 and E-10. They can be reached by phone at 4-1946. Employee and Faculty In-Processing, Apt. E-11, International Services, E-12. Student Apartments Building C houses Employee Benefits including PERS and ORP, Apts. C-1 and C-11. The HR Service Center is in R-106 and is open and available for Employee and Faculty In-Processing from 7:30 AM to 5:00 PM, Monday through Friday. Office hours for the Talent Acquisition Office in TV100 building are 8:00 AM to 4:30PM.

For badging queries (replacement badges, etc.), please complete a badge request form found on the UMMC Intranet Human Resources homepage under "forms" or at this link:

[https://secureforms.umc.edu/forms/badge\\_request.aspx](https://secureforms.umc.edu/forms/badge_request.aspx) and email to [hrrservicecenter@umc.edu](mailto:hrrservicecenter@umc.edu). If your badge is misplaced, please phone or email requesting immediate temporary deactivation to prevent misuse of your badge access and charge privileges.

All new House Officers will be provided, via e-mail, a personalized website link that will allow pre-populating required employment forms such as federal and state withholdings, insurance, and retirement. Utilizing the website will greatly reduce time required of the House Officer to stand in lines to complete paperwork. House Officers will then have the opportunity to sign and date the required forms in person with a Human Resources Business or Service Partner.

Any changes that will affect insurance coverage (marriage, birth of a child, name change, etc.) should be promptly reported to the Benefits Office, ext. 4-1133 or 5-9832. You will receive email communication from the Benefits Department regarding the benefits onboarding process, including submission of the requisite forms and how to enroll in your benefits. All new House Officers must submit to a pre-employment drug screen and in accordance with Section 43-11-13, MS Code of 1972, all employees providing direct patient care must be fingerprinted as part of a criminal background check.

## **PERFORMANCE IMPROVEMENT:**

**WHOM WE SERVE** Employees of the University of Mississippi Medical Center Hospitals and Clinics are committed to providing relationship-based care for our patients and their families. Every member of our medical team has a shared objective of consistent, exceptional treatment for those who walk through our clinics and hospitals doors.

We value and promote patient-and family-centered care,

clinical excellence, healthy caregiver relationships, and interdisciplinary collaboration. That commitment applies to the lifespan of our patient population, from neonatal to geriatrics and in any of UMMC's health care settings.

We, as an organization, value tremendously our relationships with physicians, employees, students, suppliers, and payers and consider them among the primary customer groups, in addition to patients and families. The delivery of exemplary patient care is one component of the three-part mission of the University of Mississippi Medical Center, with the other two being education and research.

### **WHAT WE WILL BE**

The mission of the University of Mississippi Medical Center is to improve the health and well-being of patients and the community through excellent training for health-care professionals, engagement in innovative research, and the delivery of state-of-the-art health care.

The University of Mississippi Medical Center will be a premier academic health sciences system that is recognized nationally for high-quality clinical care, for innovative research and for training committed health-care professionals who work together to improve health outcomes and eliminate health disparities. Source - [https://www.umc.edu/administration/strategic\\_plan/strategic\\_plan\\_home.aspx](https://www.umc.edu/administration/strategic_plan/strategic_plan_home.aspx)

### **VALUES**

Our future is NOW. As an organization, we are committed to promoting and demonstrating values that will allow the University of Mississippi Medical Center to become the household name for quality and excellent service. We show passion for improving lives by demonstrating the values below:

**Quality** - We will consistently meet and exceed customer expectations through a well-trained, motivated, and well-equipped workforce.

**Integrity** - We will treat all in an open, fair, honest, and ethical manner.

**Innovation** - We will improve the healthcare system by recognizing, rewarding, and encouraging employee creativity.

**Diversity** - We will foster intellectual, racial, social, and cultural diversity.

**Teamwork** - We will support each other and promote collaboration to achieve results.

## **IMPROVEMENT ACTIVITIES**

In order for University Hospitals and Health System to achieve its mission, vision, and strategic goals all members of the organization participate in performance improvement. Each nursing unit and hospital department is involved in performance improvement activities that address strategic plans. These improvement initiatives may involve the establishment of multidisciplinary teams. Everyone has the opportunity and responsibility to identify opportunities for improvement in patient care or service delivery within their work environment.

## **EXPECTATIONS**

University of Mississippi Medical Center employees touches the lives of thousands on a daily basis. We are passionate about providing the highest level of care to our patients, educating future physicians for Mississippi and supporting UMMC's research program. Our work is important. How we approach our work is just as important!

Our "Standards Guide" offers reminders of our mission, vision, values, standards of performance and our emphasis on professionalism. With your help in promoting and living these values and professional standards, our name, University of Mississippi Medical Center, will become the household name for quality and excellent care and service.

Our "Standards Guide" contains the organizational expectations for all of us. You are encouraged to review our standards guide. You may locate a copy by going to

UMMC's Intranet *search this site* box, type in "Standards Guide", and click the appropriate link.

## **PATIENT SATISFACTION MEASUREMENTS**

The University Hospitals and Health System have several systems to measure how patients perceive service. The organization contracts with an outside agency to survey discharged patients by mail or email to obtain feedback on their experience of care at UMMC. Surveys may be sent after inpatient, ambulatory or emergency department visits. Results are available on the Patient Experience Scorecard on the Clinical Intranet.

A second system of obtaining patient feedback is through the Customer Care Connection (CCC) line in the Office of Patient Experience. The CCC has a group of patient facilitators who receive real-time feedback from patients, family members or staff via phone calls, letters, emails and face-to-face meetings. Concerns or complaints brought through the CCC will be addressed within 24 hours. CCC calls are tracked and trended through the Office of Patient Experience and monthly reports are sent to medical services, nursing services, administration, and senior leadership for review.