# Graduate Medical Education

# TRAINEE ORIENTATION HANDBOOK

## For STUDENTS, RESIDENTS & FELLOWS

LEGACY HEALTH

Legacy Emanuel Medical Center

Legacy Good Samaritan Medical Center

Revised: Fall 2019

# Table of Contents

# Quick reminders

**Top priority**

- **Medical Licenses** are required in the State of Oregon for all residents and fellows beyond PGY1 level. See the Oregon Medical Board (OMB) website for information.

- **DEA Numbers** must be obtained by a resident or fellow for every hospital at which you work if you do not hold your own personal DEA Number. The DEA number issued by your home institution is not valid outside your home institution. Read more about obtaining your DEA number.

- **Name tag with photo ID** is required for all trainees rotating at Legacy Medical Centers. Please wear your Legacy photo ID at all times. Check with your program coordinator if you don't have (or lost) your badge.

**Nuts & bolts**

- **Parking** for housestaff is anywhere except valet, handicapped, reserved or emergency lots (at LEMC). At both LGSMC and LEMC, a parking permit is required. Please see additional information about parking at LGSMC.

- **Bicycle cages** at Emanuel are located in parking structure #1 and the lower level of the parking area beneath Medical Office Building #1. The bike cage at Good Samaritan is located in parking structure #2. Contact Legacy Safety and Security for access.

- **Call rooms** are assigned to trainees who have overnight responsibilities in the hospital. Call room access keys or keypad numbers are provided by the program coordinators.

- **On-Call Meals** are provided for residents and fellows and calculated according to individual program guidelines. Meal cards/tickets are available from your program coordinator.

- **Lockers** are available at LGSMC and LEMC. Contact your program coordinator to have one assigned during your rotation.

- **Appropriate attire** for clinics and hospital wards is professional business dress with white lab coat or other garment designated by training program. Badges, buttons, or other insignia may be worn but must be non-political, non-soliciting and non-promotional. (Legacy/GME Policy: Appropriate attire #500.503)

- **Scrubs** are provided to housestaff when on services such as Emergency Department, ICU and Surgery. Scrubs are the property of the hospital and should not be removed from the premises.

- **Employee Pumping Rooms** are at Good Sam (rooms 544 & 545) by contacting the nurse's desk in the 5th floor Family Birth Center for access, and at Emanuel by contacting Lactation Services in room 2312.

- **Housekeeping** (cleaning, linens, bathroom supplies, etc.)  LEMC x320202    LGSMC x37120

- **Facilities** (lights, power, plumbing, heat, etc.) LEMC x31000   LGSMC x37667

## Contact us

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| Ophthalmology, Uveitis | Diane Sawyer | dsawyer@lhs.org | 503-413-7529 |
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| Program (continued) | Coordinator | Email | Phone |
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| Surgery (GSMC) | Diane Sawyer | dsawyer@lhs.org | 503-413-7529 |
| Trauma Surgery | DeeDee Bondy | dbondy@lhs.org | 503-413-4692 |
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| Trauma | Janet Mitchell | jcmitche@lhs.org | 503-413-2737 |

# Information services

Most trainees will receive a computer logon from their program coordinator. Applications such as MS Internet Explorer may automatically prompt you to enter the username and password. Internet access without a logon is available on the PCs in the medical library.

## Clinical applications

Legacy's intranet (MyLegacy) guide to clinical applications (https://mylegacy.lhs.org/justfor/Physicians/Pages/default.aspx ):

- Epic electronic health record (EHR)
  - Clinical documentation improvement
  - Epic support
  - Epic eLearning (E+): Log in with your Legacy network username and password, then click "View transcript."
  - Legacy Epic provider training;  LEAP (Legacy Epic for Affiliated Physicians)

- Citrix: For remote access when not on Legacy network, see Appendix A: Remote access to Legacy's clinical systems.
  - Citrix help

- Legacy Physician Portal
  - Legacy Physician Portal / edocs (registration required)
  - Physician Portal registration application (pdf)

- MUSE/Epic info: Here are step-by-step screen shots to the link to MUSE from within Epic to view unconfirmed EKG reports

- PACS tips

## MyLegacy intranet

MyLegacy is Legacy's intranet accessible from any Legacy computer. For GME trainees, MyLegacy offers a wealth of information about such things as: Legacy's policies & procedures, Epic EHR support and much more.


**Other IS notes:**

**Housestaff workstations**

Housestaff computers are available in selected call rooms and in the resident lounge/work room areas at LEMC, Room 4239 and at LGS, basement call room area, room 090. Computers are also available in the 4-Center alcove at LGS. Residents may use the computers in the medical library at Emanuel Medical Center. Residents, Fellows and Medical or PA Students will encounter one or more of the following systems, most of which require a username and password for access. Microsoft applications including Word, Excel and PowerPoint are available on all Legacy PCs. No password is required. If you have problems logging on, contact your program coordinator, or call Information Services at x55888.


**Legacy Wi-Fi**

Wireless Internet service is available in specific areas of the hospital for staff, patients and visitors. Legacy's Information Services (IS) department maintains a "firewall" to regulate incoming and outgoing internet traffic. Legacy monitors Internet use, and the Internet should be used only for work-related purposes. You are liable for the actions of anyone else who uses your logon, so remember to disconnect from your session when you are finished. Please see Internet Use Policy and Standards (700.08).

# Telecommunication

## Pagers

**Pager use**
- Always use hand-held pagers first. Overhead paging should be used as a last resort.
- Call back numbers should always reflect the full number including any extensions or "parking" space.
- "Parking" is placing a call on hold so that it can be retrieved from any in-house phone. Parked calls begin with a "1".

**Retrieving pages**
- To directly connect with a call, dial the five numbers on your pager.
- Calls will stay parked for five minutes before returning to switchboard.
- When out of the paging facility, call the switchboard to connect with a parked call.

**In-house paging**
- In-house pagers can only be dialed from within the facility.
- Do not dial "9" to page an in-house pager.

**Pager repairs and replacements**
- Broken pager? Hospital operators can replace a call pager during regular business hours. Go to Emanuel switchboard, room 5211; or Good Sam switchboard located on the first floor next to the Wistar Morris Conference Room. The replacement will have the same phone number. Emergency exchanges can only be made after hours. Loaners provided for code trauma services only.
- Lost pager? Replacements must be authorized by Information Services at x55888. Also please contact your program coordinator during business hours.

**Text paging**
- The **Amion** site can be used to text internal medicine housestaff. From the "Just For…" section on the home page, click on the "Physicians" link. Click on "Medical Residents" from the "Call schedules & text paging" section. This will open Amion, Legacy's scheduling program for the internal medicine program. From here, you can send text pages to any IM resident or visitor carrying a Legacy text pager.
- **Spok** is used to text any provider with a Legacy pager. To access the Spok website: From the "Just For…" section on the home page, click on the "Physicians" link. Click on "Send a text page" from the "Call schedules & text paging" section. This Spok Quick Start Guide has a lot of good information. (Appendix F)

## Telephones

**Operator hours and location** Emanuel and Good Samaritan switchboards are open 24/7.
- Emanuel Telecom is on the fifth floor in room 5211.
- Good Samaritan Telecom is on the first floor next to the Wistar Morris Conference Room.

**Dialing off campus**
- Press "9", then the phone number.
- Include an accurate return number when leaving a message as caller ID will display the switchboard number.

**Dialing within the Legacy system**
- Dial "0" to reach the switchboard for the campus you are calling from.
- All Legacy facilities and departments are 5 digit extensions.

**Switchboard extensions for Legacy Medical Centers**
- Emanuel          x32200
- Good Samaritan  x37711
- Mt Hood          x41122
- Meridian Park    x21212
- Salmon Creek     x71000

# On-call schedules

On-call schedules are unique for each program. Your program coordinator will give you specific information about your program's schedule. Two online scheduling sites are Amion (primarily for internal medicine) and Smart Web.

**Amion**

From the MyLegacy intranet home page "Just for" link, click on "Physicians" link. Click on "Medical Residents" from the "Call schedules & text paging" section. This will open Amion, Legacy's scheduling program for the internal medicine program. From here, you can view schedules and send text pages to any IM resident or visiting trainee carrying a Legacy text pager.

**Smart Web**

From the MyLegacy intranet home page open the "Clinical Resources" drop-down menu, select then "On-Call Schedules." This will open  Smart Web, Legacy's on-call scheduling program.


# Infection prevention and control

- Legacy's Infection Prevention and Control (IPC) protocol helps protect you and your patients from spreading disease.
- Precautions are used for certain diseases to prevent the spread of infection. They are: Contact Precautions, Droplet Precautions and Airborne Precautions

**Standard Precautions**

Legacy's isolation policy (#600.25) stresses the importance of using **Standard Precautions** for all patients. Following these practices will help protect you in the hospital setting. In addition to Standard Precautions, the policy describes the following:

**Key points**

- Standard Precautions are to be followed for each patient, in addition to any other precautions necessary to prevent disease exposure or transmission.
- It is not necessary to have a physician's order to implement isolation precautions. Isolation orders can be initiated by a licensed staff member.
- Standard Precautions may include use of any of the following protective equipment: gloves, gown, mask, goggles, and face shield.

**The major elements of Standard Precautions**

- **Handwashing** is the single most important measure to reduce the risk of transmitting microorganisms. Wash before entering and when leaving a patient room, before and after each patient contact, and after glove removal, using soap and water or alcohol sanitizer.
- Use of **Personal Protective Equipment (PPE)** whenever a risk of contact with another's blood or body fluid exists. This can include use of gloves, mask, goggles, face shield or gown.
- **Clean** reusable equipment and environmental surfaces. Any equipment used on a patient should be cleaned and disinfected before using for another patient with a hospital-approved disinfectant. Touchable surfaces should be cleaned between patients, and at least daily in patient rooms.
- All used **linen** is to be considered contaminated and held away from the body.
- Manage all **sharps and syringes** by disposing them in a puncture-resistant sharps container. Never re-cap needles.

# Transmission-Based Precautions

These precautions are used in addition to Standard Precautions when a patient has or is suspected of having an infection that is transmitted via contact, respiratory droplet or airborne routes.

- **Contact precautions** are used when patients have infections that can be transmitted via direct or indirect contact with the microorganism. Contact precautions should be instituted when the following are suspected or diagnosed: multi-drug-resistant organisms (e.g., MRSA, VRE, ESBL-producing organisms, E. coli, Klebsiella, Pseudomonas), C. difficile, infectious diarrhea, lice or scabies.
  - **What to do:** Wear gloves when entering the patient room and use a gown for any contact with the patient or patient's environment, such as when positioning, examining, bathing or transferring. Additionally, a mask should be included for uncontained coughing or sputum. Be diligent in performing hand hygiene.
- **Droplet precautions** are used to prevent the transmission of infections spread by respiratory droplets, which when coughed or sneezed can travel about three feet. Examples of these infections are: influenza, meningococcal disease, pertussis or mumps.
  - **What to do:** Wear a surgical mask when in a patient's room. Pay strict attention to hand hygiene.
- **Airborne precautions** prevent the transmission of infections spread by tiny particles that remain suspended in the air for long periods of time. Examples of these infections are: pulmonary TB – (known or suspected), disseminated herpes zoster ("shingles") involving more than one dermatome, chickenpox or measles (airborne and contact precautions)
  - **What to do:** Wear a PAPR for which you have been trained or a N95 mask at all times. Patient must be placed in a negative pressure room with the door kept closed at all times to maintain negative airflow. Notify supervisor/facilities to ensure daily testing of airflow. If patient must leave room for medically necessary procedures, have them wear a surgical mask.

# Blood/body fluid exposure … follow these 5 steps:

1. First aid first. If a puncture wound, allow wound to bleed, then wash wound with soap and water. If membrane exposure, wash area appropriately.
2. Report incident to the charge nurse or supervisor where the incident occurred – they will assess for substantial exposure.
3. Care is available to you:
   - Employees may choose to go to ED or Employee Health. Exposed employee personnel may choose to not seek care.
   - Persons who have had a substantial exposure are encouraged to seek evaluation in an ED or urgent care clinic.
4. **Report the incident through ICARE on the MyLegacy intranet** (Employed housestaff only – Vising trainees see below).
   - Use your Legacy network username and password to log in to ICARE.
   - Click on Employee Work Incident.
   - Designate the name of your program director when asked for supervisor, even if the program director was not present at the site.
   - ICARE alerts the GME Manager who will track your ED charges, so medical bills are sent to the appropriate entity.
5. Report the incident to your Legacy GME program coordinator as soon as possible.

**>>** IMPORTANT NOTES:

**Oregon Health & Science University (OHSU) fellows, residents and students**

- Must also report the incident on the OHSU Workers and Student Injury Reporting System. Remember to designate the name of your program director when asked for supervisor, even if the program director was not present at the site.
- Follow-up care is through the health department at OHSU: for residents and fellows, the number is 503-494- 5271; for students, the number is 503-494-8665.

**Visiting fellows, residents and students**

- Follow steps #1, 2 and 3 above; then
- Report the incident to your sponsoring institution **and** your Legacy GME program coordinator.
- Follow-up care is through your sponsoring institution.

**Infection control practitioners**
Specialists are available 24/7; during business hours Monday–Friday at each location and by pager after hours.

Legacy Emanuel Medical Center **503-413-3602**

Legacy Good Samaritan Medical Center **503-413-7053**

Randall Children's Hospital at EMC **503-413-4919**

Legacy Mount Hood Medical Center **503-674-1584**

Legacy Meridian Park Medical Center **503-692-2215**

Legacy Salmon Creek Medical Center **360-487-1225**

Legacy Medical Group & Hospice Services **503-415-5940**

After hours and holiday pager **503-415-5550**

## Safety

**Fire Safety: Helpful Tips**
- Know where fire alarm pull boxes and fire extinguishers are located.
- Do not prop fire doors open.
- Keep corridors 8 feet clear.
- Do not stack items closer than 18 inches to ceiling.
- Know your evacuation routes and how construction may affect the routes.
- Know whether your work location is designated as "defend-in-place" or "evacuation."
- Follow green illuminated EXIT signs to evacuate to safety if necessary
- Review Legacy's Code Red in General Policies (100-800).

**Fire scene response:** remember **RACER**.
- **Rescue**: Say loudly "Code Red" to get attention of co-workers. Evacuate any individuals from immediate danger to a location beyond the fire doors.
- **Alert**: Activate the alarm system. Pull the fire alarm pull box and call the designated fire line for your location:
- LEMC/RCH=**33911**, LGSMC=**33911**, LMPMC=**22222**, LMHMC=**44444** and LSCMC=**73911**.
- Outpatient buildings and business occupancy **dial 911**.
- **Confine**: Close all doors and windows in the vicinity of the fire. Do not reenter the room where the fire is located once door has been closed.
- **Extinguish**: Use a fire extinguisher to extinguish small fires if safe to do so.
- **Relocate**: Relocate into the nearest smoke compartment, exit enclosure, or exterior exit.

*Note: DO NOT open or breach fire doors during a Code Red. Fire doors are those that close automatically when the alarm is sounded. Fire doors can withstand a fire for several hours unless opened. Open doors provide oxygen to the fire and allow flames and smoke to spread.*

**How to operate a fire extinguisher, remember PASS**:
- **Pull** the pin.
- **Aim** at the base of the fire.
- **Squeeze** the handle.
- **Sweep** back and forth at the base of the fire.

**Hazardous materials**

Know what hazardous materials you use. We have a cradle-to-grave hazardous materials program. Material Safety Data Sheets (MSDS) have important information about the materials you use (how to clean them up, how to protect yourself from injury, etc.). MSDS can be accessed online through the Legacy Environment of Care on the MyLegacy intranet web page.

**Power failure**

In the event of a power failure, the hospital back-up generator will be activated, making power available through the red outlet power system. Outlets with red covers are reserved for only essential equipment use. Phone calls may be made using the red telephones, mobile phones or pay phones.

**General safety tips**

- Keep **valuable items** such as ID and money on your person.
- To prevent **internal thefts**, question unknown people entering or exiting patient rooms or work areas. Report suspicious people or incidents to Security Services and inform those around you of your concerns. A suspicious person is someone who cannot or will not account for his or her presence or activity. We are protecting each other and our patients. Do not leave valuable cell phones, wallets, PDA's, etc., unattended in call rooms, conference rooms or other areas. Carry these items with you when on duty or see your program coordinator for a storage locker assignment.
- To prevent **vehicle break-in**, keep contents out of sight. If you must store items in your car, put them in the trunk. To prevent vehicle theft, lock your car every time you leave it. Use a steering wheel lock or vehicle alarm. Park in well-lit areas.
- **Do not share** keys or codes with others. These are available from program coordinators when appropriate. Lock desks, lockers, offices and call rooms when unattended.
- **Report all incidents**, major or minor, to Security by dialing x37911.
- If you see **someone acting suspiciously**, or if you need an **escort to your vehicle**, call Security at x37911.

**Safety codes**

# Emergency codes: staff response

| Code | | Emergency situation | Primary response | Secondary response | Follow-up | Policy number |
|---|---|---|---|---|---|---|
| **Code Red** | | **Fire** | R.A.C.E.R. and P.A.S.S. Call Fire Line or 911 for off-sites | Facilities, Safety/ Security or Fire Department will determine response | Return to regular duties once "All Clear" is paged | 300.23 |
| **Code Blue** | | **Cardiac or respiratory arrest** | Call Code phone or 911 for off-sites | Begin CPR. Remain with patient; Code Team or 911 will respond | Document as appropriate | 900.3903 |
| **Code Green** | | **Patient or visitor injury/illness** | Call Code phone or 911 for off-sites | Code Team or Emergency Response personnel will determine response | Document as appropriate per policy | 200.07 |
| **Code Orange** | | **Hazardous material spill or release** | Notify Safety/ Security | Secure the area; IAT will determine response | Document as appropriate | 200.10 |
| **Code Gray** | | **Combative person/restraint** | Notify Safety/ Security | Keep your distance | Document as appropriate | 200.05 |
| **Code Silver:** Monitor Surroundings | | **Potential threat on or near campus** | Monitor your surroundings and listen for instructions | Alert Security or call 911 of anything suspicious | Return to duties once "All Clear" | 200.21 |
| **Code Silver:** Secure | | **Confirmed threat on or near campus** | Remain inside and listen for instructions | Alert Security or call 911 of anything suspicious | Return to duties once "All Clear" | 200.21 |
| **Code Silver:** Shelter-in-place | | **Imminent threat on campus** | Close and lock doors, limit movement | Alert Security or call 911 of anything suspicious | Return to duties once "All Clear" | 200.21 |
| **Code Silver:** Active Shooter | | **Person using a weapon in a threatening manner** | Notify Security or call 911 | Initiate "run, hide or fight" response | Follow directions of law enforcement or emergency center | 200.21 |
| **Code Amber** | | **Infant or child abduction** | Monitor all exits; notify Safety/ Security | Update Safety/ Security with any new information | Return to regular duties once "All Clear" is paged | 200.08 |
| **External/ internal triage** | | **External/internal disaster** | Refer to Emergency Operations Plan | IAT will determine response | Return to regular duties once "All Clear" is paged | 300.09 |

**>>** Safety/security central dispatch – Internal x**37911**; External **503-413-7911**

12

# Incident reporting

There are a number of options for employees in making reports. Here is a resource list.

**Chain of command** – you can discuss any concern directly with your immediate supervisor or management within the operating unit. Or, if appropriate, you may report a concern directly to any member of management who has responsibility over the area and the authority to take action if necessary. If you are unable to reach anyone in your chain of command, you may also contact the GME Manager: x37559. Also see MyLegacy: Report Compliance Concern.

**Compliance Hotline** – Health's web reporting system (The Network) is a confidential and anonymous place for reporting illegal and unethical activities in the work place. This telephone (1-800-820-7478) and web-based hotline is operated by a third-party service provider.

- Confidentiality: The Network does not track visitors to this web site. You can choose to provide your name or remain anonymous.
- Instructions: When submitting a report please complete all screens of the Web Report Form and provide all required information –required fields are bold. No information will be transmitted until you click the submit button on the final screen.
- Emergencies: Even though The Network takes every report we receive seriously, we are not a 911 or emergency service. Please contact your local emergency services if you need to report a critical situation.
- Assistance: Your organization's ability to respond to your report depends on the accuracy and completeness of the information you provide. The best and easiest way to report your concerns is to call the hotline. A specially-trained operator will confidentially document your concern for you and make sure all the important details are included.

**Human Resources** – Reports may be made to the on-site Employee Relations Consultant or any member of Human Resources leadership. If you are not sure who your Employee Relations Consultant is, please contact the HR Answer Center at 503-415-5100 or 360-487-1031.

**Security** - In the event of an emergency at any Legacy facility, or to report a theft of Legacy property or an incident of violence in the workplace, call Security at 503-413-7911.

**ICARE** - ICARE (Improving Care and Reducing Error) is Legacy Health's patient and visitor safety reporting application that replaced Report-It!  Your submission is vital for improving Legacy's Culture of Safety.  Reporting is a non-punitive learning program that provides Legacy employees the opportunity to provide the safest care possible for our patients.

- Patient and visitor incidents (unusual events such as unanticipated outcome, sentinel event, near miss, hazardous condition) as defined in LHS 100.28, Patient/Visitor Incident Reporting & Disclosure.
- Work related incidents resulting in injury to employees (e.g., needle stick to employee, employee slipping and falling on stairs).

**HIPAA** – The MyLegacy intranet offers several ways to obtain clarification, request information and report concerns related to HIPAA Privacy or Security. Commonly asked questions to the HIPAA hotline include release of medical records, responding to subpoenas, providing information to law enforcement, auditing access to the electronic medical record and alleged privacy breaches. The HIPAA hotline is a resource to medical staff, employees and patients.

**THE JOINT COMMISSION** - In addition to the internal reporting tools described above, staff can report concerns about safety or quality of care directly to the Joint Commission without retaliatory action from the organization.

# Meal allowance

The Graduate Medical Education department provides a meal allowance to employed and visiting residents and fellows based on their scheduled rotations at Legacy Health. This is general information about our Meal Allowance benefit. Please contact your program coordinator for details related to your specific program.

- Residents and fellows are expected to use good judgment with their meal allowance benefit.
- A pre-paid meal card (if a Legacy employee) or meal ticket (if a visitor) may be redeemed only by the resident to whom it was issued.  It is not transferable to other employees or non-employees.
- Meal cards and meal tickets are dispensed by the resident's program coordinator. The means of distribution and the amount of the meal allowance varies according to each program's guidelines. The meal allowance amount may vary according to each resident's schedule.
- The meal allowance should be used only to purchase food and beverage items that will be consumed while on duty at the hospital.

**Legacy employed residents**
- Legacy employed residents will receive pre-paid meal cards with an amount determined by the individual program policies.
- Lost meal cards will count toward the total number for the academic year regardless of the amount on the card at the time of the loss.  Meal tickets will not be given as a replacement for lost or exhausted cards.
- Making an appointment with your program coordinator in advance of picking up meal cards is advised.
- Pre-paid meal cards can be demagnetized in areas such as MRI.  Please do not take your meal cards into this area. If your card is demagnetized, please return card to your program coordinator so the amount lost due to demagnetization can be replaced.

**Legacy visiting residents**
- Legacy visiting residents will receive meal tickets for each rotation in an amount determined by the individual program policies.
- One meal ticket is intended to provide one meal.
- Additional meal tickets will not be given as a replacement for lost meal tickets.
- Making an appointment in advance with your program coordinator to pick up meal tickets is advised.

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**Emanuel's fare**
- **The Courtyard Café**, the hospital's cafeteria, is on the first floor of the East Wing, East of the lobby. It features light snacks, hot entrees, grill items, salad bar and more. Open Monday–Friday, 6:30 a.m.–2:30 p.m.
- **The Heartbeat Café** is west of the main lobby in the Medical Office Building Atrium. Open 24 hours a day, seven days a week. Breakfast is served from 5:00 a.m.–10:30 a.m. Lunch and dinner are served from 11:00 a.m.–2:00 a.m. The grill is closed from 2 a.m.–5 a.m.; espresso and limited menu items available.
- **The Kite Café** is in the lobby of Randall Children's Hospital at Legacy Emanuel and is open Monday–Friday, 6:30 a.m.–4 p.m. The Kite Café offers hot and cold espresso drinks, fruit smoothies, soft serve frozen yogurt and ice cream, as well as a variety of grab and go items.
- **Coffee Care Unit (CCU),** in the main admitting area, the CCU is open Monday–Friday, 6 a.m.–12:30 p.m. The CCU offers a variety of hot and iced espresso drinks, smoothies, drip coffee, pastries and more.
- **Vending machines:**
  - Basement — down the hall from the main surgical waiting area and at the opposite end of the basement.
  - First floor — just inside the Atrium.
  - Second floor — around the corner from Lactation Services.

**Good Sam's fare**

- **Lovejoy Station Café**, a food court open to the public, is on the first floor of the main hospital.
    - Breakfast: Monday - Friday, 6:30 to 10:00 a.m.
    - Lunch: Monday through Friday, 11 a.m. to 2 p.m.
    - Dinner: Monday through Friday, 4:30 p.m. to 7 p.m.
    - Weekends: 8:30 a.m. to 3 p.m.
- **The Espresso Bar** on the first floor in the main lobby, Monday–Friday, 6:30 a.m.–1:30 p.m.
- **Vending machines** (Some vending machines accept debit/credit cards.)
    - Basement of the Wilcox Building
    - Emergency room waiting area
    - Basement of the main hospital near the pharmacy
    - Third floor of the Good Samaritan
    - Building 2 near Parking Structure 2

# Ancillary support services

These ancillary support services are critical to patient care: Pharmacy, Laboratory, Medical Library, Spiritual Care and Interpreters.

## Ancillary support service: Pharmacy

See Legacy's intranet (MyLegacy) Pharmacy website for comprehensive information about pharmacy and drug therapy.

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**HOURS OF OPERATION**

**EMANUEL**
Inpatient Pharmacy        413-4228
24 hours/day  7 days/week

**GOOD SAMARITAN**
Inpatient Pharmacy        413-7145
24 hours/day  7 days/week

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**DECENTRALIZED SERVICES**

| | |
|---|---|
| **43/45** | |
| 0730-1800 | pager 503-938-1408 |
| **53/54** | |
| 0930-2000 | pager 503-938-1772 |
| **55** | |
| 0800-1830 | pager 503-938-1579 |
| **TRACU** | |
| 0730-1800 | pager 503-938-1186 |
| **ICU East/WWICU** | |
| 0630-1700 | pager 503-938-1577 |
| **OBC** | |
| 700-1730 | pager 503-938-1583 |
| **ED** | |
| 1400-2430 | pager 503-938-1573 |

**DECENTRALIZED SERVICES**

| | |
|---|---|
| **Critical Care Satellite**  7 days/week | |
| 0630-2230 | Ext 37619/pager 503-920-0050 |
| **4Center/4SE** | Mon-Fri |
| 0730-2100 | pager 503-920-0041 |
| **4West** | Mon-Fri |
| 0730-1600 | EXT 36645 pager 503-920-5087 |
| 1600-2100 | pager 863-1044 |
| **RIO/6NW** | Mon-Fri |
| 0730-2100 | pager 863-1229(D) 503-920-0722 (E) |
| **6SW** | Mon-Fri |
| 0730-1600 | Ext 38173/pager 940-8402 |
| 1600-2100 | pager 237-9593 |
| **Day Treatment Unit**    Mon-Fri | |
| (Comprehensive Cancer Center) | |
| 0800-1600 | Ext 38165/pager 920-3918 |
| **ED** | 7 days/wk |
| 12:30-23:00 | pager 938-9301 |

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**CLINICAL SERVICES**   Contact floor pharmacists or main Pharmacy

**Anticoagulation Clinic**   413-4608        413-6054
                    Pager 503-938-7600   pager 920-3918

**Ambulatory Care Clinical Pharmacists:**
Legacy Clinic Emanuel  413-4601/pager 938-7447
Legacy Clinic Good Sam  413-6100/pager 938-8913

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**OUTPATIENT PHARMACIES**

**The Apothecary at Emanuel**
900-1800  Mon-Fri        413-4225
1000-1600 Saturday
closed Sunday

**The Apothecary at Good Samaritan**
0900-1800 Mon-Fri        413-7473 (Recorder)
closed  Saturday         413-8122
closed  Sunday

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**The Department of Pharmacy Services** provide the full range of clinical and distributive services: drug procurement, preparation and dispensing; clinical monitoring; patient education; investigational drug services. Representatives from each of the departments work closely with the physician-based LH Pharmacy and Therapeutics Committee in establishing and facilitating policies and procedures related to drug therapy and formulary.

**Clinical monitoring/education** services performed routinely by the staff pharmacists include: Anticoagulation management (warfarin, heparin, enoxaparin, fondaparinux and argatroban) by protocol. Pharmacokinetic monitoring of aminoglycosides and vancomycin, review of all antibiotic regimens, colony stimulating factors, chemotherapy regimens; drug information; and drug usage evaluations as requested by the Pharmacy and Therapeutics Committee. When requested, pharmacists are available to perform medication histories, drug regimen evaluations, patient education and discharge counseling. The pharmacists at Good Samaritan respond to all code blues.

Legacy has **Ambulatory Care Clinical Pharmacists** in selected outpatient clinics. These include the Emanuel and Good Samaritan Clinics. These pharmacists are available for disease state management (per protocol) and patient medication teaching. Additionally pharmacist managed anticoagulation clinics are located at Emanuel, Good Samaritan, Salmon Creek, Meridian Park, Mt. Hood, and the Legacy St. Helens Clinic.

**Anticoagulation Clinics**: Located at Good Samaritan, Emanuel, Salmon Creek, Meridian Park, Mt. Hood, Legacy St. Helens Clinic, Legacy Bridgeport Clinic, and Legacy Fir Point Clinic. Patients are seen by referral of a LH physician. Management includes patient assessment, comprehensive education, INR determination with point-of-care monitors, and dosage management of all anticoagulants. Referral forms are available on the Pharmacy Website. Information provided at time of referral must include the name of the physician that will be responsible for warfarin oversight on an ongoing basis. Please notify the clinic of impending referral of discharge patients early in the discharge planning process.

**Discharge prescription policy**: Legacy Pharmacies no longer bill inpatient discharge medications to a patient's account. Patients are encouraged to have discharge orders filled completely after discharge, either at a Legacy outpatient pharmacy or the pharmacy of their choice. A 14-day supply of antibiotics and 10-day supply of pain medications may be provided on a compassionate use basis by Legacy Pharmacies only when determined by a clinical resource coordinator or charge RN that a patient is unable to pay for their medications.

**Employee prescription policy**: Employee benefits subscribers may have prescriptions filled at Legacy pharmacies for the designated co-pay only if the prescription is written by a physician with whom the patient has a patient-doctor relationship (i.e. residents may not write prescriptions for themselves or for hospital employees with whom the patient-doctor relationship does not exist).

**Hospital Formulary**: Legacy Health has a drug formulary system determined by the LH Pharmacy and Therapeutics Committee. Orders for a non-formulary agent must be accompanied by a non-formulary form (on pharmacy website) and authorized by an attending physician. The pharmacist may contact the prescriber and suggest a formulary alternative prior to dispensing. If a non-formulary agent is approved for use, it may take up to 2-3 days for pharmacy to obtain the medication for use.

**Pertinent policies**
- IV Drug Administration Criteria and Restrictions. (900-3201)
- Administration of IV Potassium. (900-2200)
- Anticoagulation Therapy Management. (900-2206)

**Pharmacy Clinical Protocols**
- Once Daily Aminoglycoside Dosing
- Vancomycin Dosing
- Heparin Dosing
- Argatroban Dosing for HIT
- Warfarin Dosing
- Enoxaparin and Fondaparinux Dosing for various indications
- Therapeutic interchange of third generation cephalosporins: ceftriaxone is formulary agent
- Therapeutic interchange of fluoroquinolones:  moxifloxacin and ciprofloxacin are formulary agents
- Therapeutic interchange of carbapenems: meropenem is formulary agent
- Therapeutic interchange of fosphenytoin for phenytoin IV
- Therapeutic interchange of $H_2$-antagonists: famotidine is formulary agent
- Therapeutic interchange of PPIs:  omeprazole is formulary agent  (lansoprazole solutab okay for patients with feeding tubes and  IV pantoprazole or PO for  patients on clopidogrel)
- Vitamin/Mineral therapeutic interchange
- Inhaled corticosteroid interchange:  fluticasone MDI and mometasone DPI are formulary agents

**Epic Order Writing Tips for Medications**

- Use order sets when appropriate – drug selection and dosing have been evaluated and approved by a multidisciplinary review committee and are consistent with Legacy Health policy.  Drug selection from order sets points to specific products available at the LH site.
- Preference lists – when ordering a specific drug, Epic searches your preference list first, presenting options specific to your provider area (IP med/surg, critical care, peds, etc.).  If a product isn't on your preference list, select the facility list (F6) for all orderables (medications, procedures, labs, order panels) available at the LH site.
- Timing of drugs and priority
  - Epic selects a default start time based on the frequency.  Double check the timing of the first dose before signing and select "include now" if appropriate.
  - The order priority defaults to routine for all orders.  Change the priority to STAT when a medication is needed within an hour of placing the order.
- Nonformulary drugs – search "nonform" as the drug name and complete the required questions.  Pharmacy will review the order and contact you with an update on the status of the request, including availability of the product.
- ECEs (EHR Clinical Experts) are available to assist with Epic related questions.  Call pharmacy with specific medication ordering questions.
- Discharge prescription writing –
  - Before writing for discharge prescriptions, be sure that the patient has a pharmacy selected as a preferred pharmacy. (You can find this listed at the bottom of the "Order Entry" screen.)  If this is not selected, all prescriptions must be printed rather than sent electronically.
  - Pay attention to product and dose…they are not the same thing.  And double check that the dispense amount fits with what you're intending (occasionally, the auto-calculator may give you something you weren't).
  - If you have a pharmacy selected, choose "Normal" as the Class.  EPIC will know if it can send this electronically, via fax or if it needs to print.

**TJC GOALS** requiring physician compliance for successful implementation:
**Goal 1.**     **Identify patients correctly** (NPSG.01.01.01) Use at least two ways to identify patients.  For example, use the patient's name and date of birth.  This makes sure that each patient gets the correct medicine and treatment. (NPSG.01.03.01) Make sure that the correct patient gets the correct blood when they get a blood transfusion.
**Goal 2.**     **Improve staff communication** (NPSG.02.03.01) Get important test results to the right staff person on time.
**Goal 3.   Use medicines safely. (**NPSG.03.04.01) Before a procedure, label medicines that are not labeled.  For example, medicines in syringes, cups and basins.  Do this in the area where medicines and supplies are set up.  (NPSG.03.05.01) Take extra care with patients who take anticoagulants.

**Physician's Role:**
- Limit use of verbal orders to emergencies.
- When giving verbal orders, wait for RN or pharmacist to transcribe and read back the order.
- Do not use any of the abbreviations that have been proven to cause errors. RNs or pharmacists will be calling physicians to clarify orders when these abbreviations are used.
- Blanket orders for "resume all medications" postoperatively are not allowed.
- By ordering warfarin, heparin or LMWH per pharmacy protocol, all required safety elements of the goal are met.

**Reporting Medication Events**
Use ICARE  on the MyLegacy intranet site to report any patient related event, or patient safety alerts (PSA's).  Reporting improves safety and reduces harm in a non-punitive "learning program" providing Legacy employees the opportunity to make Legacy a safer place.
- Report any event reaching the patient, or near misses indicating a potential problem to address.
- The manager of the unit identified as the responsible unit in the report initiates follow-up of the reported event.
- Contact the floor decentralized pharmacist or the Central Pharmacy with questions about medication events, near misses, errors or adverse drug reactions.

## YOU MUST OBTAIN A LEGACY DEA NUMBER
A separate hospital-assigned DEA# is REQUIRED for every hospital at which you work.  By law, you cannot use the DEA number assigned by your home institution at any of the other hospitals you visit.

To obtain a Legacy DEA#, please go to the following inpatient pharmacy:

**Emanuel:**
Hours: *8am – 5pm*
Room *#B304* (basement)
Contact: *Goldie Booth*
Phone: *503-413-1896* (or *x31896* from any campus phone)

**Good Samaritan:**
Hours: *8am – 5pm*
Room *#010* (upper basement)
Contact: *Staff member at the inpatient pharmacy window in the basement*
Phone: *503-413-7773* (or *x37773* from any campus phone)

**Important reminders:**
- You will need to go to the pharmacy IN PERSON to sign your DEA card.
- Numbers will NOT be issued over the phone.
- You must CLEARLY write your DEA# on any Class II or higher level prescription
- Please print your FULL name under your signature for all prescriptions

# Ancillary support service: Laboratory

Legacy Laboratory Services offers a comprehensive system for ordering, monitoring and receiving laboratory data and is backed by the highest levels of quality and service in the industry. Here are some notes.

**Specimen collection**
Early a.m. draws begin at 0430 at Emanuel and 0500 at Good Samaritan. Approximately 95% of all results will be in EPIC by 0800.

**Rounds**
The laboratory collects specimens that are ordered as routine on a "rounds" basis. With exception of the early AM draws noted above, routine lab rounds times at both LEMC and LGSMC are: 0800, 1000, 1200, 1400, 1600, 1800, 2000, and 2200. The lab work drawn on these rounds is done immediately on arrival in the laboratory for routine chemistries, CBCs and coagulation. The laboratory does not "batch" test.

**Routine, ASAP, Timed and STAT Specimens**
These terms are well-defined and need to be used appropriately. The following should clarify what the terms mean at Legacy Health. Non-defined terms such as "now" can be interpreted as various priorities. Be as specific as possible. The recognized priorities are:

- **Routine**: This will be drawn on the next "rounds" and run as soon as the specimen is brought to the laboratory. Most orders should be in this category.
- **ASAP**: This means as soon as possible. When there are several stat orders, this order is drawn after the stat orders.
- **Timed**: These are tests that need to be at a specific time. For instance, cardiac enzymes every 8 hours, hematocrit every 4 hours, cortisols that are "AM and PM." If there are several of these at one time, the laboratory draws these as close to that time as possible, depending on the number of requests.
- **STAT**: Stat orders are used for those patients that are in a crisis or when there is a major need for the test to be drawn and run immediately. Over the years, this has also been used for other reasons, such as routine tests not being ordered in a timely fashion. Be mindful of what "STAT" truly means! : Tests do not need to be ordered stat to have the results available before the next day.

**Labeling Requirements**
All specimens obtained must be labeled with the first and last name of patient, the medical record number, date of birth, date of collection, initials of collector and time of collection.

**Things to remember**
- To protect patient safety, any "mislabeled" or unlabeled specimen that can be recollected shall be recollected. Any blood bank specimen that does not contain all the information above will be recollected. For specimens other than blood bank that arrive in the laboratory without the date/time and initials of collector, the unit will be notified and the person obtaining the specimen will come to the laboratory to add the missing information. A risk management report will be filed in all events.
- Do not label ahead of time to prevent the possibility of someone picking up the "wrong" specimen container and using it for another patient.
- When you sign with date/time and initials, not only are you signing that you collected the specimen, but that you compared the label to the label on the wristband of the patient and that you verify this is the correct identification.
- Be aware that the very small labels do not have D.O.B. and should not be used for labeling specimens.
- Combining and Checking Orders    VERY IMPORTANT
- Please review orders before placing and combine them as much as possible to eliminate new needle sticks for patients. This is clearly a patient dis-satisfier, and phlebotomists are at the receiving end of the dissatisfaction. If you have questions, please check with other physicians before ordering. Phlebotomists are required by regulation to not draw "extra" tubes, just in case a test may be ordered. Remember, many differentials are "reflexed" by the protocol in the laboratory, based on the results from the hematology instruments.

# Ancillary support service: Medical Library

Legacy Medical Library is a full-service health science library serving the patient care, work-related and family health information needs of all LH employees, visiting trainees and medical staff.

Services include:

- Literature searching, reference & information services, STAT services for patient care emergencies
- Document delivery & interlibrary loan
- Database & Internet training
- End-user computer workstations
- Staff services, circulation, free copying, computer use for LH staff only
- Health sciences journals and books, employee wellness resources

**Library location**

Legacy Emanuel Medical Center 1st floor of the East Wing, Room 1079.

**Contact**

- Email:   lhslibrary@lhs.org
- Phone: 503-413-2558
- Fax:      503-413-2544

**Hours and after-hours access**

Staffed hours are 8 am – 4:30 pm, Monday – Friday. The Library is closed Saturday, Sunday and all major holidays. All Legacy Health hospital and medical staff may access the library 24 hours a day by calling Security.  A Legacy name badge is required. Students not listed on the current GME list as well as former and retired employees and staff do not have after-hours access privileges.

**Library intranet website**

- Through the library website, access electronic medical resources including: Dynamed, MDConsult, Micromedex, Ovid Medline & EBM Databases, UpToDate, electronic books & electronic journals.
- From the library website, you can access Clinical Tools for Providers with your Legacy sign on.
- Use the Legacy Access for one-stop access to Legacy Health clinical applications and resources, including Epic.

# Ancillary support service: Spiritual Care

Spiritual Care has a chaplain available at Legacy Emanuel and Randall Children's Hospital 24 hours a day, 7 days a week at extension 34111. At Legacy Good Samaritan, chaplains are available by contacting the hospital operators (dial 0). Spiritual distress includes concerns about cultural questions, care conferences, Crises (acute and emergent), end of life and comfort care, moral distress among staff members, and direct requests for a chaplain by patient or family

# Ancillary support service: Interpreters

The Interpreter Services department is responsible for providing interpretation and translation services to patients who are deaf or speak limited English. When you have a patient who is deaf or speaks limited English we recommend that you Ask, Offer, and Document.

- Ask the patient in which language s/he prefers to communicate.
- Offer the services of a professional interpreter, free of charge.
- Document in Epic that an interpreter was offered and either used, declined, or not needed. (Remember that as a provider, if the patient declines, you also have the right to have an interpreter present if you feel one is needed to support the session.)

# Appendices

## Appendix A: Remote access to Legacy's clinical systems

Legacy physicians can access the following systems from home or another remote location.

EPIC
PACS
EKG Wave form
EPIC practice environment
Library Services

The portal you use to connect to Legacy applications, such as MyLegacy, when working remotely is being replaced with a new site that uses Password Plus to further confirm your identity. Beginning on Wednesday, July 24 2019, MyPortal becomes the new one-stop site for access to many applications, while further protecting Legacy from cyber threats. Moving forward, you'll need to use Password Plus to access Legacy applications remotely, so make sure you've registered your device.

This change impacts access to MyLegacy and clinical apps, and by the end of summer will impact access to MyTime, MyHR and MyPay.

What's changing

Starting Wednesday, July 24, when using LHRemote to access Legacy apps **remotely**:

- You will be automatically redirected to MyPortal, a new login page that has a different look and feel.
- Additional authentication with Password Plus (powered by Duo) is required to access the new login page, which further protects the security of your login credentials.
- Once logged into MyPortal, you will be able to find and launch many resources, which is like your current experience.
  Note: There is **no change** to the way you access Legacy applications when you are at a Legacy site.

**Action needed**

If you haven't already, please register your mobile device to work with Password Plus. Registration and use of Password Plus is easy but should be completed as soon as possible to avoid delays when remotely accessing Legacy applications.

To enroll:

1. Go to mydevice.lhs.org
2. Follow the prompts and set up your personal device for Password Plus (powered by Duo). Refer to the attached Password Plus FAQ for details.

What's next

- When you first login into MyPortal on or after July 24, Password Plus will prompt you to confirm your identity using the method you set up during enrollment.

- After July 24, you will be able to access MyPortal directly at the address https://myportal.lhs.org.
- Eventually, MyPortal will be a singular portal for most applications, including E+.
  More information

- More details about the new portal are available in About MyPortal info sheet.
- For more information about Password Plus, refer to the Password Plus FAQ.
- If you have further questions or need assistance, call IS Support at 503-415-5888 ⓢ (Oregon) or 360-487-5888 ⓢ (Washington).

For troubleshooting help, please contact the **IS Help Desk at 503-415-5888**. They are staffed 24/7.

Some points to remember!
• This should not be confused with Physician Portal access, which is not available to visitors.
• Access is granted for the limited purpose of fulfilling your duties as a medical care provider.
• You may not use remote access to the electronic medical record for any other purpose without specific permission from Health Information Management.
• Information may not be copied from the electronic medical record into other software programs, computer hard drives, onto paper or any other media.

# Appendix B: Electronic access to Legacy Health policies

The link for policies and procedures is found on the left side of the MyLegacy intranet home page under the "Quick Links" section. Click Policies & Procedures to take you to the "Legacy Health—standards" screen. From that screen, you will be able to either search by policy number or search by keyword within each related policy or procedure.

# Dictation Tips:

Each number on the keypad must be pressed distinctly.

**When Dictating:**
1. Identify yourself and type of report.
2. ID the patient with the Medical Record number or Accession #. Please pronounce and spell the patient's name.
3. Please dictate date(s) of service.

**History and Physical Examination:**
1. Admission Diagnosis
2. Present Illness
3. Past History
4. Review of Systems
5. Physical Exam
6. Impression
7. Plan

**Operative Report:**
1. Surgeon & Assistant
2. Pre-Op Diagnosis
3. Post-Op Diagnosis
4. Operative Procedures
5. Procedure Description
6. Specimen Removed

**Discharge:**
1. Final Diagnosis
2. Reason for Admission
3. Significant Findings
4. Procedure Performed and Treatment Rendered
5. Discharge Instructions: medications, diet, follow-up care, physical activity
6. Condition on discharge

# Reviewing Dictation
## Telephone review controls

1. To access the Listen function to review previously-dictated reports, first dial in to the system using the same number:
    Ext. 55919 or 73434, or
    (503) 415-5919 (in Oregon) or (360) 487-3434 (in Washington)

2. Enter your ID code.

3. Press the Asterisk key (∗), then **"2"** to access the **"Listen"** menu.

4. A list of options "to review by" will prompt you what to choose to locate the report:
    Press 1: by Medical Record Number
    Press 2: by Provider ID
    Press 3: by Work Type
    Press 4: by Job Number (Confirmation Number)

5. Follow the same keypad parameters that are configured for moving around in the dictation, i.e.:
    3 – Rewind
    4 – Pause
    5 – Next report
    7 – Fast Forward
    8 – Go to Beginning
    9 – Disconnect

**How to create Partial Dictation:**

**Click the microphone button in your note to generate the SmartLink text. This will leave a marker with a Dictation # and CSN #**

> **Once you place the marker, it CANNOT be moved. Do not attempt to copy/paste or drag and drop. If you have placed the marker in the wrong location, DELETE it. And place a new marker in the correct location.**

**Call the Dictation Line** (Oregon: 503-41**5-5919**, Washington: 360-48**7-3434**):

**Enter your 5-digit Provider ID number**

**Enter your 2-digit Facility Code**

**Enter the 2-digit Partial Dictation Worktype**: **88**

**Enter the CSN listed in the SmartLink text in Epic**, followed by the pound (#) key.

**You must begin your dictation with:**
"**This is a Partial Dictation**"

"**for...**" (patient name, and other identifiers such as MRN and birthdate),

"**the CSN is...**" (indicate the CSN listed in the SmartLink text in Epic),

"**the Dictation # is...**" (also listed in the SmartLink text in Epic).

To designate as a Priority Report, press 0

Press 9 when you've completed the dictation, or press 5 to dictate another report.

**How a Partial Dictation merges into the report:**

**After *dictating* the Partial Dictation, and after you have completed all direct entry in Epic, click the Accept button to sign your direct entered report.**

When HIM has transcribed the Partial Dictation you will see it in your Epic In Basket.

**Authentication of the transcribed Partial Dictation in your Epic In Basket will merge the transcribed Partial dictation into your direct entered note**. REMINDER: Partial dictation will not be viewable for patient care until authenticated.

NOTE:
Addendums:  Partial dictations are not able to be addended.
No CCs can be added to partial dictations.

# Appendix D: Health Information Management (HIM)

**Health Information Management**

The [Legacy Health Information Management (HIM) Department](#) covers a wide variety of services for both electronic and paper-based records at Legacy facilities.  Hospital record analysis, deficiency management, provider suspension;  hospital, outpatient department and clinic scanning;  hospital and clinic release of information services;  dictation/transcription services; and Legacy enterprise master person index (EMPI) integrity, and electronic health record chart correction coordination.  Also ICD and CPT facility diagnosis and procedure coding fall under the Revenue Cycle operations umbrella.

### Deficiency analysis/suspension

The HIM Analysis team contributes to safe patient care by reviewing each inpatient and ambulatory surgery record to assure the documentation is complete and accurate.  Record content is scrutinized to assess compliance with Legacy policies, Medical Staff Rules & Regulations, as well as numerous regulatory and accrediting agencies such as The Joint Commission.

The Analysis team reviews record indicators automatically triggered in Epic (based on patient events as they happen during a patient encounter) to make sure the correct indicator is assigned to the most appropriate provider.  If other documentation is needed, the indicator analyst adds an indicator manually.  Record indicators appear in the provider's Epic in basket, where the indicator can be resolved or sent back for further review by Health Information Management (HIM) staff.

Records are considered delinquent if not completed within 30 days of discharge, and providers may be suspended by Medical Staff for failure to complete records in a timely manner.  The Analysis Team supports this process by sending notifications to the providers about incomplete and/or delinquent records, and by monitoring delinquent records.  Aside from contributing to safe patient care, timely record completion is a must, as delinquency rates must be tracked for accreditation purposes.

The Analysis team is now centralized at Legacy Good Samaritan Medical Center.

### Hospital Coding

The Legacy Clinical Data Services (CDS) Coding department, part of the Revenue Cycle team, is comprised of coding staff who are responsible for providing diagnosis and procedure codes for all Legacy facilities.

Every time a Legacy patient receives health care services, whether as an inpatient, hospital outpatient surgery or hospital outpatient department, the provider documents conditions that warrant the patient's visit and the services provided. Health Information Management (HIM) coders then analyze the clinical documentation in Epic and assign the appropriate codes in accordance.  Code assignment must follow the official coding guidelines as approved by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), Centers for Medicare and Medicaid Services (CMS), and the National Center for Health Statistics (NCHS).

Information provided by Coding
- Allows a claim to be created and submitted for payment
- Provides information used for quality measures
- Provides statistical data reporting within Legacy as well as County, National and State agencies
- Collects data for the identification of health trends and statistics worldwide.

Physician documentation is the cornerstone of coding. To clearly capture the conditions of our patients and the services provided, CDS works in collaboration with Clinical Data Improvement team. Together, we provide clinical queries and ongoing education, to assure optimum translation between clinical documentation and coded data.

**Master Person Index/Chart Correction**
The Legacy Enterprise Master Person Index (EMPI) comprises over 2 million Legacy patients and guarantors.  The EMPI team helps coordinate the data integrity of the index.  Tasks include investigating and merging duplicate medical record numbers, changing social security-style medical record numbers to generic numbers, coordinating and investigating potential EHR chart corrections, and processing patient requests for record amendment received from the Senior Consultant - HIPAA Compliance.  We also help coordinate external auditor and study requests, and coordinate the Legacy HIM student program. The EMPI team is based at Legacy Good Samaritan Medical Center, Wilcox Building.

**Release of Information (ROI)**
Manages the use and disclosure of protected health information (PHI) while maintaining compliance with federal, state and local laws, as well as regulatory agency requirements.
Release of Information department is now centralized at Legacy Emanuel Medical Center.

Legacy Health Release of Information (ROI) Services fulfills requests for:
- Patients
- Attorneys
- Insurance companies
- Health care providers
- State and Federal agencies
- Legal activities - subpoenas
- Employee Access to EMR

**Scanning**
The scanning function keeps a patient's electronic medical record complete by scanning documents that originate outside the electronic medical record.  This will ensure medical personnel will have access to all documents pertaining to a patient's treatment.

They scan documents received from Legacy nursing units, hospital outpatient departments and clinics.  Support is provided to Legacy personnel outside the Scanning department who have questions or concerns regarding scanned documents. Their MyLegacy intranet site contains the most up-to-date scanning lists, doc type label PDF file, and tip sheets along with Legacy Health Centralized Scanning Department contact information.

**Transcription**
Transcription is responsible for the creation and distribution of medical reports for Inpatient, Outpatient and Imaging encounters.   Their focus is to provide accurate documentation and protect the integrity of the patient's health record.

**Abbreviations and symbols "Do not use list"**

The following list of abbreviations and symbols shall not be used in the medical record. An abbreviation on the following list should not be used in any of its forms—upper or lower case; with or without periods.  Policy #: 900.3900

| Abbreviation | Potential Problem | Accepted Term |
|---|---|---|
| IU<br>(International Unit) | Mistaken as IV (intravenous) or 10 (ten) | Write "international unit" |
| Q.D., QD, q.d., qd<br>(daily)<br>Q.O.D., QOD, q.o.d,<br>qod (every other day) | Mistaken for each other;  the period after the Q can be mistaken for an I and the O can be mistaken for an I. | Write "daily" and "every other day" or "Q day" or "Q other day" |
| T.I.W.<br>(three times a week) | Mistaken for three times a day or twice weekly – resulting in an overdose | Write "3 times weekly" or "three times weekly" |
| U or u (unit) | Mistaken as zero, four or cc | Write "unit" |
| Trailing zero<br>(X.0 mg)<br>Lack of leading zero (.X mg) | Decimal point is missed | Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg) |
| MS<br>MSO4 MgSO4 | Confused for one another; can mean morphine sulfate or magnesium sulfate | Write "morphine sulfate" or "magnesium sulfate" |
| c.c.<br>(cubic centimeter) | Mistaken as u for units or zeros when poorly written | Write "mL" for milliliters |
| ⬚g (Microgram) | Mistaken for mg | Write "mcg" |
| SS<br>(sliding scale) | Mistaken for numbers | Write "sliding scale" |
| L, R, H, UL<br>(for insulin abbreviations) | Easily misread | Write "Lente" or "Lispro," "Regular," "Humulin" or "Humalog," "Ultralente" |

# Appendix E: Compliance

The implementation of compliance programs is one way in which Healthcare Organizations have responded to a demand from State and Federal governments to address fraud and abuse in health care. The Office of the Inspector General (OIG) and Center for Medicare and Medicaid Services (CMS) are two such examples requiring compliance with areas of risk. Read more.

**ICARE incidence reporting system**

- Legacy Health utilizes the ICARE application to report Patient Safety Events, Employee Incidents, Injury or Leave, and
- Medical Staff Conduct Issues. The goal of reporting is to improve safety and reduce harm. Reporting is a non-punitive "learning program" that provides Legacy employees the opportunity to make Legacy a safer place.
- Open Internet Explorer, which will take you to the MyLegacy intranet page. Click on **"ICARE"** link found on the left hand side bar.
- To log in, enter your Legacy Network Log-in and password. If you do not have a username, please contact your program coordinator.
- Complete the Incident Form by making your selections from the drop-down menu boxes. The form is interactive—each selection affects subsequent prompts for information. Highlighted areas are required fields. The more information you provide, the more useful the report will be.
- After submitting your report, you will receive an incident report number that can be used to track the report. If you do not have time to complete the report, click on the "save incomplete" button.

**Confidentiality**

Patient information and Legacy Health Proprietary Information are strictly confidential.  Please observe the following guidelines: You may not disturb, copy or remove any patient or LH proprietary information from LH premises unless required for patient care.

- You may not use any patient or proprietary information which comes to your attention during the course of your work for any purpose other than patient care.
- You may not disseminate, disclose or otherwise reveal any patient information or LH Proprietary Information to any third party.
- You must make every effort to maintain the confidentiality of all patient information or LH Proprietary Information and to safeguard such information against loss, theft, or other inadvertent disclosure.
- Your obligations under this Nondisclosure Policy will continue indefinitely even after you have completed your work for or at a Legacy Health facility.

**HIPAA**

The Health Insurance Portability and Accountability Act of 1996 is a multifaceted piece of legislation covering the following three areas: Insurance portability, Fraud enforcement (accountability), and Administrative simplification (reduction in health care costs)

**Medicare & Medicaid Services (CMS) claims**

**What is meant by "Reason for Exam?"**
Reason for Exam = words a provider uses to describe / justify why he or she is ordering a specific diagnostic test. State and Federal law prohibits providers from performing diagnostic tests without a valid reason for exam. The Federal government requires translation of the "Reason for Exam" into codes = ICD-9 Code. Each diagnostic test correlates with a specific code = CPT Code. Each CPT Code has specific satisfying ICD-9 Code(s). Therefore the "Reason for Exam" must be a "sign" or "symptom" that the patient is experiencing which has lead the provider to order the specific diagnostic test = "medical necessity."

**What is meant by "Medical Necessity?"**
The Center for Medicare & Medicaid Services (CMS) states that the test a provider orders must be appropriate for the diagnosis.

CMS determines which tests are appropriate for the diagnosis.

*Simple Examples:*

- *CT Head without contrast may be appropriate for a dx of "Loss of Consciousness" or "Dizziness," <u>but not</u> "Rule Out Bleed" or "Eval" or "Code."*
- *US Vascular Venous Lower Extremity may be appropriate for a dx of "swelling, pain, edema, fracture, and direct injury to vessels," <u>but not</u> "Rule Out DVT, Eval, or Prolonged Bed rest."*

Many commercial insurers follow CMS guidelines in determining reimbursement.

**False claims**

What the Federal False Claims Act does:

- Allows a civil action to be brought against a health care provider who:
- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee;
- Knowingly makes, uses or causes to be made or used a false record or statement to get a false or fraudulent claim paid; or
- Conspires to defraud the government by getting a false or fraudulent claim allowed or paid (31 USC sec. 3729(a)).

**Typical False Claims Indicators**

It is a crime if a health care provider knowingly submits or causes to be submitted a claim for payment to which the provider is not entitled. Examples of false claims may include the following:

- A claim that has already been submitted for payment
- A claim on which payment has already been made by Medicaid or any other source
- A claim for work not performed or a service not provided
- A claim for health care payment that contains any false statement or false representation of a material fact in order to receive payment

**Billing for services that fell below the standard of care**

- Concealment or failure to disclose an event or other information with the intent to obtain greater payment than entitled, or
- Violation of another law, for example a claim was submitted appropriately but the service was the result of an illegal relationship between a physician and the hospital (i.e. where a physician received kick-backs for referrals).

**What should you do if you think the hospital may have made a false claim?**

If in the performance of your duties, you learn of or observe a practice that you feel is representative of fraud, waste, or abuse within Legacy, we ask that you report it to the Legacy Compliance Hotline at 503-415-5555.

Additionally, you may report the concern directly to the Federal Department of Justice or appropriate state department.


**Compliance program summary**

Everyone at Legacy is part of the compliance team. To lead and support this team are Legacy's compliance program, management organized committees and appointed individuals in key positions. The key components of Legacy's compliance program are the Compliance Officer, Compliance Committee, Compliance Department and Compliance Coordinators.

- The **Accreditation & Clinical Compliance** team (ACC) is responsible for supporting all Legacy facilities in maintaining ongoing clinical compliance with CMS Conditions of Participation (CoPs), The Joint Commission accreditation standards (including the National Patient Safety Goals), and Oregon and Washington law.
- The **Corporate Compliance** team works closely with the compliance committee, compliance coordinators, legal services, and others throughout the system to carry out Legacy's Compliance Plan, and to ensure compliance with applicable federal, Washington and Oregon laws, rules and regulations.
- At Legacy Health, the **Management Audit Services Department** performs our internal auditing function. To ensure the function maintains its independence and is supported at the highest level, Management Audit Service (MAS) reports directly to the Audit Committee of the Legacy Board of Directors.

**The Centers for Medicare & Medicaid Services**, previously known as the Health Care Financing Administration, is a federal agency within the United States Department of Health and Human Services. For information about what to expect from your supervising faculty, please see a CMS manual entitled "Guidelines for Teaching Physicians, Interns, and Residents". This publication includes the following information:

Payment for physician services in teaching settings;
General documentation guidelines;
Evaluation and management (E/M) documentation guidelines;
Exception for E/M services furnished in certain primary care centers;
Resources; and Glossary.

# Appendix F: Spok Quick Start Guide

## SUN TELECOM T5

**TURNING PAGER ON**
Press the button for 2 seconds to turn the pager on. A startup is momentarily displayed and the pager alerts the currently selected alert-mode (vibe, audio, silent).

**TURNING THE BACKLIGHT ON/OFF**
To toggle the backlight, press and hold the ⊙ button

**FUNCTION MENU**
As you navigate through the Function Menu, the Function icon will change to indicate the current location of the cursor.
Press ◄ or ► to navigate through the Function Menu.
Press ◄ to enter the current function.
Press ⊙ to exit the Function menu.

**TURNING PAGER OFF**
Press the ⊙ button to display the Function menu.
Press ◄ or ► to move the cursor to show TURN PAGER OFF
Press the ◄ button until Turn Pager Off? is displayed.
Press the ◄ button again to turn the pager off.

**RECEIVING/READING MESSAGES**
Press ◄ or ► to move the cursor to the message you want to read.
Press ◄ to read the message.

**LOCKING AND UNLOCKING MESSAGES**
Up to 10 messages can be locked to prevent them from being deleted or from being replaced when the memory is full.
Press ◄ or ► to select the message you want to lock or unlock.
Press ⊙ then press ◄ or ► to move the cursor to show LOCK or UNLOCK.
Press ◄ to activate the setting.

**DELETING A MESSAGE/ALL MESSAGES**
To delete a single message:
Press ◄ or ► to select the message you want to delete.
Press ⊙ then press ◄ or ► to move the cursor to show DELETE.
Press ◄ to delete the message.

To delete all messages:
Press ⊙ then press ◄ or ► to move the cursor to show DELETE ALL.
Press ◄ to delete all messages.

**MOVING A MESSAGE TO THE SAVED FOLDER**
Press ◄ or ► to select the message you want to move.
Press ⊙ then press ◄ or ► to move the cursor to show NOTEBOOK.
Press ◄ to move the message.

**SETTING DISPLAY ZOOM**
From the Function menu:
Press ◄ or ► to move the cursor to show ZOOM.
Press ◄ to display the Zoom screen.
Press ◄ or ► to select the Zoom mode desired.
Press ◄ to activate the Zoom and exit to the Main Menu.

**SETTING THE TIME AND DATE**
From the Function Menu:
Press ◄ or ► to move the cursor to show SET TIME.
Press ◄ to display the Set Time Screen.
Press ► to move the cursor to the next digit.
Press ◄ to adjust the current digit.
Repeat the two previous steps to adjust all time digits.
Press ⊙ to activate and exit to the Main Menu.

**SETTING THE ALARM**
From the Function Menu:
Press ◄ or ► to move the cursor to show SET ALARM.
Press ◄ to display the Set Alarm Screen.
Press ◄ to adjust the current digit or to select the Alarm mode (off/daily/time).
Repeat the two previous steps to adjust all time digits.
Press ⊙ to activate and exit to the Main Menu.

**SETTING PRIVATE TIME**
Private Time specifies a time period when the device receives messages without an audible or vibe alert.
From the Function Menu:
Press ◄ or ► to move the cursor to SET PRIVATE.
Press ◄ to display the Set Private Screen.
Press ◄ or ► to move the cursor.
Press ◄ to adjust the current digit or to enable/disable private time.
Repeat the two previous steps to adjust all time digits.
After setting the ON time, repeat the previous steps to set the OFF time.
Press ⊙ to activate and exit to the Main Menu.

**DISPLAY LOCK (Feature only available with message encryption)**
From the Function Menu:
Press ◄ or ► to move the cursor to display SET LOCK.
Press ◄ to display the Set Lock screen.
Press a four button sequence and remember it.
Press ◄ to activate the lock. (unlock state)
Press ◄ to deactivate the lock. (lock state)
* Display lock will activate after 5 minutes of pager inactivity