

Resident Orientation Manual 2015-2016

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Information in this guide may be found on your VA Desktop under the Education Info icon (in the TRAINEE AND HOUSESTAFF INFORMATION folder) Most hyperlinks in this guide are from that folder and are accessible only when you are on the Richmond VAMC Network (either on site or through remote access).

BASIC ORIENTATION FOR RESIDENT PHYSICIANS
VA MEDICAL CENTER – RICHMOND VA

This orientation guide for physician residents provides current information that is important for you to know while working at our VA some of which may be different from policies or procedures at VCU Medical Center. Please read through this document prior to your VA Rotations.

1. CUSTOMER SERVICE: We are here to serve our patients and other customers. Our customers are not only the Veteran and his/her family, but also other physicians and healthcare colleagues such as the nursing staff. We expect professional dress, ethics and conduct. Please wear your ID badges so that your name, degree and specialty can be identified. Please introduce yourself to patients and family members and take a minute to put them at ease. We have made a commitment to patients and families that they will be seen in clinic within 20 minutes of their appointment time (“See you in 20”). We hope you will embrace VA’s **I CARE** values:

Integrity: Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment: Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA’s mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy: Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect: Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

2. CONFIDENTIALITY and SECURITY of INFORMATION:

- All individuals who come in contact with patient or employee information must keep it confidential. It is important to be aware of this as you converse with the team.
- To ensure confidentiality, you should not discuss patient or employee sensitive information in public places such as in elevators, hallways, and public areas.
- Ensure written or printed patient information is secured appropriately at all times, especially when leaving an area unattended.
- Sensitive patient information printed by you or your team, or disposed of in the large commercial receptacles marked “Shred-It”.
- Memorize your computer codes/passwords or write them down and keep them in a secure place. If codes/passwords must be recorded, please ensure written codes are secured at all times in a locked drawer or cabinet or on your person.
- Log off all computer screens (both VISTA and NETWORK) before leaving your work area. Otherwise, someone who comes behind you will have unauthorized access under your code.
- ACCESS and VERIFY codes and passwords are confidential – do not share codes with anyone, including medical students.
- Remember HIPAA: If a patient or family asks for medical information, refer them to the **Release of Information Office (1B-232, ext. 5606)** where they must sign a release of information form. (Emergency information needed for immediate care may be given to another provider as appropriate.)
- Do not give print outs of medical information to patients or their families except for notes that were authored by you and medication lists.

- Downloading, copying, saving, recording or removing confidential/sensitive information, especially protected health information (PHI) is prohibited unless written authorization and approval has been obtained and signed by the Chief of Staff and Medical Center Director.
- Personal electronic devices must not be connected to the VA network for any reason, including charging a device. Unauthorized connections are monitored.
- Violations of sensitive data, personal equipment use or VA regulations could result in disciplinary action.
- Paper copies with confidential/sensitive information must be protected at all times and tracked by the supervisor and employee. Resident rooms must be purged of all patient information at the end of each team rotation.
- **Do not use personal cell phones or cameras to take photographs of patients under any circumstance.** Notify the Privacy Officer immediately (office 675-5265 and BB 386-3611) if you see someone using a non-Veteran Affairs owned camera to take patient pictures.

3. SECURITY OF TEAM ROOMS

All members of medical teams are responsible for their resident work rooms. The rooms are equipped with keyed, key-push, or card-swiped locks. Door access will be arranged through your VA program site director/coordinator. **The room should be locked when unattended. Do not prop doors open or alter the locking mechanism.** By locking the doors, personal items and patient information can be protected. Since the VA uses personal identification, i.e. SSN, full names, and/or date of birth as identifiers; facilities surveyors such as the Joint Commission review unlocked areas for the security of the data. PROTECT PATIENT DATA AT ALL TIMES.

4. PATIENT RIGHTS, ADVANCED DIRECTIVES and DNR:

A resident may write a DNR order as long as she/he obtains permission from the patient, discusses the order with the attending, obtains the attending's concurrence, and documents the conversation with the attending in the medical record. Resident-written DNR orders will expire in 24 hours. Residents should pick the detailed orders from the Treatment Directives for Housestaff menu (i.e., no CPR, no Intubation). Attendings must re-write the DNR order within 24 hours and must cosign the "Advanced Directive" progress note promptly. Attending-written DNR orders (from the Attending Treatment Directives menu) have no expiration. Be sure to use the correct title "Advanced Directive" when you document Advanced Directives or DNR status.

Our patients have the right to be a part of all healthcare decisions. Patients also have a right to adequate pain control. Please ask all patients if they have an advanced directive, or if they would like to prepare an advanced directive. If so, any Social Worker can assist the Veteran and his/her family.

5. PATIENT ABUSE: All employees, including residents who witness or suspect an incident of patient abuse of any kind (verbal, physical, emotional, financial, etc.) are required to report it. The Medical Center staff conducts a confidential investigation to determine if abuse has actually occurred. Appropriate action is taken based on the recommendations of the Investigation Panel. If the patient's family is involved in the episode of abuse (or neglect), this should be reported to Social Workers so that Family and Social Services can be contacted.

6. SAFE ENVIRONMENT: The VA is committed to providing a safe environment for patients and employees. All employees, including residents, should report hazards when they are found. Report hazards to supervising attendings or the nurse manager in charge of the area. Safety measures include the following:

- Handwashing (hand hygiene) is the best method to prevent the spread of infection.
- Use of alcohol gel sanitizer may be used. For sanitizer, the gel must have contact with all surfaces including between the fingers and allowed to dry. Hand washing **MUST** be done if hands are soiled or if in contact with a patient with diarrhea and/or C. difficile. Hand washing must be done for 15-20 seconds.

- Hand hygiene should be performed before and after patient contact, eating or drinking, or using toilet facilities. Dispensers for both soap and non-soap cleansers are in every patient area.
- Standard Precautions are to be followed when any contact with any other person's blood or body fluids is expected. Standard Precautions involves frequent handwashing, and the use of personal protective equipment when indicated (such as goggles, gloves, gown, mask, and face shield). In addition, follow special recommendations for protection posted on each patient door.
- Trash bags: Orange bags are used for lightly contaminated waste that contains patient blood or body fluids. Clear bags are used for regular waste. Red bags are used for highly contaminated items such as drains, packs, and blood soaked items (and maggots). Blue bags are for recycling.
- Red electrical outlets signify an outlet that is connected to an emergency generator. In the event of a utility failure, all emergency patient equipment such as ventilators should be transferred to a red outlet.
- Any vendors with equipment must be processed through HR and the VA Police. No vendor should deliver equipment trays directly to a resident as this bypasses the necessary processing and re-processing.

7. **INFECTIOUS EXPOSURES (to Sharps, Needles, etc.)/ON DUTY INJURIES**

- Wash wounds and skin with soap and water or flush mucous membranes with water.
- *Report immediately in person to Employee Health—1X-165 (near Audiology/Eye Clinics) during the administrative workweek (Monday – Friday: 8am – 4:00pm)*
- *Report immediately in person to the Emergency Department at all other times. (After hours)*
- Call or page Infectious Disease Fellow on call with any specific questions. (VCU pager 9886 – in the VA dial *601 first)

8. AGE-RELATED CONSIDERATIONS and GERIATRICS: The majority of the current Veteran population is over 50 years of age. Therefore, attention must be paid to the natural age changes that occur in almost all body functions. Vision, hearing, reaction time, sense of touch, and other physical changes all affect the way a Veteran and/or family may respond to you. In addition, the elderly may respond differently to drugs and interventions. Geriatric consultation is recommended for dealing with specific age-related issues, or patients with multiple medical, social and physical problems. You will frequently encounter patients who need to go to a nursing home after their acute hospitalization is completed, or in outpatients who are unable to continue to live independently at home. As soon as you perceive the need for Nursing Home Placement, consult with a Social Worker to begin the placement process. Don't wait until the day of discharge.

9. SEXUAL HARASSMENT: Just like the medical school and the health system, the VA has zero tolerance for sexual harassment. Federal Law prohibits sexual harassment. In completing the module "Mandatory Training for Trainees (MTT)" you received VA-specific training on this and other important topics in VHA. The MTT must be completed every 365 days while you are in training at a VA facility. Additional training is available by contacting the EEO office and is also located on the Web. If you find yourself in a situation that you think is one of sexual harassment or one creating an environment in which you are uncomfortable, you should tell the party involved you want it stopped and contact the EEO office at the VA (675-5243) to determine next steps in filing a complaint through VA channels if needed. Sexual harassment should be reported to both the EEO Officer of the VA hospital and the EEO official of the university/health system.

10. PROFESSIONALISM: The School of Medicine has adopted standards of behavior that apply to all students, housestaff and faculty. The standards describe appropriate professional behaviors. A reporting process has been developed for people that witness or are the victims of unprofessional behavior. Please see the School of Medicine web site <http://www.medschool.vcu.edu/professionalism/>. If you have an encounter with or witness one in which a VA staff member has shown poor professionalism in their interactions with you or other colleagues, please take the time to submit a [Report of Contact](#) (the form is in the "apple").

- Address your report of contact to your supervising attending unless you feel uncomfortable doing so, in which case you may submit it to your VAMC Site Director who will work with her/his Service Chief and with the ACOS/E (Lenore Joseph, MD) to address the issue and get resolution.
- Don't worry about all the boxes above the narrative section. Just fill it in so we can tell:
- who is reporting the behavior
- who was (allegedly) being disruptive
- when it happened.
- Then explain the rest in the narrative section. Please show professionalism in the tone with which you write. It is sometimes better to review these when you are not angry and then submit them.
- Try to be as factual as possible, without emotion, as sometimes the real concerns are overshadowed by the way the report is written.
- Send via encrypted e-mail or deliver via hard copy if any protected patient information is included.

11. ETHICAL ISSUES (Interaction with Drug Reps): The Richmond VAMC has passed a policy that limits interaction of Pharmaceutical Sales Representatives (PSRs) with clinical staff. Research has shown that drug budgets show some correlation with exposure to PSRs. These representatives may not deliver food to your team rooms, buy food for housestaff lunches, or otherwise "detail" you in clinical areas. It is also unwise to accept gifts of textbooks, clinical equipment, or outside meals or trips. These are considered "gifts" from outside sources, and may be seen as attempts to influence your prescribing habits.

12. MEDICAL RECORD RESPONSIBILITIES OF RESIDENTS AND STAFF PHYSICIANS. Medical Records are important legal as well as health documents. Resident physicians have the first-line responsibility for completing medical records. The medical record begins with a clinical visit or on admission.

- A history and physical must be on the chart within 24 hours of admission (hopefully sooner). The attending must physically meet the patient and confirm the resident's findings. The attending must write a full progress note or an addendum to the resident's H&P. All patients are legally under the care of the attending who is licensed as an independent practitioner.
- Documents received from other facilities to assist in the management of patient care should be returned to the ward secretary after review to be incorporated into the patient's medical record.
- **Either an attending or resident must countersign all medical students' notes and chart entries. Medical students are not allowed to make independent entries in the medical record. Medical students' notes should have the content verified. You must write your own notes, independent of student notes.**
- All patients in an acute hospital bed are expected to have a daily progress note.
- To insure, without question, that residency supervision guidelines have been met, your progress notes (inpatient or outpatient) should always include the following true statement: "I have (seen [or] discussed) the patient with Dr. _____ and he/she agrees with the treatment (or discharge) plan". All of your orders and notes should be electronically signed, and cosigned should not be left unsigned or un-cosigned. **View Alerts**, a type of computer e-mail message, will alert you when you have an unsigned document.
- Medication reconciliation is an important process to assure safe patient care. This must be done and documented at admission, transfer, and discharge. Use the templated notes.
- DNR/Advanced Directive Notes, Restraint Notes, and Discharge Summaries must be co-signed by your attending. Be sure to put in your attending's name as an expected co-signer. Your attending **MUST** be notified in the case of an abrupt change in your patient's condition. Remember, the attending is the legally responsible provider!! Call them, even at night.

- **The discharge summary (DS) is the responsibility of the house-officer. The DS should be dictated or typed into CPRS from the Discharge Summary tab, using the Discharge Summary (S) title and template. It should be dictated or typed ON THE DAY OF DISCHARGE of the patient. ALL DISCHARGES from Inpatient Care including Transfers and those that expire require a complete discharge summary, regardless of the length of stay.** Incomplete records may cause various sanctions and are administered through the VCUHS GME office. You may not be able to receive your final paycheck if you have delinquent dictations or incomplete medical records. The discharge summary should include the following 5 basic elements: (1) reason for hospitalization, (2) principle diagnosis and all other diagnoses that were treated, (3) significant findings from the hospital course, (4) procedures, surgeries and treatments rendered, and (5) condition at discharge (including discharge instructions, follow up appointments, medications, diet and activity restrictions). You do not need to include all lab results or x-ray results in a discharge summary, just the ones that influenced the hospital course of the patient.
- The **Patient Discharge Information/Clinician (SR) note** is the final progress note of a hospitalization but it doesn't substitute for the discharge summary. It includes sections for discharge diagnoses, discharge meds, discharge activity level, and scheduled follow-ups. It must be signed by the discharge MD (typically the resident) as the Discharge MD, and the attending as the Approving MD. It is an interdisciplinary form that includes sections for nurses to complete. It must be printed and given to the patient as their formal discharge instructions. Be sure any instructions to the patient are listed in this note. Please use language patients can understand.
- **Discharge medications must be carefully reconciled. The medications on the patient's discharge information note (instructions to the patient) must be identical to those in the discharge summary.** Please update orders carefully, noting which pre-admission medications will be stopped, continued, or changed, and which new medications will be added. Once carefully updated, then input the medications into the discharge information note. Make sure the list is exactly correct (discontinue IV medications etc., if the patient is not going home on these). If the list is not correct, return to the orders and adjust until it is correct. Then make sure that the identical correct list is included in the discharge summary.
- The **Problem List** is a section in CPRS. It should be updated on every admission. It is a very helpful and easy computer program to keep track of a problem list. Please verify old problems and add new active problems, including any operative or invasive procedures that have been performed such as endoscopy, catheterizations, etc.
- Procedure Documentation: There are Progress Note titles in CPRS that can help you document inpatient non-OR procedures appropriately. These notes have templates so that you can fill in all the required information. If you do a bedside procedure, look for the Progress Note entitled **"Invasive Procedure Note (S)"**. If you forget what a note is called, just type "Procedure" and CPRS will give you a list of Procedure Note templates. A procedure note or an immediate post-operative note must be entered before leaving the patient.
- Verbal orders are always discouraged as they may lead to errors. If a verbal order is given, the person receiving the order should always read the complete order back to you. This will avoid errors that could be attributed to you. Verbal orders are for emergency situations only.
- The electronic function of **copy and paste** is a powerful tool and saves time when documenting in the medical record. However, **extreme caution must be exercised** with this function. Information so copied should be personally verified and known to be currently accurate. Copying and pasting information that is not personally verified is dangerous to the patient and may be hazardous to your career. Criminal charges and "fraud" charges have been lodged against individuals using the copy and paste function unwisely or erroneously. Copy and paste only items you have personally performed and verified.
- Abbreviations should not be used unless they are standard abbreviations in your specialty.
- A blue Clinician Documentation Quick Card, is being updated and will reference the above topics and more on appropriate documentation. Quick Cards will be disseminated when they are available. Please also see the Documentation Folder in the apple for additional information. If

you need a quick card please contact the Associate Chief of Staff for Education (Dr. Joseph's staff/office). 675-5249 or 675-6247.

13. RESIDENT/FELLOW SUPERVISION RULES

- ALL notes must identify your attending in one of two ways:
 - ADD your attending as a co-signer of all notes and
 - Write in your notes "I have seen this patient (or discussed this patient) with my attending, Dr. X, and he/she agrees with my assessment and plan."
- Your attending must personally evaluate all inpatient admissions and surgical patients pre-operatively. All other new patients (outpatients, ED and consults) must be discussed with your attending (at a minimum).
- If you are called to see a consult on the inpatient wards or in the ED, you may see the consult and write your initial impression. However, your attending for the consult must also be notified immediately about the patient and your findings (even if at night) to provide concurrence that you can document (as above) and additionally make the decision whether to see the patient him/herself.
- If one of your patients gets sicker unexpectedly, you should inform your attending at the earliest opportunity. Again, this call must not wait for the morning.
- Use common sense. If it is something that your attending should know, please let him/her know!

14. OPERATIVE AND INVASIVE PROCEDURES: Surgical and other procedures have special requirements for documentation.

- A pre-op note must be written by the attending prior to the patient going to the operating room. The note must state that the attending agrees with the selection of the procedure for the patient.
- The surgical post-op note must be written immediately post operatively, best done when the patient is transferred to recovery, PACU, or monitoring area. The post-op note must be done electronically. It is best to do the surgical post-op note while in the PACU after stabilizing the patient. In short, the post-op note must be done before you leave the patient's side.
IMPORTANT: The post op note has a question embedded in the note that asks "WAS AN IMPLANT USED?" Anything left in the body more than 30 days, including glue, is an implant. Answer yes to the question and a Surgical Prosthetic's Consult is auto generated with the implant data already in the consult. Sign the consult and the vendor will be paid for the implanted device. All surgical implant consults must be generated within 24 hours of case completion. Otherwise, vendor payment is delayed and you will not have the replacement implant you need for another case. All op reports must be dictated within 24 hours of the procedure. Op report dictations should be done in the PACU immediately post-operatively while the case details are fresh in your mind.

15. INTRAVENOUS CATHETER INSERTION AND MAINTENANCE

The following information is a reminder regarding IV insertion and maintenance, as well as the signs/symptoms of phlebitis and infiltration:

- **When Inserted:**
 - Mark site with date, time, initials, Document that with catheter size, location, problems encountered, actions taken and person inserting.
- **To Maintain:**
 - Check site at least q8hours, document appearance and follow up, document fluid changes, tubing and dressing changes, flushes, name and initial of person doing any task.
- **To Discontinue:**
 - Document date, time, appearance, any follow up action and name of person performing the task.

- **Phlebitis Scale:**

- 0 - No symptoms
- 1 - Redness at site with or without pain
- 2 - Pain at site with redness and or edema
- 3 - Pain at access site with erythema and or edema, streak formation, or palpable venous cord
- 4 - Pain at site with redness and or edema, streak formation, palpable venous cord >1 inch in length, purulent drainage.

- **Infiltration Scale:**

- 0 - no symptoms
- 1 - Skin blanched, edema < 1 inch in any direction
- 2 - Skin blanched, edema 1-6 inches in any direction, cool to touch, with or without pain
- 3 - Skin blanched, translucent, gross edema >6 inches in any direction, cool to touch, mild pain, possible numbness
- 4 - Skin blanched, translucent, skin tight-discolored-bruised-swollen, leaking, gross edema >6 inches in any direction, deep pitting tissue edema, circulatory impairment, moderate to severe pain, infiltration of any amount of blood product, irritant, or vesicant.
- (Infusion Nurses Society: Infusion Nursing Standards of Practice, J Intraven Nurs 29(1S): S60, 2006.)

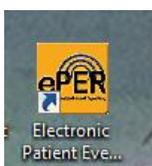
16. INFORMED CONSENT: Most operative and invasive procedures, including blood transfusion, require an informed consent. Even bedside procedures (I&D of a wound, Thoracentesis, LP, etc.) require informed consent. Electronic Consent software (**iMED**) is located on the tools bar in CPRS. All consents must be done using iMED Consent Software unless the computer system is down. There are two components to the informed consent process: (1) documentation of the ability to consent and (2) the consent itself. The first section of the Consent is to document that the patient is **MENTALLY** able to give informed consent. The remainder of the Consent documentation shows that the patient received a thorough explanation of the risks, benefits and alternatives to the procedure; had the ability to ask questions; and still consents.

Occasionally, a patient cannot give informed consent because of physical or mental illness. If the patient has designated a surrogate for medical-decision-making, that person should be consulted. The legal next of kin is also allowed to give informed consent for the patient (spouse, son, or daughter). However, more distant relatives or “friends” of the patient cannot give consent.

Sometimes you will need to get consent over the telephone. Consent may be obtained over the telephone and entered into iMED.

- When doing telephonic iMED consents, one must click the box saying patient cannot give consent. A telephone option will appear.
- A second staff member must witness this on another phone and the name must be entered into iMED consent.
- If iMED is not used, consent over the telephone from the next of kin must be “witnessed” telephonically by an administration representative.
- For telephone consents, call the Details Clerk (extension 5530) during regular hours, or the Administrative Officer of the Day (AOD, 804-675-5529) during night or weekend hours.
- In emergency situations, or if a relative or surrogate cannot be located, the Chief of Staff is allowed to give authorization to proceed with operative or invasive procedures or specialized testing. Call the Chief of Staff Office, extension 5511, for this authorization. After hours, the AOD (contact information above) will contact the Chief of Staff (or Chief of Staff on Call).

17. REPORTING ADVERSE EVENTS:



Please report patient safety events and bad behavior! Report Patient Safety Events through (ePER, formerly the Incident Report)

- Residents are welcomed and encouraged to use the ePER (Electronic Patient Event Reporting system) to report issues affecting Patient Safety – for the purposes of Quality Care.
- ePER reports should be factual about what did or could have happened to the patient. Near miss reporting is encouraged. Just because no harm occurred this time, another patient might not be as fortunate.
- Disruptive behavior by another staff member is a safety risk, but is handled better by a different process—see Report of Contact (under topic 10 – Professionalism).
- The [APPLE has a PowerPoint](#) on how to enter an ePER (but the process is pretty self-explanatory.)
- Items are followed up for the purposes of protected peer review or root cause analysis and other protected systems improvements – and not for disciplinary measures.
- All reports are reviewed and events addressed. You may report anonymously. If, however, you report the issue *and* provide your name, you will be much more likely to get feedback. (You may not get much feedback for a straight forward notification such as – a fall without injury, but the system failure will be addressed).
- You are also welcome (*after* placing an ePER notification) to call the Patient Safety Manager (675-5000 ext. 4711) or Quality Management (675-5000 ext. 5756) to discuss further.
- Note that the Federal Government takes whistle blower protections very seriously, so please do not be afraid to state your name.
- Use the desk top icon when you are here at the VA. Just click and walk yourself through. It is self-explanatory.

18. DOCUMENTATION OF ADVERSE EVENTS: Reporting adverse events through ePER is strongly encouraged. Documenting a patient event is required. You must enter a note in CPRS to document the patient event and clinical actions taken/needed. Use the specific note title called "**Post Event Provider Evaluation.**" This note allows you to document the patient evaluation after a fall, medication error, suicide attempt, missing patient, disruptive behavior, patient abuse, or other adverse event. The note should NOT attribute blame or assess preventability of the event. It should only be a medical evaluation of the patient post event and any changes in the plan of care. If the patient is harmed by an event, notify your supervising attending immediately. Hospital leadership, Patient Safety, and Risk Management may need to be notified ASAP.

19. RISK MANAGEMENT AND PATIENT SAFETY: In the course of providing healthcare, unfortunate unintended events may occur. There could be equipment failures, medication reactions, errors in judgment, system issues, personnel issues, and plain old mistakes. The VA believes in full and open reporting of adverse events in order to be able to learn from the errors that occur. We do an extensive investigation of adverse incidents that are called Sentinel Events. The investigation is called a "Root Cause Analysis".

While you are working in the VA, you are considered a federal employee, and are covered by malpractice insurance from the VA. This insurance policy is called the [Federal Tort Claims Act](#). A federal attorney will defend any tort claims that may arise. Most of the time, the resident is dismissed from the lawsuit because you are not the licensed independent practitioner. The attending is held liable for most occurrences, UNLESS YOU ARE DOING THINGS THAT ARE OUTSIDE THE SCOPE OF YOUR JOB DESCRIPTION AND TRAINING. For example, if you are a medical resident, and you took a patient to the OR for an appendectomy, you may not be covered by the Federal Tort Claims Act because you were acting OUTSIDE your normal duties. As long as you are doing things that are reasonable for a resident to do in your residency program, you will be covered by the FTCA, and your attending will be held responsible. This is a good reason for keeping your attending informed, as he/she is the legally responsible entity for all care provided. If you develop concerns about the legal process, please contact the Associate Chief of Staff for Education (675-6247) for advice and guidance.

Lastly, if you ever feel worried or concerned about the care provided in our hospital, or are concerned about certain policies or care practices, we are interested in hearing about your concerns. The Associate Chief of Staff of Education can meet with you to determine a course of action.

20. INFORMING PATIENTS ABOUT ADVERSE EVENTS: Our policy at the VA is one of full disclosure: We inform patients and their families about injuries resulting from adverse events and the options available to them. Acknowledgement of errors from their caregivers and an apology actually reduces the likelihood of legal or administrative actions. There are two types of disclosures: clinical and institutional.

- A clinical disclosure should be documented in the medical record just as part of a usual note. Anything that could cause a change in treatment or be noticed by the patient should be disclosed, including simple medication errors like an extra dose of a diuretic. The attending physician should be aware and participate in clinical disclosures.
- For serious events that have a major effect on outcome or treatment, the attending and the Risk Manager for the hospital should be involved during the discussion with the patient and family. The discussion may also require a hospital attorney.

Feel free to talk with your attending and/or other institutional leaders if you have any questions or believe that something is being hidden from a patient.

21. PATHOLOGY AND LABORATORY MEDICINE INFORMATION can be found under **Lab Test Information** at the bottom of the TOOLS pull down [upper left of CPRS window]. Orderable tests may be indexed directly. Information for ANATOMIC PATHOLOGY including how to order blood products, submit tissue specimens or request a FINE NEEDLE ASPIRATION of Frozen Section are indexed under INFO A through Z [see below].

Short cuts:

The wrong tube or preservative may preclude analysis. Check LabTest Information or call a Pathologist before obtaining any specimen for which there is a question.

If you do not see the desired assay call Dr. Lippman, ext. 4429 or 5113.

- Request a Frozen Section: 351-7948
- Request a Fine Needle Aspiration contact Ms. Woodley at extension 4436
- Speak to a Pathologist:
 - Dr. Lippman, Surgical and Clinical Pathology, extension 4429
 - Dr. Elshowaia, Cytology and Blood Bank, 4430
 - Dr. Sun, Cytology and Surgical Pathology 4427
 - Dr. Jain, Cytology and Surgical Pathology 2515

Tissue examination forms are required for all Tissue Specimens for Surgical and Cytology. Only the Operating Room can generate these by computer. ALL others must be handwritten. Ward Clerks can provide the Special Form 515 which must accompany each specimen. Each request must include the (1) source of tissue, and, like with a Radiology request, (2) the examination requested, and (3) CLINICAL INFORMATION.

22. UTILIZATION REVIEW & UTILIZATION MANAGEMENT: Utilization management reviews cases for the most appropriate level of care to maximize resources, costs, and efficiencies. Utilization Review tracks reviews only those cases paid by insurance and tracks whether care given will meet insurance criteria. In most hospitals including the VA, UM criteria are used to judge whether a patient has been appropriately admitted. These criteria are called the “InterQual Criteria” based on the company that writes the guidelines. Each hospital has reviewers (UM Nurses) who review each admission for the appropriateness of level of care (inpatient, observation, outpatient, long term care, etc.). All admissions to Medicine, Surgery and Psychiatry are reviewed for meeting criteria. In addition, all additional days of continued stay are reviewed to see if criteria for hospitalization are still met. These criteria are strictly medical, and do not take into account social, physical, family, equipment, or other factors that may impede discharge or require admission. A nurse reviewer may occasionally contact you about justifying the “continued stay” of the patient and ask for more information to validate or suggest another level of

care as more appropriate. If this occurs, you may need to document an acceptable reason for continued stay or discuss with your attending the pros and cons of an earlier discharge. The ultimate decision is up to the individual attending and often VA patients stay even though they don't meet criteria (and VA absorbs the cost). If in doubt about these reviews or criteria your attending will decide what is best based in his/her judgment of what is optimal care for the patient.

23. COMPLIANCE: Compliance is the word we give when we talk about “complying” with governmental regulations. It is most frequently used when we talk about compliance with HCFA (now CMS) documentation standards associated with insurance billing. Why does this concern the VA? Because, yes, the VA does bill for care and submits these bills to private insurers. Approximately twenty million dollars per year comes to this VA because of billing for services. Our documentation in the medical record must follow certain standards to meet billing criteria. It is important to document that you have discussed the care provided with your attending. In the outpatient clinics, the encounter code (on the outpatient encounter sheet) must be checked to reflect the correct level of care (i.e., new or established patient, comprehensive visit, focused visit, etc.). The codes you check determine the bills that are sent out so be sure that you check the correct boxes or ASK YOUR ATTENDING!

Billing practitioners including physicians, advanced practice nurses, physician assistants, pharmacists, social service providers, and many other categories of practitioners who must apply for a National Provider Identification (NPI) number. An NPI number is a unique 10-digit numerical identifier assigned to a health care provider by the Centers for Medicare and Medicaid Services . It is intended to streamline electronic health care transactions by replacing the multitude of different ID's. To apply for an NPI number, go to <https://NPPES.cms.hhs.gov> for an online application. (Check with the GME office at VCU first, however. They may have already had one assigned to you). Always keep your information updated on the NPI website.

Another area of regulation is called “HIPAA”, which stands for the Health Insurance Portability and Accountability Act. This legislation went into effect in April 2003. It concerns the privacy of all personal health information. Thankfully, in general, VA and non-VA HIPAA guidelines are nearly identical. Additional information on HIPAA was covered in your Mandatory Training for Trainees (MTT -online training). Because the unique identifier for the VA is the patient's Social Security number, you will need to store printed information in a secured manner, i.e. lock doors to team rooms, properly destroy unneeded information by placing the information in a gray shred-it bin

24. BEDSIDE PROCEDURES: All procedures should have documentation in the medical record. This includes incision and drainage procedures at the bedside. Universal Protocol must be followed and documented. A procedure note should always be written (Please use the Invasive Procedure Note title/template). Even a testing procedure like Fecal Occult Blood Testing requires certain documentation. Pathology and Laboratory Medicine allows screening for immediate clinical decision-making, but a sample must be taken and card inoculated, test ordered *and sent to the lab*, so results can be entered into the patient's permanent record. (Please check with the lab for current procedures for FOB's, tuberculin testing, and other bedside testing.)

25. ORDERING OF MRIS AND OTHER SPECIALIZED TESTS: Many imaging procedures require special screening before the test is scheduled. You are already aware that MRIs may not be performed if the patient has a cardiac pacemaker or implantable defibrillator, cochlear implant, prosthetic heart valve, or metallic implant (with rare/few exceptions). There are many other contraindications. Please specifically ask the patient these questions before scheduling an MRI. If claustrophobia is a possibility, it is useful to give the patient a prescription in advance for a short-acting sedative-hypnotic.

Occasionally, the necessary clinical services or testing is not available within our VA Medical Center. Special authorization is necessary to transfer a patient to VCU or other facilities for care or testing. This authorization must come from the Chief of Staff's office (extension 5511). An emergency authorization for transfer (such as in the middle of the night or on the weekend) also requires authorization from the Chief of Staff. The VA operator will put you in touch with the correct institutional official.

26. MILITARY HISTORY CARD: In your packet is a military history card. Please take the time to look at the card. It gives you information on taking a military history, including special exposures for certain wars. It would be useful to record answers to the military history in your H&P if it has not been done before.

27. RESTRAINTS: The use of restraints is very controversial. Most national authorities believe that it is against patients' rights to be restrained against their will. This hospital recognizes two reasons for restraints: Behavioral and Non-Behavioral Health reasons. Behavioral Health Restraints require MUCH MORE DOCUMENTATION BY NURSES AND DOCTORS. Below is a chart showing each type of restraint and the associated documentation requirements:

**Patients require restraints for two reasons:
Behavior Health Reasons or Non-Behavioral Health Reasons.**

Behavioral Health Reasons

(for emotional or behavioral disorders)

Violent behavior, aggression, threatening actions, psychosis, combativeness, etc.

Non-Behavioral Health Reasons

(to promote medical/surgical healing)

Traumatic brain injury, stroke, ventilator, etc.

*** Be sure to assess and treat patients for acute medical conditions that might contribute to agitation. Use non-physical alternatives first. If not successful then use least restrictive physical methods***

Restraint MD Order

- MD provides order **within 1 hr** after restraint initiated. Use the CPRS Order Set.
- MD evaluates patient **in person within 4 hours** of initiation.
- **Mental Consult required for newly in BH restraints**
- In 24-hour period, MD sees patient every 8 hours, can give an order for RN for next 4-hour periods.
- Physician order good for **4 hours**.

Patient Care (Nursing Monitoring)

- Trial release and re-restraint allowed within the 4-hour order period.
- Monitor and Assess patient at **least every 15 minutes** and Document assessment.

Documentation

- Restraint progress note by **RN** on initiation of restraints, at least every 4 hours, and at D/C of restraints.
- **MD** progress note **every eight hours** and at D/C of restraints.
- Physician order to **D/C restraints**.
- Physician to write **debriefing note**.

Restraint MD Order

- MD provides verbal or written order **within 12 hours** after restraint initiated.
- **Order is renewed by MD every 24 hours**.
- Physician order good for **1 calendar day**

Patient Care (Nursing Monitoring)

- Trial release and re-restraint allowed within the 24-hour order period for same behavior.
- Monitor and Assess patient at least **every 2 hours** and document assessment.

Documentation

- Restraint progress note by **RN** on initiation of restraints, at least every 24 hours, and at D/C of restraints.
- MD order daily.

Ordering Restraints: CPRS has an Order template set up for restraints. Under the Orders tab, go to **Main Orders Menu**, then choose option **4. Patient Care Orders Menu**, then go to **10. Restraint Protocol Orders**. This will open the restraint-ordering template. Please note that Behavioral Health Restraints are rarely used. These orders are generally for Code: "Atlas" patients or violent or aggressive patients requiring mechanical (leather) restraints. There are many less-restrictive alternatives to wrist restraints or posey vests. These include behavioral modification techniques, less restrictive mechanical restraints, and simple environmental changes.

28. EMERGENCY RESPONSE PROCEDURES: A special emergency phone guide card with your position designation will be given to you when you get your "non-PIV" VA identification card. Please attach it to your I.D. and wear it at all times when you are here at the VAMC. Emergency phone numbers are also listed under the "red phone icon" on your desk top (on all VAMC computers):



You are not expected to handle emergencies by yourself. Always call and get help.

Call 3333 FOR THESE EMERGENCIES:

- Tell the operator what the problem is and exactly where you are. Be sure the operator repeats back the information before you hang up, just in case the wrong message was heard.
- **CODE RED: FIRE** CALL OUT "CODE RED" TO ALERT OTHERS IN THE AREA. THEN FOLLOW:
 - R – Rescue anyone in immediate danger
 - A – Alarm-pull it/Call 3333 if not already done.
 - C – Confine the fire by closing doors/windows to the fire
 - E – Extinguish the fire only if it is small enough for you to be certain you can control it.
 - P – Pull the pin
 - A – Aim at the base of the fire
 - S – Squeeze the trigger
 - S – Sweep from side to side to cover the area
- **CODE BLUE: Medical Emergency**
- **DR. ATLAS:** for patient or anyone acting in a violent or threatening manner and you need police or help in subduing patient.
- **CODE TRIAGE:** Mass casualty plan to be implemented.

Call 4567 for these emergencies:

- **CODE SILVER: Hostage or Person with a Weapon**
- **CODE PINK: Missing or Abducted Person**
- **CODE ORANGE: Hazardous Materials Situation**

Call 5848 for Utility Emergencies

Call 4357 for the RAPID RESPONSE TEAM:

Rapid Response Team Criteria

- ⇒ HR < 40
- ⇒ RR < 8
- ⇒ SBP < 90 or > 200
- ⇒ O2 < 88%
- ⇒ Acute change in mental status/possible stroke
- ⇒ Failure to respond to therapy
- ⇒ Staff concerned/worried
- ⇒ HR > 120
- ⇒ RR > 26
- ⇒ > 40 change in SBP
- ⇒ O2 requirement > 4 lpm or 50% FiO2

29. DISASTER RESPONSE: Each department has a Disaster Plan. If you are unsure of your role in a disaster (real or mock) please quickly ask your supervising attending or the nearest nurse or nurse manager. Remain in your clinical area pending further instructions.

30. SMOKING POLICY: This is a smoke-free environment. Smoking is only allowed in designated areas outside the facility. Patients in long term care situations (i.e., Nursing Home, Spinal Cord Injury, or Brain Injury/Rehab) are occasionally allowed to smoke in a specified smoking room. Check local unit policies for more information.

31. MORE INFORMATION ON HIPAA/Privacy Guidelines. Contact the Associate Chief of Staff for Education (675- 5249 or 675-6247) with questions. You may also contact the Privacy Officer at 675-5265, BB 386-3611.

HIPAA FOR VA TRAINEES (HOUSESTAFF, STUDENTS, ALLIED HEALTH)

As a trainee at a Veterans Health Administration (VHA) facility, you must comply with overall HIPAA guidelines as well as VA-specific guidelines. You should already have received general HIPPA training through your training program or school. This outline supplements your knowledge on VA-specific issues.

Applicable law and regulation in VHA	Five statutes in addition to HIPAA govern the collection, maintenance and release of information from VHA records. These are the Freedom of Information Act, The Privacy Act, The VA Claims Confidentiality Statute, The Confidentiality of Drug Abuse, Alcoholism, Infection with HIV and Sickle Cell Anemia Medical Records, and The Confidentiality of Healthcare Quality Assurance Review Records.
Use and disclosure of Information	“Individually Identifiable Health Information (IIHI)”, also called Personal Health Information (PHI) or Protected Health Information (PHI) can be used for treatment purposes without written consent of the patient. However, disclosure of this information to others (family, clergy, outside medical facilities) may not be permitted. Consult with a Privacy Official of VA before disclosing IIHI to an outside party.
Copies of medical records	A Veteran has a right to a copy of his or her medical record. The request for a copy needs to be in writing and signed. Refer all requests for copies of medical records to the Release of Information Office. You may release a copy of your note to patients for instructional purposes. However, do not print copies of other parts of a patient’s medical record without the written authorization of the patient or their legal representative.
Requests for non-disclosure	Veterans have a right to prevent IIHI from being disclosed to next of kin, family or significant others. This request must be in writing. VHA is not required to agree to such restrictions. Requests for restriction of disclosure should be referred to the Privacy Officer.
Release to VA entities	IIHI may be released to other VA entities without written authorization of the patient. These entities include contract nursing homes, government attorneys, claims and benefits personnel, and audit and inspection offices.
Compensation and Pension records	Exams performed for compensation and pension purposes are the property of the Veterans Benefit Administration and are not releasable without permission of VBA.
Disclosure of very sensitive information to outside parties	Additional laws protect health information about drug and alcohol treatment, HIV and sickle cell disease. Disclosing this information needs specific written permission from the patient. However, this information may be used for treatment, payment and normal healthcare operations.
Disclosure of information to medical examiner	All IIHI may be disclosed to a coroner or medical examiner in order to permit inquiry into a death for the purpose of determining cause of death.
Blood relatives of sickle cell anemia pts	Sickle cell anemia information may be released to a blood relative of a deceased Veteran for medical follow-up or family planning purposes.
Disclosure to	General information may be disclosed (general status). More specific information may be

patient relatives	disclosed to relatives in the presence of the patient if the patient does not object. Information may be disclosed WITHOUT the patient being present only if, in the judgment of the healthcare provider, the disclosure is in the best interests of the patient. Healthcare providers should document their decisions to share information with relatives.
HIV status	HIV status can be shared with the spouse or sexual partners of the patient. This is part of the conditions for informed consent to HIV testing. It is VHA policy that HIV testing is a part of routine medical care and that providers routinely offer HIV testing to all Veterans who consent. All patients who do not have documentation of HIV testing in their record will be offered testing at the first reasonable opportunity. Educational material is available and should be provided to Veterans.
Non-VA health care providers	Disclosure of individually identifiable health information to a non-VA health care provider (physicians, hospitals, nursing homes), even for treatment purposes, requires a written authorization by the patient. Authorization is NOT needed in several circumstances: a) when follow up is being arranged by the VA with outside medical providers who provide continuing care or b) under emergent conditions when written authorization is not possible

Key Questions to Ask Before Disclosing Individually Identifiable Health Information

Questions to ask	Answer
1. Is the information needed for healthcare treatment or normal business operations?	Probably ok to disclose
2. Is the information going to a VA entity or a contracted service of VA?	Probably ok to disclose
3. Is the information going to family, clergy or significant others?	ASK YOUR PATIENT - Use caution, disclose only with patient's approval
4. Does the information include HIV or sickle cell status, or relate to drug or alcohol treatment?	Do not disclose outside of VA except with written authorization of patient.
5. Is the information going to outside healthcare providers such as nursing homes, physicians or hospitals?	Can disclose in emergency situations without written authorization. Also may disclose if outside provider will assume continuing care of patient. Otherwise, this situation requires written authorization.
6. The Veteran has asked for copies of his lab tests – is it ok to print them for him?	Results of testing discussed with the patient on that visit may be printed for a patient. Any historical information (old tests or data) must be authorized through the Release of Information Office.
7. Can I inform the patient's sexual partner about HIV status?	Yes, you may inform the spouse or sexual partner about HIV status of the patient without written authorization.

Contact information for any questions or concerns or to refer a Veteran:

Privacy and FOIA (Freedom of Information Act) Officer: Office 675-5265 and BB 386-3611

Release of Information (ROI) Office: 675-5606 or 675-5000 ext. 2421

Release of Information forms can be obtained from the Release of Information Office, and from clerical personnel in most patient care areas. The Release of Information form may also be found on the desktop of most hospital computers – go to VA Richmond Home Page. Go to <http://vaww.visn6.va.gov/default.aspx?id=32&fac=5> and click on the "FORMS-Pubs-MCM's" section on the left and use the forms search tool. (Also a great place to look up VHA policies). Here are direct links to two key ROI forms:

<http://vaww4.va.gov/vaforms/medical/pdf/vha-10-5345-fill.pdf> (Patient gives us permission to send their records out).

<http://vaww4.va.gov/vaforms/medical/pdf/vha-FL-10-212-fill.pdf> (Patient gives us permission to obtain their records from an outside facility).

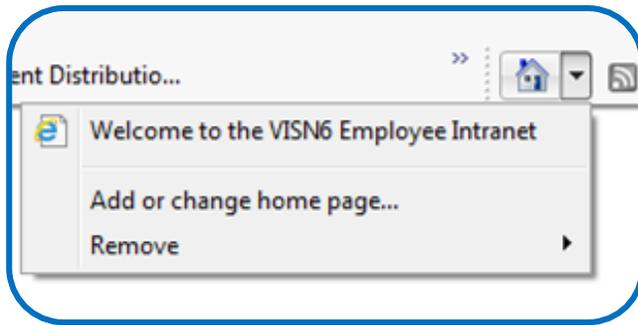
Version 1.9

Update: 7/1/2015

32. BASIC COMPUTER INSTRUCTIONS and OVERVIEW - Help Desk: 675-5600

Residents on rotation at the Hunter Holmes McGuire Veterans Affairs Medical Center (VAMC) have access to the computerized patient record system (CPRS), VISTA (text-based patient record), the Internet, local electronic information resources, VCU School of Medicine electronic resources and email.

- **E-MAIL: All trainees also have VHA Outlook e-mail accounts.** Your email address will usually conform to this format: yourfirstname.yourlastname@va.gov . If you have a fairly common name (like " John Smith" a number will be placed after your last name to distinguish you from other John Smith's (e.g. John.Smith53@.... Etc.) Please be aware of VA policies and guidelines (see [helpful tips in the apple](#) ←internally linked here) regarding e-mailing sensitive information. To do so, you will need to use encrypted e-mail. Check with your VHA program site director for more information on encrypted e-mail. This will be linked to your "non-PIV" I.D. card.
- **COMPUTER ACCESS** is contingent on completion of [VHA Mandatory Training for Trainees](#) (← internal link) which includes information security training and **must be completed annually for the duration of your training.** YOU WILL LOSE VA COMPUTER ACCESS OR REMOTE ACCESS IF THE MTT IS NOT CURRENT. Residents also have access to computers throughout the Medical Center. There are also computers located in the Medical Library on the third floor of the main hospital building. These PCs have Internet and VA Intranet access and printing capability. Specialized searches in other databases require the assistance of the hospital librarian. All team rooms have PCs for access to the Internet. The VA has installed a filter to prevent access to inappropriate content.
- **COMPUTER CODES:** On the first day of the VA rotation, residents receive TWO sets of computer codes – the first set allows the resident to access the hospital network, and the second set allows the resident to access VISTA and CPRS. Electronic signatures (used for signing all electronic documents including progress notes and orders) must be setup in the VISTA system. **Be sure that your electronic signature is always accurate, denoting your training position.** For example, if you are a fellow, your signature block should not still state that you are an intern or a resident. Here's a quick internal link to [help you edit your signature block](#). If you need further assistance, please contact your site coordinator or service ADPAC.
- **THE COMPUTERIZED PATIENT RECORD SYSTEM (CPRS)** is the national VA Windows-based hospital information system. This software contains all clinical and administrative patient information, including laboratory, pharmacy, radiology, and physician notes. All progress notes in the medical center are entered into the computer. There are templates available to make documentation faster. Residents are taught to use the electronic medical record during a mandatory computer training session at the beginning of the residency year. Several CPRS staff members are available on request to train students and residents. The CPRS toolbar has a link to HELP pages as well as medical information resources such as Lexicomp, StatRef, Up To Date, and Krames on Demand.
- **HOME PAGE:** The VAMC internal home page (<http://vaww.visn6.va.gov/default.aspx?id=32&fac=5>) contains many valuable links to government sites and medical and reference information. Please make it your homepage (or one of your home pages) on VAMC computers.



- **ONLINE REFERENCE RESOURCES:** From the home page, click on the link called [Medical Libraries](#). This link directs you to a menu of medical information reference databases. Lexicomp (a premier pharmacy database), MDConsult (a collection of medical books), Up To Date (decision-making software) and Krames on Demand (under patient education) and *many others*. Natural Medicines (complementary and alternative medicine database) and Drug Facts and Comparisons (more pharmacy information) are also available as well as links to multiple journals.

The VA firewall permits direct access to VCU School of Medicine electronic full-text journals and other on-line resources. As with home use, your VCU One Card/eID number is required for access to full-text journals. If you have problems accessing VCU full-text journals, call the VA Librarian at 675-5000 ext. 3223.

- **REMOTE ACCESS TO CPRS and VAMC PROGRAMS** via the internet through the Citrix Access Gateway (CAG) is available by special permission. **You may request access** by following the instructions noted in the desk top apple (see Trainee and Housestaff Information Folder: [Remote Access](#)).

Effective 4/17/2015:

The links to Citrix Access Gateway (CAG) were recently changed and new security requirements have been implemented for remote access (both CAG and RESCUE). Attached are new resources for CAG and general remote access requirements as well as how to obtain support.

As a reminder, to access the VA remotely:

- Access must be requested via the following portal <https://vpnportal.vansoc.va.gov/SelfService/> (*click on the Remote Access hyperlink above for Richmond Specific instructions on requesting access*).
- CAG is required when using personally owned equipment (POE) or other equipment (OE)
- RESCUE is the method to connect when using Government Furnished Equipment (GFE).

Once access has been approved, the link that Richmond staff should use to access the VA from POE (via CAG):

https://vacageast.vpn.va.gov/vpn/index_piv.html

If VACAGEAST is not available, you may access either of these CAG links:

https://vacagsouth.vpn.va.gov/vpn/index_piv.html

https://vacagnorth.vpn.va.gov/vpn/index_piv.html

https://vacagwest.vpn.va.gov/vpn/index_piv.html

Here is additional CAG Information and downloads for both Windows, Android, iPad and other Mac computers.

<https://raportal.vpn.va.gov/Main1/ViewDocuments/CAGMedia.aspx>

General Remote Access information including new security requirements for RESCUE, PIV and MAC users:

<https://vpnportal.vansoc.va.gov/Default.aspx>
<https://raportal.vpn.va.gov/Main1/>

- **REMOTE CONNECTION to VCUHS/MCV** are available from the VA computer system as well. A different Citrix connection called "DAZZLE" <https://dazzle.mcvh-vcu.edu/vpn/index.html> is available for this purpose. Again, for more information please see the Remote Access folder in the Trainee folder in the apple as noted (and linked) above.

The screenshot shows the VA Mid-Atlantic Health Care Network intranet homepage. The browser window title is "Welcome to the VISN6 Employee Intranet - Windows Internet Explorer". The address bar shows the URL <http://vawww.visn6.va.gov/default.aspx?id=32&fac=5>. The page header includes the VA logo, "VA Internet :: VHA Intranet :: VISN 6 Internet", and "Richmond Edition". The main navigation menu includes Home, Facility Info, Events, Facility Editions, and Employee Lookup. The left sidebar lists various service categories like Customer Service, Clinical Resources, Education, Employee Resources, Human Resources, News & Info, Mission-Values-Goals, Quality-Performance, Forms-Pubs-MCMs, Medical Libraries, Admin Services, Research, Police Service, Emergency Preparedness, IT Services, and EEO. The central content area features a "What's New?" section with links to H1N1 Updates, FNC - MCM: Format For Medical Center Committees and Documentation, BEC - MCM: Ordering of Laboratory Tests, BEC - MCM: Laser Policy(2), and Newsletters. A map of the Mid-Atlantic region shows various VA Medical Centers, VISN 6 Network Offices, and Community-Based Outpatient Clinics. Below the map is a "Richmond Events" section listing financial health and BLS CPR courses. The right sidebar contains an "Employee Lookup" form with fields for First Name and Last Name, a "Look Up" button, and a "Facility Specific" section with links to Cyber Security Bytes, MCV/VCU: Lotus Notes, Webmail, Mail1/Mail2, CBIL, Libraries, VCU Home, Intern Interview, Local Weather, and Virginia 911. The "QuickLinks" section includes links to Google, Yahoo!, DSS, MediaNet, TSP, VSSC, Weather, FedTraveler, OQP, MyHealthVet, TMS, DMS Central, and MSDS. The "Dazzle" link is circled in red.

33. Annotated Bibliography of Veterans Affairs Web Sites and Resources

General

1. General VA-wide site for access to Benefits, Burial Information, Life Insurance, Education, Home Loans, Vocational Rehabilitation and Health
<http://www.va.gov/>
2. VHA site that describes eligibility for Veteran Health Benefits and how to apply for health benefits
<http://www.va.gov/elig/>
3. VISN 6 web site (Richmond Edition)
<http://vaww.visn6.va.gov/default.aspx?id=32&fac=5>

Administrative Information

4. Veterans Health System demographic data, trends, expenditures, workload, projections.
<http://www.va.gov/vetdata/>
5. Web site listing career opportunities across the Veterans Health System
http://www.va.gov/JOBS/Career_Search.asp
6. Welcome to the website of the VA's Inspector General. Providing service to Veterans, VA employees, and citizens concerned with good Government! The IG audits medical centers and responds to patient and employee complaints. The full text results of Inspector General Reports are available going back several years.
<http://www.va.gov/oig/>

Clinical Information

7. Web portal to system-wide clinical practice guidelines, and results of national monitoring of performance measures. Under each CPG, physicians may print pocket cards and algorithms directly from this site.
<http://www.healthquality.va.gov/>
8. VA National Center for Patient Safety. The VA's award winning program on patient safety is highlighted. Good patient safety principles and practice are reviewed.
<http://www.patientsafety.gov>

Research Opportunities and Resources

9. Portal of VA Research and Development: Overview of VA Research, Research Programs, Publications about VA Research, and Information for Researchers, including Grant Solicitations, Forms, and Training Programs
<http://www.research.va.gov/>
10. Veterans Affairs Information Resource Center (Virec) – a web site for researchers interested in using VA databases for research. Includes definitions, grant applications and forms, descriptions of various databases, and contact information.
<http://www.virec.research.va.gov/>
11. The Health Economics Resource Center is a national center that assists VA researchers in assessing the cost-effectiveness of medical care, evaluating the efficiency of VA programs and providers, and conducting high-quality health economics research.
<http://www.herc.research.va.gov/>
12. A fun (internal) web site that allows you to search VA acronyms for those unfamiliar with this jargon!
<http://vaww.va.gov/acronyms/index.cfm>

13. VA's Quality Enhancement Research Initiative (QUERI) is designed to translate research discoveries and innovations into better patient care and systems improvements. QUERI focuses on eight high-risk and/or highly prevalent diseases or conditions among Veterans: Chronic Heart Failure, Colorectal Cancer, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, and Substance Abuse. Grants and projects are funded.
<http://www.queri.research.va.gov/>
14. The Office of Research Oversight (ORO) serves as the primary Veterans Health Administration (VHA) component in advising the Under Secretary for Health on all matters affecting the integrity of research in the protection of human subjects and the welfare of laboratory animals, promoting enhancements in the ethical conduct of research in conformance with regulations and policies and investigating any allegations of research improprieties and scientific misconduct.
<http://www.va.gov/ORO/index.asp>

Education Links

15. VA conducts the largest coordinated education and training effort for health care professionals in the nation. This web site describes the scope of VA Graduate Medical and Associated Health Training programs, and provides links to documents such as Affiliation Agreements, Applications for Special Fellowships, and Reports of recent Trainee Surveys. The newly revised national Residency Supervision Policy is also available.
<http://www.va.gov/oaa/>
16. National Center for Ethics website includes links to Ethics training programs and online ethics modules.
<http://www.ethics.va.gov/index.asp>
17. Veterans Health Initiative is a collection of on-line training modules on topics unique to Veteran patients, including Post-traumatic stress disorder, Gulf War Syndrome, Agent Orange, Hearing Impairment, Prisoner of War, Radiation, Spinal Cord Injury, Visual Impairment and others.
<http://www.publichealth.va.gov/vethealthinitiative/>
18. MIRECC – Mental Illness Research Education and Clinical Center website includes a collection of education materials including on-line courses on topics of mental illness.
<http://www.mirecc.va.gov/>
19. VA Talent Management System – for housestaff registered online. You are able to take online training remotely, after self-registration. Apart from being the platform from which you do the Mandatory Training for Trainees (MTT) The website offers hundreds of online training modules from computer training to medical tutorials, to management, to supervising staff and other human resource topics. (Please use the [MTT enrollment instructions](#) to access TMS if you are a trainee. If you are not a trainee, please check with your clinical service). <https://www.tms.va.gov/>

Updated 7/01/2015