At University of Missouri Health Care we chose the *Culture of Yes* values and behaviors to guide our efforts and set goals to strive for. Culture is especially important in health care because the profession is all about people- caring for patients and their families. The values embedded in the Culture of Yes – CARE, DELIVER, INNOVATE AND SERVE – define who we are as individuals and as an organization help us to develop partnerships among patients, families and healthcare practitioners. These partnerships result in better outcomes, enhance quality and safety and promote an exceptional patient experience.

Updated November 2017
**ADMISSIONS**

To admit a patient (unplanned) call the MU Health Care Admission Line 24/7

Phone: (573) 882-6985 or (4-MUDOC) 888-884-6836
(855) 684-5437 or (855-MU-4KIDS)
Fax: (573) 884-4783

**WHAT:** A single entry point for internal and external physicians to admit/transfer patients to University Hospital and WCH

**WHO:** RN’s on the phone 24/7 to facilitate the admission process

**WHY:** Enhance guest and physician relations by providing timely, professional delivery of service before, during, and after admission and to ensure appropriate utilizations of resources and optimize reimbursement

Call the MU Admit Line with an admission, and we will:

- Create a visit in the system for the patient
- Help determine if patient should be observation or inpatient
- Notify the House Managers of ICU admits
- Notify receiving unit of ETA if appropriate
- Stay on the line with referring physicians and accepting physician to save you a phone call
- Notify us upon acceptance of an admission with the following information:
  - Patient name & date of birth
  - Admitting diagnosis
  - Presenting signs & symptoms and pertinent history
  - Proposed treatment plan
  - UMHSC attending physician with service
  - Bed location preference
  - Contact name & phone number
  - Primary Care and/or referring physician
  - Estimated time of arrival

Admission advisors are available by phone 24 hours a day, 7 days a week
Ambulatory Care Services

*University Physicians is committed to medical care of the highest caliber, provided with integrity and compassion.*

When it is proper and in the best interest of the patient, those patients should be returned to their local physician for follow-up care. In all instances when a patient has a referring or local physician, adequate communication regarding a patient’s diagnosis and treatment must be forwarded to that physician.

**CLINICS**

**Medicine Specialty Clinic**

<table>
<thead>
<tr>
<th>University Physicians Medical Building</th>
<th>University Physicians Medical Building</th>
<th>Specialties:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1020 Hitt Street</td>
<td>1020 Hitt Street</td>
<td>• Gastroenterology</td>
</tr>
<tr>
<td>Columbia, MO</td>
<td>Columbia, MO</td>
<td>• Infectious Disease</td>
</tr>
<tr>
<td>Hours: Monday – Friday, 08:00 – 17:00</td>
<td>Hours: Monday – Friday, 08:00 – 17:00</td>
<td>• Nephrology</td>
</tr>
<tr>
<td>For appointments call: 882-8788</td>
<td>For appointments call: 882-8788</td>
<td>• Pulmonary, Rheumatology</td>
</tr>
<tr>
<td>To speak to a physician or nurse, call:</td>
<td>To speak to a physician or nurse, call:</td>
<td></td>
</tr>
<tr>
<td>• 882-3628</td>
<td>• 882-3628</td>
<td>• Gastroenterology</td>
</tr>
<tr>
<td>• 882-5684</td>
<td>• 882-5684</td>
<td>• Infectious Disease</td>
</tr>
<tr>
<td>• 884-3717</td>
<td>• 884-3717</td>
<td>• Nephrology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pulmonary, Rheumatology</td>
</tr>
</tbody>
</table>

**Thompson Center for Autism and Neurodevelopmental Disorders**

| 205 Portland Street                   | 205 Portland Street                   | Specialties (all pediatric): |
| Columbia, MO                          | Columbia, MO                          | • Autism                      |
| Hours: Monday – Friday, 08:00 – 17:00| Hours: Monday – Friday, 08:00 – 17:00| • Developmental Delays         |
| For appointments call: 884-6052       | For appointments call: 884-6052       | • High Risk (neonatal) follow-up|
|                                        |                                        | • Special Needs                |
| To speak to a physician or nurse, call:| To speak to a physician or nurse, call:| |
|                                        |                                        | • Autism                      |
|                                        |                                        | • Developmental Delays         |
|                                        |                                        | • High Risk (neonatal) follow-up|
|                                        |                                        | • Special Needs                |

**Surgery Clinic**

| University Hospital, First Floor      | University Hospital, First Floor      | Specialties: |
| One Hospital Drive                    | One Hospital Drive                    | • Cardiothoracic Surgery |
| Columbia, MO                          | Columbia, MO                          | • General Surgery            |
| Hours: Monday – Friday, 8:00 – 17:00 | Hours: Monday – Friday, 8:00 – 17:00 | • Neurosurgery               |
|                                        |                                        | • Plastic Surgery             |
|                                        |                                        | • Trauma Clinic / Acute Care Surgery |
|                                        |                                        | • Urology                     |
| For appointments and/or to reach a physician or nurse, call: 882-6500 | For appointments and/or to reach a physician or nurse, call: 882-6500 | • Vascular Surgery             |
### Student Health Center

**University Physicians Medical Building, 4th floor**  
1020 Hitt Street  
Columbia, MO  
**Hours:**  
- Monday – Tuesday: 8:00-5:00  
- Wednesday: 9:00-5:00  
- Thursday – Friday: 8:00-5:00  
- *Doors closed 11:40 – 12:40; but appointment phone lines remain open.*  
- *Services are by appointment*  

Integrated services are available for MU students and spouses.  
Primary Care and Behavioral Health Services are provided by board-certified physicians, nurse practitioners, licensed psychologists, and professional counselors.  
For appointments call: 882-7481

### Dermatology / Dermatological Surgery

**University Physicians Medical Building, Second Floor**  
1020 Hitt St.  
Columbia, MO  
**Hours:** Monday – Friday 08:00 – 17:00  
To schedule an appointment, call: 882-4800  
To reach a physician, call: 882-8578  
To reach a nurse, call: 882-1364

**Specialties:**  
- General Dermatology  
- Dermatological Surgery (including MOHS technique)  
- Cosmetic Surgery

### Pediatric and Adolescent Specialty Clinic

**Women’s and Children’s Hospital**  
404 N. Keene Street  
Columbia MO  
**Hours:** Monday – Friday, 08:00 – 17:00  
To schedule an appointment or reach a physician or nurse, call: 882-6921

**Specialties**  
- Adolescent  
- Allergy/Pulmonary  
- Cystic Fibrosis  
- Diabetes/Endocrinology  
- Gastroenterology  
- Genetic/Metabolic  
- Infectious Disease  
- Nephrology  
- Neurology  
- Psychiatry / ADHD  
- Psychology  
- Rheumatology

### Missouri Orthopaedic Institute

1100 Virginia Avenue  
Columbia, MO  
- **Hours:** Monday – Friday, 08:00 – 17:00  
- **Main Phone:** 882-BONE (2663)
### Mason Eye Clinic / Eye Institute East

<table>
<thead>
<tr>
<th>Mason Eye Clinic</th>
<th>Specialties:</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Hospital, First Floor</td>
<td>• Cornea/External</td>
</tr>
<tr>
<td>One Hospital Drive</td>
<td>• Optometry</td>
</tr>
<tr>
<td>Columbia, MO</td>
<td>• Pediatric</td>
</tr>
<tr>
<td>Hours: Monday – Friday, 08:00 – 17:00</td>
<td>• Retina/Vitreous</td>
</tr>
<tr>
<td>Phone: 882-1506</td>
<td>• Neuro-Ophthalmology</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eye Institute East</th>
<th>Specialties:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3215 Wingate Dr, #102</td>
<td>• Oculoplastics</td>
</tr>
<tr>
<td>Columbia, MO</td>
<td>• General</td>
</tr>
<tr>
<td>Hours: Monday – Wednesday, Friday: 08:00 – 17:00</td>
<td>• Glaucoma</td>
</tr>
<tr>
<td>Phone: 882-8920</td>
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</tbody>
</table>

### Cosmopolitan International Diabetes and Endocrinology Center

<table>
<thead>
<tr>
<th>Cosmopolitan International Diabetes and Endocrinology Center</th>
<th>Specialties:</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Hospital, First Floor</td>
<td>• Adult Diabetes</td>
</tr>
<tr>
<td>One Hospital Drive</td>
<td>• Endocrinology</td>
</tr>
<tr>
<td>Columbia MO</td>
<td>• Metabolism</td>
</tr>
<tr>
<td>Hours: Monday – Friday, 08:00 – 17:00</td>
<td>• Thyroid FNA</td>
</tr>
<tr>
<td>To schedule an appointment or reach a nurse, call: 882-3818</td>
<td>• Thyroid Ultrasound</td>
</tr>
<tr>
<td>To call a physician or the administrative office, call: 884-0769</td>
<td>• DEXA / Osteoporosis</td>
</tr>
<tr>
<td></td>
<td>• Adult Diabetes – Self-Management Program</td>
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</tbody>
</table>

### Physical Medicine and Rehabilitation

<table>
<thead>
<tr>
<th>Physical Medicine and Rehabilitation</th>
<th>Specialties:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rusk Rehabilitation Center</td>
<td>• Amputee</td>
</tr>
<tr>
<td>315 Business Loop 70 W.</td>
<td>• EMG-NCV</td>
</tr>
<tr>
<td>Columbia, MO</td>
<td>• General PM&amp;R</td>
</tr>
<tr>
<td>Hours: Monday – Friday, 08:00-17:00</td>
<td>• Head Injury</td>
</tr>
<tr>
<td>For an appointment, call: 884-0033</td>
<td>• Muscular Dystrophy</td>
</tr>
<tr>
<td>To reach a physician, call: 882-3101</td>
<td>• Spinal Cord</td>
</tr>
<tr>
<td>To reach a nurse, call: 882-3117</td>
<td>• Spasticity Clinic</td>
</tr>
<tr>
<td></td>
<td>• Stroke</td>
</tr>
<tr>
<td></td>
<td>• Traumatic Brain Injury</td>
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<tr>
<td></td>
<td>• Work Injury Clinic</td>
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<tr>
<td></td>
<td>• Osteoporosis Clinic</td>
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<tr>
<td></td>
<td>• Osteomaniapulation Clinic</td>
</tr>
<tr>
<td></td>
<td>• Musculoskeletal Disorders</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Adult Psychiatry</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Missouri Psychiatry Center at MU Hospital</td>
<td>South Providence Medical Building</td>
</tr>
<tr>
<td>3 Hospital Drive</td>
<td>551 E. Southampton Drive</td>
</tr>
<tr>
<td>Columbia, MO</td>
<td>Columbia, MO</td>
</tr>
<tr>
<td>Hours: Monday – Friday 08:00 – 17:00</td>
<td>For appointments, call: 882-2513</td>
</tr>
<tr>
<td>Specialties:</td>
<td>Evaluation</td>
</tr>
<tr>
<td>• Evaluation</td>
<td>Medication Management</td>
</tr>
<tr>
<td>• Psychotherapy</td>
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<table>
<thead>
<tr>
<th>Woodrail Internal Medicine and Pediatrics Clinic</th>
<th>Fairview Internal Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 W. Nifong Blvd, Building 3, Suite 130</td>
<td>101 S. Fairview Rd</td>
</tr>
<tr>
<td>Columbia, MO</td>
<td>Columbia, MO</td>
</tr>
<tr>
<td>Hours: Monday – Friday, 08:00-17:00</td>
<td>Hours: Monday – Friday, 08:00 - 17:00</td>
</tr>
<tr>
<td>For appointments call: 884-2356</td>
<td>For appointments, call: 882-4464</td>
</tr>
<tr>
<td>Specialties:</td>
<td>Specialties:</td>
</tr>
<tr>
<td>• General Internal Medicine for Adults</td>
<td>• General Internal Medicine for Adults (18 and up)</td>
</tr>
<tr>
<td>• General Pediatrics</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Neurology and Sleep Disorders Clinic</th>
<th>Specialties:</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Physicians Medical Building, 3rd Floor</td>
<td>• General Neurology</td>
</tr>
<tr>
<td>1020 Hitt St</td>
<td>• Neuromuscular Diseases</td>
</tr>
<tr>
<td>Columbia, MO</td>
<td>• Multiple Sclerosis</td>
</tr>
<tr>
<td>Hours: Monday – Friday, 08:00-17:00</td>
<td>• Headache</td>
</tr>
<tr>
<td>For appointments call: 882-1515</td>
<td>• Epilepsy / Seizures</td>
</tr>
<tr>
<td>To reach a nurse, call: 884-3945</td>
<td>• Sleep Disorders</td>
</tr>
<tr>
<td>To reach a physician, call:</td>
<td>• Movement Disorders</td>
</tr>
<tr>
<td>• Department: 882-8668</td>
<td></td>
</tr>
<tr>
<td>• Clinic: 884-3945</td>
<td></td>
</tr>
<tr>
<td><strong>Ellis Fischel Cancer Center</strong></td>
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<td>-----------------------------</td>
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</tr>
<tr>
<td>1 Hospital Drive</td>
<td></td>
</tr>
<tr>
<td>Columbia, MO</td>
<td></td>
</tr>
<tr>
<td>For appointments call: 882-8445</td>
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<thead>
<tr>
<th><strong>Specialties:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• ENT</td>
</tr>
<tr>
<td>• Hematology/Oncology</td>
</tr>
<tr>
<td>• Gynecology/Oncology</td>
</tr>
<tr>
<td>• Pulmonary/Oncology</td>
</tr>
<tr>
<td>• Multidisciplinary GI</td>
</tr>
<tr>
<td>• Multidisciplinary Thoracic</td>
</tr>
<tr>
<td>• Surgical Oncology</td>
</tr>
<tr>
<td>• Urology</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Services:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ambulatory Infusion Unit: 882-5990</td>
</tr>
<tr>
<td>• Cancer Screening Service: 882-8511</td>
</tr>
<tr>
<td>• Medical Records: 882-5980</td>
</tr>
<tr>
<td>• Oral Surgery: 884-6254</td>
</tr>
<tr>
<td>• Pain Clinic: 884-9381</td>
</tr>
<tr>
<td>• Pathology: 882-1280</td>
</tr>
<tr>
<td>• Radiology: 882-5780</td>
</tr>
<tr>
<td>• Radiation Oncology: 882-8644</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Missouri OBGYN Associates</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's Health Center</td>
</tr>
<tr>
<td>402 Keene Street, 3rd Floor</td>
</tr>
<tr>
<td>Columbia, MO</td>
</tr>
<tr>
<td>Hours: Monday – Friday 08:00-17:00</td>
</tr>
<tr>
<td>For appointments call: 499-6084</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Specialties:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Obstetrics / Gynecology</td>
</tr>
<tr>
<td>• Pediatric / Adolescent Gynecology</td>
</tr>
<tr>
<td>• Women's Health Care</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Missouri OBGYN Associates – UP Smiley</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>2325 Smiley Lane</td>
</tr>
<tr>
<td>Columbia, MO</td>
</tr>
<tr>
<td>Hours: Monday – Friday, 08:00-17:00</td>
</tr>
<tr>
<td>For appointments call 499-6041</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Specialties:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• High-Risk Pregnancy</td>
</tr>
<tr>
<td>• Ultrasound</td>
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<table>
<thead>
<tr>
<th><strong>Reproductive Medicine and Fertility</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s Health Center</td>
</tr>
<tr>
<td>500 North Keene Street, Suite 203</td>
</tr>
<tr>
<td>Columbia, MO</td>
</tr>
<tr>
<td>Hours: Monday – Friday 08:00-17:00. Saturday by appointment</td>
</tr>
<tr>
<td>For appointments call: 817-1301</td>
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<table>
<thead>
<tr>
<th><strong>Specialties:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reproductive Endocrinology</td>
</tr>
<tr>
<td>• Fertility</td>
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<table>
<thead>
<tr>
<th><strong>Female Continence and Advanced Pelvic Surgery</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s Health Center</td>
</tr>
<tr>
<td>500 North Keene Street, Suite 306</td>
</tr>
<tr>
<td>Columbia, MO</td>
</tr>
<tr>
<td>Hours: Monday – Friday 8:00 – 17:00</td>
</tr>
<tr>
<td>For appointments call 817-3165</td>
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<table>
<thead>
<tr>
<th><strong>Specialties:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pelvic floor disorders</td>
</tr>
<tr>
<td>• Urinary incontinence</td>
</tr>
<tr>
<td>• Pelvic Organ Prolapse</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Missouri Center for Gynecological Oncology</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellis Fischel Cancer Center</td>
</tr>
<tr>
<td>1 Hospital Drive</td>
</tr>
<tr>
<td>Columbia, MO</td>
</tr>
<tr>
<td>Hours: Monday-Friday 08:00-17:00</td>
</tr>
<tr>
<td>For appointments call 882-1057</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Specialty:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecologic Oncology</td>
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<table>
<thead>
<tr>
<th><strong>Woodrail Bariatrics</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours: Monday – Friday, 08:00 – 17:00</td>
</tr>
<tr>
<td>To schedule an Appointment or speak with a Physician, or Nurse: (573) 882-5673 (LOSE)</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>1000 W. Nifong</td>
</tr>
<tr>
<td>Building 2, Suite 210</td>
</tr>
<tr>
<td>Columbia, MO 65203</td>
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<table>
<thead>
<tr>
<th><strong>Specialties</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Surgery</td>
</tr>
<tr>
<td>Medically Assisted Weight Loss</td>
</tr>
<tr>
<td>Audiology Clinic</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td><strong>Hours:</strong> Monday – Friday, 8:00 – 17:00</td>
</tr>
<tr>
<td>For appointments call: 882-7903</td>
</tr>
<tr>
<td><strong>Audiologists:</strong> Morgan Hahn, Rosie Arand, Amber Cichon, Laine Lenzen, Jamie Sutton, Jim Zynda, Andrea Roe</td>
</tr>
<tr>
<td><strong>Specialties:</strong> Audiology</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Digestive Health Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hours:</strong> Monday – Friday, 08:00 – 17:00</td>
</tr>
<tr>
<td>Clinic Appointment &amp; Prescription Request: 884-7600, option 1</td>
</tr>
<tr>
<td>Procedure Appointment &amp; Preparations (DHC &amp; UH location): 882-1434, option 1</td>
</tr>
<tr>
<td><strong>Specialties:</strong></td>
</tr>
<tr>
<td>- Gastroenterology, Pancreas, Liver</td>
</tr>
<tr>
<td>- Advanced and Therapeutic Endoscopy</td>
</tr>
<tr>
<td>- Colorectal Cancer Screening</td>
</tr>
<tr>
<td>- Liver Diseases</td>
</tr>
<tr>
<td>- Inflammatory Bowel Disease</td>
</tr>
<tr>
<td>- Neuromuscular and Swallowing Disorders</td>
</tr>
<tr>
<td>- Nutritional Science</td>
</tr>
</tbody>
</table>

South Providence Family Medicine
550 E. Southampton Drive
Columbia MO

| Hours: Monday – Wednesday 7:30 – 18:00 |
| Thursday and Friday: 07:30-17:00 |
| For appointments call 884-7733 |
| **Specialties:** |
| - Family Medicine |
| - Chronic Disease Management |
| - Women’s Health Care (including Obstetric care) |
| - Colposcopy Musculoskeletal Clinic |
| - Senior Assessment Geriatric Evaluation (SAGE) Clinic |

South Providence Urgent Care
Care Team Associate-Support

Care Team Associate-Support teams exist at UH, MOI and WCH facilities to provide services to our patients such as:

- Greeting patients and visitors as they arrive
- Escorting to the inpatient rooms
- Discuss room and unit amenities along with noting the patient rights and how to register concerns or comments during and after their stay
- Transporting patients
- Deliver and order food and drinks for nourishment rooms in the inpatient area
- Deliver and order medical gases
- Stock medical carts in the intensive care units
- Support is also provided to any inpatient family and visitors as needed

Typical staff assists include:

- Discharges
- Wheel chair retrieval
- Meal tray removal
- TIGR TV support
- Menu corrections
- Patient telephone calls
- Monitor environmental & safety conditions daily and report any deficiencies via the hospitality phone line

Team Coverage for CTA-Support role is 24 hours/7 days per week.
Care Coordination

The Office of Care Coordination can assist with the following:

- To facilitate the coordination of care
- Utilization of resources
- Health care payer benefits & level of care
- Aftercare planning
  - Nursing home placement
  - Home health / DME equipment
  - Access to community resources
- Addressing barriers to treatment compliance
- Crisis intervention & conflict resolution
- Suspected domestic violence
- Transportation
- Assistance obtaining medications due to financial hardship
- Abuse or neglect of adults, the elderly, or children
- Family needs assistance with meals and/or lodging
- Assistance with legal issues
  - Guardianship
  - Durable power of attorney
  - Custody
  - Newborn relinquishments
- Psychosocial assessments
- Assistance for new mothers
  - Single or married with poor social support
  - Teens
  - Other high risk situations
  - Impending or sudden death, Fetal demise
- Facilitating family conferences
  - Adoption
  - Foster care
  - Custody Issues
- Obtaining outside medical records from other health care facilities
- Coordinating services between inpatient setting and community resources

To request a social services consult, initiate the consult through CPOE (or through a PowerPlan)

- Regular Office Hours: Monday-Friday, 08:00 – 16:00
- Evening and weekend Pager: 874-5410
- Saturday and Sunday: 08:00-20:00

Social Work is not available after the hours listed above. In the event there are crisis situations or questions, please contact the hospital house manager for assistance.

Social Work or Case Management is available on holidays during the hours 08:00 – 17:00 and can be reached at the after-hours pager, 874-5410

Telephone: 882---2222 (you may leave a message at this number after hours)

Location: Room T1125
Cerner Power Chart

There are several ways to receive Power Chart training and support

EMR Training & Support Center – University Hospital, Room 1W36

- Trainers in the EMR Training & Support room are available to assist you with your PowerChart questions. This is a drop-in service, so you don’t need to have an appointment. Just stop in as your time allows and your questions will be answered. The Center is located across from the physicians’ lounge at University Hospital. In addition, we have a bank of computers that are available for your convenience if you need a quiet place to do your work or to check e-mail.
- Hours:
  - Monday – Thursday: 8:00 – 5:00
  - Fridays: Consultations by appointment

EMR Training & Support Center – Women’s & Children’s Hospital, Room 1251

- A Training and Support room is also available at WCH. It is located next to the physicians’ lounge.
- Consultations are available at this site upon request.

IT Help Desk Available 24/7

- Call 884-HELP (4357) for assistance with Power Chart 24 hours a day / 7 days a week

Dragon Medical Dictation Training

- To schedule training or follow-up assistance for the Dragon Medical Dictation Application
- Call 884-0728 or email UMHCCED-EMR@health.missouri.edu

Schedule an Individual or Group Appointment

- Would you like to schedule a specific appointment?
- Do you need a non-emergent question answered?
- Would you like training or a demonstration for your service?
- Please email us at UMHCCED-EMR@health.missouri.edu

EMR Support Page in PowerChart

- Click on the EMR Support tab on the toolbar in PowerChart to get to the CED-EMR Document Library

CED-EMR Document Library

- Job aids and reference materials are available by following this link: http://ced.muhealth.org/EMR/EMRdocs/
- Materials can also be accessed through Citrix Receiver by clicking on the EMR Support icon. This page allows you to contact us with questions and request training.
Contacts

Christine A. Pfeifer, MHA, CPC  Assistant Director  (573)884-2303
Carrie Lacey, CPC  Coordinator (Medicine)  (573)884-6692
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Fax  (573) 884-8526

Location

Quarterdeck Building – Lower Level
2401 Lemone Industrial Blvd (DC056.40)
Columbia, MO 65211

Office Hours

Monday-Friday 8:00 am – 4:00 pm
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Introduction

Written documentation in the clinical patient chart is of primary importance for communication among clinical care providers. Documentation must be contemporaneous, comprehensive, and complete in order to facilitate and coordinate clinical care. Increasingly, written documentation is also used for other purposes, including medical-legal review, support for clinic research, and quality assurance.

Importantly, written documentation provides support for charges submitted by faculty for payment for medical services. The following guidelines are intended to help faculty understand issues relating to billing and clinical documentation. For billing purposes, faculty are expected to follow billing and documentation guidelines to meet the requirements of Medicare, Medicaid and other payers. It is also important for faculty and residents to understand that hospital documentation requirements may differ from payer documentation requirements. It is essential that faculty and residents be attentive to written documentation, and recognize that good documentation not only improves care, but also improves the ability of University Physicians (UP) to collect for services and reduces faculty medical-legal exposure.

While individual payers may have their own guidelines, it is important that each faculty member and resident be familiar with documentation guidelines in general. This document will discuss guidelines set forth by the Centers for Medicare and Medicaid (CMS) in great detail. Generally documentation at the level CMS requires meets the requirements of most payers and shall be used.

Copy and Paste
The Office of Inspector General (OIG) discourages the practice of copy and paste or cloning of documentation. The OIG is actively auditing charts and recouping reimbursement for any document deemed to be cloned.

While copy and paste is not a forbidden practice within the University of Missouri Healthcare System, the author performing cut and paste is responsible for the accuracy of the documentation that is copied and pasted.
Medical Necessity

Payers will pay for services that are “reasonable and medically necessary” for the diagnosis and/or treatment of an illness or injury or a malfunctioning body part.

Services and items considered “reasonable and medically necessary” must be established as:

   a. Safe and effective;
   b. Consistent with the symptoms and/or diagnosis of the illness or injury under treatment;
   c. Consistent with generally accepted professional medical standards;
   d. Not furnished primarily for the convenience of the patient, the attending physician, other physician or supplier; and
   e. Furnished at the most appropriate level of care.

Services and items considered “unreasonable and medically unnecessary” include those that are:

   a. Not generally accepted in the medical community as safe and effective in the setting and for the condition for which it is used;
   b. Not proven to be safe and effective based on authoritative evidence;
   c. Experimental;
   d. Not medically necessary in the particular case;
   e. Furnished at a level, duration or frequency that is not medically appropriate;
   f. Not furnished in accordance with accepted standards of medical practice; or
   g. Not furnished in a setting appropriate to the patient’s medical needs and conditions.
Documentation Basics

First and foremost, the physician should document everything performed/talked about. Coding and ultimately billing for services, is based on what is documented. Many payers abide by the adage, “if it isn’t documented, it wasn’t performed.”

Each Evaluation and Management Service (E/M) has a set of requirements that must be met in order to charge a particular level of service. Each note must contain the following:

Chief Complaint (CC) – A CC is a concise statement describing the symptom, problem, condition, diagnosis, or other factor that is the reason for the encounter, usually stated in the patient’s own words. The chief complaint maybe its own heading or may be included in the description of the history of present illness.

History of Present Illness (HPI) – the HPI is chronological description of the development of the patient’s present illness from the first sign and/or symptom or from the previous encounter to the present. It includes the following elements:

- Location
- Quality
- Severity
- Duration
- Timing
- Context
- Modifying factors
- Associated Signs and Symptoms

Review of Systems (ROS) – the ROS is an inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms which the patient may be experiencing or has experience. At least ten organ systems must be reviewed. Those systems with positive or pertinent negatives must be individually documented. For the remaining systems, a notation indicating that all other systems are negative is permissible. The following systems are recognized:

- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary (Skin and/or Breast)
- Neurological
- Psychiatric
- Endocrine
- Hematologic/Lymphatic
- Allergic/Immunologic
Past, Family and Social History (PFSH)

Past History – A review of the patient’s past experiences with illnesses, injuries and treatments that includes significant information about:

- Prior major illnesses and injuries
- Prior operations
- Prior hospitalizations
- Current Medications
- Allergies (food, drug)
- Age appropriate immunization status
- Age appropriate feeding/dietary status

Family History – A review of medical events in the patient’s family including diseases which may be hereditary or the place the patient risk.

Every patient has a family history. Whether or not the patient’s family history is negative or positive, it is essential to ask and document the findings. For example, an 87 year old man presents with chest pain, you document family history as no known cardiac disease in the family; or you document family history is significant for cardiac disease in brother, father died of MI at 68. If the patient is unaware of their family history because they were adopted or were an orphan, document as such.

Social History – an age appropriate review of past and current activities such as tobacco use/exposure, alcohol use, illicit drug use, employment status, military service, marital status, living situation.

Examination – The extent of the examination performed and documented is dependent upon the clinic judgement and nature of the presenting problem(s). For purposes of the examination, the following organ systems are recognized:

- Constitutional – vital signs, general appearance
- Eyes -
- Ears, nose, mouth and throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic - cranial nerves
- Psychiatric – alert and oriented
- Hematologic/Lymphatic/Immunologic

The following body areas are recognized:

- Head, including the face
- Neck
- Chest, including breast and axillae
- Abdomen
- Genitalia, groin buttocks
- Back. Including the spine
- Each extremity
Note: Only organ systems are recognized for purposes of a comprehensive examination

Medical Decision Making (Impression/Plan) – refers to the complexity of establishing a diagnosis and/or selecting a management option.

Number of Diagnoses
- Document the number/types of problems addressed during the encounter
- Indicate whether the problem(s) is stable, well controlled, resolving/resolved, improving, inadequately controlled, worsening, or failing to change as expected.

Amount and/or Complexity of Data to be reviewed
- If you review or order labs, x-rays, diagnostic test (EKG, PFT) – document
- If you review outside records/films/CT/MRI – document
- If you obtain history form someone other than the patient – document
- If you make a decision to obtain outside records – document

Risk of Complications and/or Morbidity or Mortality
- If there are indicated risk factors for surgery – document
- If medications are prescribed/managed – document

Billing Based on Time
In the case where counseling and/or coordination of care dominates (more than 50%) of the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility). Time is considered the key or controlling factor to qualify for a particular level of evaluation and management service.

Time-based procedural/evaluation and management codes are determined by the length of the teaching physician’s presence only during the service. Time spent by the resident in the absence of the teaching physician is not reimbursable.

For example, the resident document his/her total visit and counseling time with the patient as 60 minutes. The teaching physician documents total visit and counseling time as 35 minutes. The service would be billed based on the teaching physician’s 35 minutes spent with the patient. Documentation must support that greater than 50% of the total time spent was in counseling/coordination of care. The counseling/coordination of care must be summarized.
Teaching Physician Guidelines

Definitions

A teaching physician is one who involves residents in the care of his/her patients. The teaching physician must be a faculty member and must endeavor to make certain that each of his/her patients recognizes him/her as the responsible physician.

A teaching physician may bill for services provided to a patient under three circumstances:

a. The faculty personally provides identifiable services to the patient without involving a resident;
b. The faculty was physically present during the critical or key portions of the service furnished by a resident; or
c. Certain evaluation and management (E/M) services furnished by a resident under the conditions – outlined below.

The faculty member qualifies as a “teaching physician” in accordance with the requirements specified below and documents his/her patient care as indicated in the following guidelines.

A resident is an individual who participates in an approved graduate medical education (GME) program or a physician who is not in an approved GME program but who is authorized to practice only in a hospital setting. The term resident, according to Medicare, also includes interns and fellows in the GME program. Residents will not be patients’ main physicians. Medical students may never evaluate or treat patients independently.

Requirements

The teaching physician must render “sufficient personal and identifiable medical services” to the patient to exercise full personal control over the case or portion of the case for which a charge is being submitted. This means close active supervision of the resident on the part of the physician. When this control is exercised in absentia or solely by acceptance of responsibility for overall conduct of the case, the physician does not meet the requirements for a teaching physician and may not submit a bill. Recognition of the doctor-patient relationship should be demonstrated in the medical record. The designated teaching physician is responsible for the patient’s care regardless of the patient’s financial status.

To be the “teaching physician,” the faculty physician must meet each of the following:

a. Review the patient's history, the record of examinations and tests, and make frequent reviews of the patient’s progress;
b. Be physically present during the key portions of the service or procedure, except as specified below (see Section I – Primary Care Exception);
c. Confirm or review the diagnosis with the resident and determine the course of treatment to be followed;
d. Either perform the physician’s services required by the patient or supervise the treatment so as to assure that appropriate services are provided by interns, residents, or others and that the care meets a proper quality level;
e. Be present and ready to perform any service when a major surgical procedure is performed;
f. Be recognized by the patient as his/her physician and be responsible for the continuity of the patient's care; and
g. Make sure that medical records are complete, accurate, legible and properly documented according to guidelines to support the level of service billed.

Only those services provided by the teaching physician that meet the above criterion and those below constitute billable services.

Claims for teaching physician services involving a resident must include a GC modifier for each service, unless the service is furnished under the primary care center exception. When a physician (or other appropriate billing provider) places the GC modifier on the claim, he/she is certifying that the teaching physician was present during the key/critical portion of the service, and was immediately available during the other parts of the service.

Evaluation and Management Services: Inpatient/Outpatient

To bill for evaluation and management services, including office visits, hospital care, and follow-up care, the teaching physician must personally document in the medical record his/her presence during the portion of the service that determines the level of service billed.

The composite of the attending physician and the resident’s documentation must support the level of service reported and must include:

1. A notation by the teaching physician that he/she personally examined the patient or was physically present during the key or critical portions of the service and discussed the patient's condition, history, and medical decision making with the resident before the end of the patient encounter;
2. A notation by the teaching physician referencing the resident’s name, when more than one resident has documented in the medical record for the same patient/same and date of service.

Inpatient Documentation Daily Entry Example: Day 1
Entry 1- Orthopedic Resident adds an entry regarding primary treatment for a hip fracture. The patient also has Diabetes.
Entry 2- Orthopedic Fellow also adds an entry regarding hip fracture
Entry 3- Internal Medicine Resident and Attending add an entries regarding Diabetes
Entry 4- Orthopedic Attending Physician’s entry may only reference one of the resident’s documentation he/she wishes to use as a composite for billing purposes.

The appropriate elements of history, examination, and medical decision-making must be documented in the medical record. These “elements” are those that, in the judgment of the teaching physician, best summarize as:

a. The relevant history, physical examination and prior diagnostic tests;
b. Assessment, clinical impression, or diagnosis; and
c. Plans for care.

Co-signatures and brief statements by the teaching physician, e.g., ”examined and agree” or “patient seen and I concur” are not adequate documentation.

If there is a change of clinical service during patient's hospitalization, there should be faculty note in the chart indicating assumption of care. The physician's orders should state that patient is being transferred from service A to service B and the effective date of the transfer.
Consultations
Consultations are billable only if the following three conditions are met:

1. The requesting physician or appropriate source must document the reason/need for the consultation in the patient’s medical record (i.e., patient’s plan of care, progress note, physician orders, or consult request form) with a signature by the requesting physician/appropriate source.

2. The consultant is required to document the requesting physician/service and the reason for consultation in the patient’s medical record.

3. The consultant is also responsible for preparing and providing a written/dictated report of his/her findings and recommendations to the requesting physician.

A consultation must include the review of the patient’s history and the examination of the patient, as well as a written opinion or recommendation reflective of the consultant’s medical decision-making.

The medical record must clearly demonstrate the actual services provided by the faculty member and all notes must be detailed enough to support the level of care for which payment is being sought. The consultant’s note should indicate the name of the faculty physician/service requesting the consultation. Brief statements by the consulting physician such as, “examined and concur” or “patient seen and I concur” are not adequate documentation.

Initial Hospital Care
For the purpose of payment, initial hospital care (in-patient hospital admission) services billed by teaching physicians must satisfy the following conditions:

1. Documentation must include the required three key components (i.e.: history, examination, and medical decision-making) and must meet or exceed the stated requirements in the Current Procedural Terminology (CPT) to qualify for one of the three levels of service.

2. The teaching physician’s documentation must satisfy the teaching physician requirements, as previously stated.

Late Night Admissions
Although a rarity, late night admissions may occur. In the event a resident admits a patient during the late hours of the night, and the teaching physician does not see the patient until later, including the next calendar day, then collaboration of the teaching physician’s documentation and the resident’s note will be contingent upon all of the following conditions:

a. The teaching physician’s note must meet the teaching physician requirements.

b. The teaching physician’s note must reference the resident by name. The date of service he/she each saw the patient must be documented (electronically or hand-written) for the entry being used to support the service.

c. The teaching physician must document that he/she personally saw the patient and participated in the management of the patient. The teaching physician may reference the resident’s note in lieu of personally documenting the history of present illness, exam, medical decision-making, review of systems and/or past family/social history, as long as the patient’s condition has not changed, and the teaching physician agrees with the resident’s note. Or, the teaching physician may personally document the service s/he personally performed.

d. If there are changes in the patient's condition and clinical course at the time the patient is seen personally by the teaching physician, the teaching physician's note must reflect those changes.

e. The teaching physician’s bill must reflect the date of service he/she saw the patient and his/her personal work of obtaining a history, performing a physical, and participating in medical decision-making.
making regardless of whether the combination of the teaching physician’s and resident’s documentation satisfies criteria for a higher level of service. For payment, the composite of the teaching physician’s entry and the resident’s entry together must support the medical necessity of the billed service and the level of the service billed by the teaching physician.

If any of the conditions listed above are not met, the level of service will be based solely on the teaching physician’s documentation.

Example: “I saw and evaluated the patient on September 1, 2014. Discussed with resident and agree with resident’s findings and plan as documented in the resident’s note.”

Surgery
A charge may be made for the surgery when:

1. The surgery is actually performed by the faculty physician acting as chief surgeon; or
2. The faculty physician who qualifies as a “teaching physician” is present in the operating room during the critical (key) portions of the procedure; AND
3. The operative report/procedure record shows the faculty physician either:
   a) actually performed the surgery; or
   b) was present and supervised the critical (key) portion of the procedure as performed by the house staff.

Teaching Physician Presence
Presence may not be required during opening and closing. The teaching physician must be immediately available during the entire service (in or near the operating room). During endoscopic procedures, the teaching physician must be present during the entire “viewing portion” of the scope—from the insertion of the scope to removal.

When the operative report and the procedure record are signed by the teaching physician, this signature indicates the teaching physician personally performed the surgery or was present and supervised a procedure performed by a resident. The report should explicitly state that the teaching physician was present during critical portion of the procedure.

There must be a note in the patient’s medical record stating the reason the procedure is being performed.

Global Surgeries
Billing for the global surgical fee requires that the surgery be performed or supervised as outlined above and that the faculty physician examine the patient preoperatively and postoperatively and document the record accordingly. A personal note by the faculty physician is required, and co-signatures are not adequate. Post-op notes should demonstrate continuing care of the patient. Another surgeon may cover post-operatively for the billing surgeon with no additional charge generated.

Assistant-at-Surgery
Assistant at surgery shall be used appropriately and in compliance with CMS policy. All surgeons are responsible for appropriately utilizing assistant-at-surgery services within the professional scope of service.
Assistant at surgery services shall be used only when the procedure warrants their use and it is a covered procedure by the Medicare Physicians fee schedule.

When qualified residents are available to perform as assistants at surgery, they will be utilized in that capacity. One of the following criteria must be met for an UP physician to act as the assistant at surgery:

1. All residents are engaged in patient care or educational activities or are otherwise not physically available to assist, or
2. The residents who are available to assist are not qualified to assist in that procedure, or
3. Individuals who have not finished their residency are never qualified to assist in a specific procedure, or
4. There are exceptional medical circumstances (defined below).

When another attending physician, physician assistant, nurse practitioner, nurse midwife, or clinical nurse specialist provides assistant at surgery services, append the following statement to the operative note, indicating by the surgeon’s attestation that a qualified resident was unavailable:

“I understand that section 1842(b)(7)(D) of the Social Security Act generally prohibits Medicare physician fee schedule payment for the services of assistants at surgery in teaching hospitals when qualified residents are available to furnish such services. I certify that the services for which payment is claimed were medically necessary and that no qualified resident was available to perform the services. I further understand that these services are subject to post-payment review by the Medicare carrier.”

Modifiers for Assistant at Surgery

Modifier -82: When a qualified resident is unavailable and it is appropriate within the scope of the surgical service provided to utilize another faculty/attending physician for that service, append the Modifier -82 to their surgical service reporting data.

Modifier –AS: When a qualified resident is unavailable to provide assistant at surgery service and the procedure warrants an assistant at surgery and the assistant bears the designation of physician assistant, nurse practitioner, nurse midwife or clinical nurse specialist, a non-physician practitioner may bill as an assistant at surgery and must append the –AS modifier.

If the person who assists at surgery is a surgical technician, a first surgical assistant, scrub nurse or bears any other title than those listed, the service is not payable by Medicare and is not billable to the patient.

Exceptional Circumstance

In certain instances, an assistant-at-surgery may be paid, as an exception to the above rules:

a. A documented exceptional medical service (i.e., emergent service, multiple trauma);
b. When a physician has a written, across the board, policy never to engage the use of resident services (typically not a surgeon involved in GME training services); or
c. Complex medical procedures requiring a team of surgeons (i.e., transplant services, coronary bypass procedures)

Minor Procedures

For procedures that take only a few minutes (five minutes or less) to complete, e.g. simple suture, and involve relatively little decision making once the need for the operation is determined, the teaching surgeon must be present for the entire procedure in order to bill for the procedure.
Anesthesia Services

Anesthesia services are billed based on a basic unit value derived from the type of surgical procedure performed plus time units in 15-minute increments plus modifying units. The derived total units are converted to a dollar charge by multiplying by a unit charge that is arrived at by comparison to usual and customary charges within the community as well as individual practice requirements.

An anesthesiologist may either:
1. “Personally Perform” the anesthesia service, either alone or with one Certified Registered Nurse Anesthetist (CRNA) or resident;
2. “Medically Direct” between two and four concurrent anesthesia procedures involving CRNA’s or residents; or
3. “Medically Supervise” anesthesia procedures involving more than four concurrent cases or involving fewer than four procedures during which the anesthesiologist is performing other services while directing concurrent procedures.

Personal Performance (Alone or With One Resident or CRNA)

The faculty anesthesiologist may bill for cases in which:
1. He/She personally performs the procedure alone;
   a. When both the anesthesiologist and a CRNA are involved in a single procedure; or
   b. When both the anesthesiologist and a resident are involved in a single procedure.

The anesthesiologist must be continuously and personally present throughout the entire procedure. The Anesthesiologist cannot be involved in providing any other anesthesia services.

Medical Direction (Two, Three, or Four Cases)

The faculty anesthesiologist may bill for medical direction when medically directing two, three, or four concurrent cases involving CRNA’s or residents. Medical direction is a covered service only if the anesthesiologist performs the following seven services:
1. Performs a pre-anesthesia examination and evaluation;
2. Prescribes the anesthesia plan;
3. Personally participates in the most demanding procedures of the anesthetic plan, including induction and emergence;
4. Ensures that any procedures in the anesthetic plan that the anesthesiologist does not perform are performed by a qualified individual;
5. Monitors the course of anesthesia administration at frequent intervals;
6. Remains physically present and available for immediate diagnosis and treatment of emergencies; and
7. Provides indicated post-anesthesia care.

All seven of these services noted above must be provided and documented or the anesthesiologist has not provided medical direction and may not bill for medical direction services. An anesthesiologist who is medically directing concurrent anesthesia procedures cannot be involved in furnishing additional services except for the following:
• Addressing an emergency of short duration in the immediate area;
• Administering an epidural or caudal anesthetic to a laboring patient;
• Performing periodic rather than continuous monitoring of an OB patient;
• Receiving patients entering suite for the next surgery;
• Checking on or discharging patients in the PACU;
• Coordinating scheduling matters.

The teaching anesthesiologist must perform all services required for medical direction. The patient’s medical record must reflect that the anesthesiologist performed each of the steps required for medical direction. The anesthesiologist must specifically document that he/she performed the pre-anesthesia examination/evaluation, was present during the most demanding procedures (including induction and emergence where applicable), monitored the course of anesthesia at frequent intervals, remained physically present in the Operating Room Suite, and provided indicated post anesthesia care.

Medical Supervision
If an anesthesiologist is medically directing five or more overlapping cases, the service must be billed as medical supervision. Supervision is reimbursed based on the basic value unit of the procedure and one time unit, if anesthesiologist can document he/she was present at induction. Medicare does not recognize medical direction by anesthesiologist if he/she is involved in more than four concurrent procedures. Anesthesia charges are submitted with modifiers to indicate concurrent care as dictated by the payers’ guidelines. Medicare billing rules are very specific with regard to the requirements for billing for medical direction and the exceptions to those requirements. Other federal health care programs, private carriers, and managed care organizations have not imposed the same billing rules for anesthesia services.

Diagnostic Surgical Procedures/Therapeutic Procedures
Documentation for procedures must clearly indicate that the faculty member personally performed or functioned as the patient’s teaching physician and was present in the room at the furnishing of services. Documentation should indicate the involvement of the faculty member in the performance of the services. A co-signature or a brief note, such as, “I examined and concur, appended to the resident’s note is not appropriate.

Evaluation and Management Services – Primary Care Exception Rule
There is one exception to the physical presence requirement of the teaching physician and it applies only to primary care centers and only to the first three levels of new and established patient evaluation and management services. To qualify for the exception, all the following criteria must be met:
1. The service must be furnished in an outpatient center or other ambulatory entity;
2. Residents must have completed six months of training;
3. No more than four residents may be directed at any one time;
4. Patients must be an identifiable group who consider the center as their source of continuing health care;
5. The teaching physician must not have other concurrent responsibilities at the time;
6. The teaching physician assumes the management of patients seen by the resident;
7. The teaching physician ensures that services are appropriate to the patient’s need;
8. The teaching physician reviews the resident’s decision making with the resident during or immediately after the patient’s visit;
9. The teaching physician documents the extent of his/her participation in the services;
10. Physician indicates resident involvement under the direction of a teaching physician by designating the “–GC” modifier on their charge documents; and
11. Physician indicates the primary care exception by designating the “–GE” modifier on their charge documents.

Psychiatry
The teaching physician can fulfill the physical presence requirements by concurrent observation via a two-way mirror or video camera for the entire session, followed by immediate consultation with the resident. Review after the service is over is not sufficient for the teaching physician to submit a bill. The teaching physician must be “present” during the entire therapy session in order to bill.

Billing for Chief Residents and Fellows
Medicare Part A reimburses the hospital for Medicare's share of reasonable cost of training residents and fellows.

Residents, chief residents, and fellows in approved training programs may not bill for their professional services to Medicare Part B or Medicaid, at the level for which they are being trained.

Physicians currently classified as chief residents and fellows in non-formal training programs may be classified as faculty at the rank of instructor or higher. Faculty may bill Medicare Part B and Medicaid for their professional services.

Billing for “Moonlighting” Residents and Fellows
According to a written contract, residents and fellows (in approved training programs) who perform outpatient or emergency department professional services that are unrelated to their training program within the hospital they are trained, may bill for their services if:
   a. The services are identifiable physician services and meet the appropriate conditions for payment; and
   b. The physician is fully licensed to practice medicine; and
   c. The services performed can be separately identified from those services required under the training program.

A “teaching physician” may not bill for services provided by “moonlighting” residents and fellows.

Signature Authentication – Authenticating and Dating
This policy is not intended to contradict or replace any rules from affiliated hospitals’ documentation standards. This guidance refers to documentation for billing purposes. The provider may always amend the note for patient care or safety reasons.

Health care providers (authors) must authenticate and date all documentation entered into the medical record in a timely manner. The “printed on” date is not acceptable for partially populated or structured progress notes that require handwritten documentation by the provider for completion.

Definitions
Author: Any person making an entry or documenting into the medical record.
Entry: All documentation in the medical record including, but not limited to, progress or chart notes, orders, procedures, operative notes, consultations, etc.

Authentication: The signature and credentials/discipline of the author documenting in the medical record.

Signature: The author’s written signature, written initials with a signature stamp, or electronic signature. Use of a signature stamp without written initials is not acceptable.

Addendum
Addendum to progress notes must have the current date and reference the date and name of the provider in the previously documented note. (e.g. “This is an addendum to my note dated XXX or to the note of Dr. Resident/Fellow or NPP dated XXX.”). Missouri state law also mandates the reason for the late entry.

Residents/fellows involved in patient care must document all chart entries prior to leaving the clinic each day. Inpatient services performed by a resident/fellow must be documented and authenticated at the time of service.
Non-Physician Practitioners

Direct Billing
PAs, NPs, CNSs, certified nurse midwives, clinical psychologists, clinical social workers, physical therapists and occupational therapists have their own benefit categories and may provide services without direct physician supervision and bill directly for these services. When their services are provided as auxiliary personnel and under direct physician supervision, they may be covered as "incident to" services, in which case, the "incident to" requirements would apply.

“Incident To” Billing
For office/clinic services of an NPP to be covered as “incident to” the services of a physician, the services must meet all the requirements for coverage specified within the “incident to” criteria. For example, the services must be an integral, although incidental, part of the physician’s personal professional services and they must be performed under the physician’s direct supervision. “Incident-to” does not apply to Hospital settings (see below).

Requirements for "Incident To:

- The services are commonly furnished in a physician’s office.
- The physician must have initially seen the patient.
- Incident to services may only be provided by the NPP when the patient and the problem being addressed are “established”.
- New patients and new problems must be addressed by the Physician first.
- There is direct personal supervision by the physician of auxiliary personnel, regardless of whether the individual is an employee, leased employee, or independent contractor of the physician.
- The physician has an active part in the ongoing care of the patient.

Auxiliary personnel means any individual who is acting under the supervision of a physician, regardless of whether the individual is an employee, leased employee or independent contractor of the physician, or of the legal entity that employs or contracts with the physician. Likewise, the supervising physician may be an employee, leased employee or independent contractor of the legal entity billing and receiving payment for the services or supplies.

For “incident to” services that are billed and undergoing medical review, documentation sent in response to the carrier’s request should clearly show the link. Evidence of the link may include:

1. Co-signature or legible identity and credentials (i.e., MD, DO, NP, PA, etc.) of both the practitioner who provided the service and the supervising physician on documentation entries.
2. Some indication of the supervising physician’s involvement with the patient’s care. This indication could be satisfied by:
   a) Notation of supervising physician’s involvement (the degree of which must be consistent with clinical circumstances of the care) within the text of the associated medical record entry; or
   b) Documentation from other dates of service (e.g., initial visit, etc.) other than those requested, establishing the link between the two providers.
Shared Split Visits

Hospital Inpatient/Outpatient/Emergency Department: When a hospital inpatient/hospital outpatient or emergency department E/M service is shared between a physician and an NPP from the same group practice, and the physician provides any face-to-face portion of the E/M encounter with the patient, the service may be billed under either the physician's or the NPP's provider number. However, if there was no face-to-face encounter between the patient and the physician (e.g., even if the physician participated in the service by only reviewing the patient's medical record), the service may only be billed under the NPP's provider number.

Examples of Shared Visits:
If the NPP sees a hospital inpatient in the morning and the physician (from the same group practice) follows later with a face-to-face visit with the patient on the same day, the physician or the NPP may report the service. Both providers must document and sign their contribution to the service.

In an office setting, the NPP performs a portion of an E/M encounter and the physician completes the E/M service. If the "incident to" requirements are met, the physician reports the service. If the "incident to" requirements are not met, the service must be reported using the NPP’s name and NPI number.

Any E/M Service reported with a Skilled Nursing Facility or Non-Skilled Nursing Facility Place of Service must be performed by the billing physician or NPP. Split/Shared E/M visits cannot be reported in the Skilled Nursing Facility or Non-Skilled Nursing Facility settings.
Medical Decision Making – Describe your plan for this patient - what you have done or will do.

Time - In the hospital setting, billing can be based on the time spent either on the floor (unit) and/or with the patient. Describe how you spent your time, exclusive of procedures performed.

DO NOT COPY AND PASTE!
### Medical Decision Making

Describe your plan for this patient - what you have done or will do.

**Time**

In the hospital setting, billing can be based on the time spent either on the floor (unit) and/or with the patient. Describe how you spent your time, exclusive of procedures performed.

**DO NOT COPY AND PASTE!**

---

### Admission H&P - Inpatient

All 3 Key Components must be met/exceeded to qualify for a level of service

<table>
<thead>
<tr>
<th>Level of Service (E&amp;M)</th>
<th>99221</th>
<th>99222</th>
<th>99223</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History</strong></td>
<td>Detailed/Comprehensive Chief Complaint HPI: 4 or more ROS: 2-9 Systems PFSH: 1</td>
<td>Comprehensive Chief Complaint HPI: 4 or more ROS: 10-14 Systems PFSH: 3</td>
<td>Comprehensive Chief Complaint HPI: 4 or more ROS: 10-14 Systems PFSH: 3</td>
</tr>
<tr>
<td><strong>Exam</strong></td>
<td>Detailed Exam</td>
<td>Comprehensive Exam</td>
<td>Comprehensive Exam</td>
</tr>
<tr>
<td><strong>Medical Decision Making</strong></td>
<td>Straightforward</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>30 Minutes</td>
<td>50 Minutes</td>
<td>70 Minutes</td>
</tr>
</tbody>
</table>

### Daily Visit - Inpatient

Two of 3 Key Components must be met/exceeded to qualify for a level of service

<table>
<thead>
<tr>
<th>Level of Service (E&amp;M)</th>
<th>99231</th>
<th>99232</th>
<th>99233</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History (interval)</strong></td>
<td>Problem Focused Chief Complaint HPI: 1-3 PFSH: Not Required</td>
<td>Expanded Problem Focused Chief Complaint HPI: 1-3 ROS: 1 System PFSH: Not Required</td>
<td>Detailed Chief Complaint HPI: 4 or more ROS: 2-9 Systems PFSH: Not required</td>
</tr>
<tr>
<td><strong>Exam</strong></td>
<td>Problem Focused</td>
<td>Expanded Problem Focused Exam</td>
<td>Detailed Exam</td>
</tr>
<tr>
<td><strong>Medical Decision Making</strong></td>
<td>Straightforward/Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>15 Minutes</td>
<td>25 Minutes</td>
<td>35 Minutes</td>
</tr>
</tbody>
</table>

### Documentation Tips:

- Each visit must be documented
- Each visit must demonstrate medical necessity

Always document the Chief Complaint

HPI (History of Present Illness) – Use of 8 descriptors to describe the patient’s current symptoms: Location, duration, severity, context, associated signs/symptoms, modifying factors, quality, timing.

Exam – May use either 1995 or 1997 documentation guidelines

Medical Decision Making – Describe your plan for this patient - what you have done or will do.

Time - In the hospital setting, billing can be based on the time spent either on the floor (unit) and/or with the patient. Describe how you spent your time, exclusive of procedures performed.
Medical Decision Making – Describe your plan for this patient - what you have done or will do.

Time - In the hospital setting, billing can be based on the time spent either on the floor (unit) and/or with the patient. Describe how you spent your time, exclusive of procedures performed.

DO NOT COPY AND PASTE!
Consultation – Inpatient (Not for use with Medicare – For Medicare, refer to Initial Inpatient codes)

All 3 Key Components must be met/exceeded to qualify for a level of service

<table>
<thead>
<tr>
<th>Level of Service (E&amp;M)</th>
<th>99251</th>
<th>99252</th>
<th>99253</th>
<th>99254</th>
<th>99255</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Problem Focused Chief Complaint HPI: 1-3 ROS: 0 Systems PFSH: 0</td>
<td>Expanded Problem Focused Chief Complaint HPI: 1-3 ROS: 1 System PFSH: 0</td>
<td>Detailed Chief Complaint HPI: 4 or more ROS: 2-9 Systems PFSH: 1</td>
<td>Comprehensive Chief Complaint HPI: 4 or more ROS: 10-14 Systems PFSH: 3</td>
<td>Comprehensive Chief Complaint HPI: 4 or more ROS: 10-14 Systems PFSH: 3</td>
</tr>
<tr>
<td>Exam</td>
<td>Problem Focused Exam</td>
<td>Expanded Problem Focused Exam</td>
<td>Detailed Exam</td>
<td>Comprehensive Exam</td>
<td>Comprehensive Exam</td>
</tr>
<tr>
<td>Medical Decision Making</td>
<td>Straightforward</td>
<td>Straightforward</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Time</td>
<td>20 Minutes</td>
<td>40 Minutes</td>
<td>55 Minutes</td>
<td>80 Minutes</td>
<td>110 Minutes</td>
</tr>
</tbody>
</table>

Consultation – Clinic, Outpatient, Observation (Not for use with Medicare)

All 3 Key Components must be met/exceeded to qualify for a level of service

<table>
<thead>
<tr>
<th>Level of Service (E&amp;M)</th>
<th>99241</th>
<th>99242</th>
<th>99243</th>
<th>99244</th>
<th>99245</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Problem Focused Chief Complaint HPI: 1-3 ROS: 0 Systems PFSH: 0</td>
<td>Expanded Problem Focused Chief Complaint HPI: 1-3 ROS: 1 System PFSH: 0</td>
<td>Detailed Chief Complaint HPI: 4 or more ROS: 2-9 Systems PFSH: 1</td>
<td>Comprehensive Chief Complaint HPI: 4 or more ROS: 10-14 Systems PFSH: 3</td>
<td>Comprehensive Chief Complaint HPI: 4 or more ROS: 10-14 Systems PFSH: 3</td>
</tr>
<tr>
<td>Exam</td>
<td>Problem Focused Exam</td>
<td>Expanded Problem Focused Exam</td>
<td>Detailed Exam</td>
<td>Comprehensive Exam</td>
<td>Comprehensive Exam</td>
</tr>
<tr>
<td>Medical Decision Making</td>
<td>Straightforward</td>
<td>Straightforward</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Time</td>
<td>15 Minutes</td>
<td>30 Minutes</td>
<td>40 Minutes</td>
<td>60 Minutes</td>
<td>80 Minutes</td>
</tr>
</tbody>
</table>
Documentation Tips:
A consultation is defined as one physician/NPP requesting an opinion from another physician who possess a greater depth of knowledge or who specializes in a certain field. A request for consultation received from other than a health care provider is coded utilizing Subsequent Care (hospital) or New/Established codes (office or other outpatient setting).

A consultation requires that the requesting physician receive a letter from the consulting physician with his/her recommendations for care.

A consultation request for specific management of a problem is a referral for care and does not meet the definition of a consultation. The visit is coded utilizing Subsequent Care (hospital) or New/Established codes (office or other outpatient setting).

Hospital Visits Grid
Admission and Discharge Same Day – Inpatient or Observation
Use for admission and discharge on the same calendar day when a minimum of 8 hours has passed and documentation supports ongoing involvement and visits from the admitting physician.

All 3 Key Components must be met/exceeded to qualify for a level of service

<table>
<thead>
<tr>
<th>Level of Service (E&amp;M)</th>
<th>99234</th>
<th>992235</th>
<th>99236</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Detailed/Comprehensive Chief Complaint HPI: 4 or more ROS: 2-9 Systems PFSH: 1</td>
<td>Comprehensive Chief Complaint HPI: 4 or more ROS: 10-14 Systems PFSH: 3</td>
<td>Comprehensive Chief Complaint HPI: 4 or more ROS: 10-14 Systems PFSH: 3</td>
</tr>
<tr>
<td>Exam</td>
<td>Detailed Exam</td>
<td>Comprehensive Exam</td>
<td>Comprehensive Exam</td>
</tr>
<tr>
<td>Medical Decision Making</td>
<td>Straightforward</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Time</td>
<td>40 Minutes</td>
<td>50 Minutes</td>
<td>55 Minutes</td>
</tr>
</tbody>
</table>

Inpatient Patient Hospital Discharge
Services 99238 – 30 minutes or less
99239 – More than 30 minutes

Observation Discharge Services
99217
Utilize this code to report all services provided to a patient on discharge from observation status if the discharge is on other than the initial date of observation
## Consultation – Clinic (Not for use with Medicare)

All 3 Key Components must be met/exceeded to qualify for a level of service

<table>
<thead>
<tr>
<th>Level of Service (E&amp;M)</th>
<th>99241</th>
<th>99242</th>
<th>99243</th>
<th>99244</th>
<th>99245</th>
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<tbody>
<tr>
<td><strong>History</strong></td>
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<tr>
<td>Problem Focused Chief Complaint</td>
<td></td>
<td></td>
<td>Detailed Chief Complaint</td>
<td>Comprehensive Chief Complaint</td>
<td>Comprehensive Chief Complaint</td>
</tr>
<tr>
<td>HPI: 1-3</td>
<td></td>
<td></td>
<td>HPI: 4 or more</td>
<td>HPI: 4 or more</td>
<td>HPI: 4 or more</td>
</tr>
<tr>
<td>ROS: 0 Systems</td>
<td></td>
<td></td>
<td>ROS: 2-9 Systems</td>
<td>ROS: 10-14 Systems</td>
<td>ROS: 10-14 Systems</td>
</tr>
<tr>
<td>PFSH: 0</td>
<td></td>
<td></td>
<td>PFSH: 1</td>
<td>PFSH: 3</td>
<td>PFSH: 3</td>
</tr>
<tr>
<td><strong>Exam</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Problem Focused Exam</td>
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<td></td>
<td>Detailed Exam</td>
<td>Comprehensive Exam</td>
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<tr>
<td><strong>Medical Decision Making</strong></td>
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</tr>
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### Documentation Tips:

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A consultation requires that the requesting physician receive a letter from the consulting physician with his/her recommendations for care.

A consultation request for specific management of a problem is a referral for care and does not meet the definition of a consultation. The visit is coded utilizing New/Established codes (office or other outpatient setting). Each visit must be documented

Each visit must demonstrate medical necessity

Always document the Chief Complaint

HPI (History of Present Illness) – Use of 8 descriptors to describe the patient’s current symptoms: Location, duration, severity, context, associated signs/symptoms, modifying factors, quality, timing.

Exam – May use either 1995 or 1997 documentation guidelines

Medical Decision Making – Describe your plan for this patient - what you have done or will do.

Time - In the clinic setting, billing can be based on the time spent with the patient (face to face) when counseling and/or coordination of care dominates the service (>50%). Describe how you spent your time, exclusive of procedures performed.

**DO NOT COPY AND PASTE!**
### New Patient – Clinic

All 3 Key Components must be met/exceeded to qualify for a level of service

<table>
<thead>
<tr>
<th>Level of Service (E&amp;M)</th>
<th>99201 (Problem Focused)</th>
<th>99202 (Expanded)</th>
<th>99203 (Detailed)</th>
<th>99204 (Comprehensive)</th>
<th>99205 (Comprehensive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
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</tr>
<tr>
<td>HPI: 1-3</td>
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<td></td>
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</tr>
<tr>
<td>ROS: 0 Systems</td>
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<tr>
<td>PFSH: 0</td>
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<tr>
<td></td>
<td>Problem Focused</td>
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<tr>
<td>Chief Complaint HPI: 1-3</td>
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<tr>
<td>ROS: 1 System</td>
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<tr>
<td>PFSH: 0</td>
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<tr>
<td></td>
<td>Expanding</td>
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<tr>
<td>Chief Complaint HPI: 1-3</td>
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<td></td>
</tr>
<tr>
<td>ROS: 2-9 Systems</td>
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<tr>
<td>PFSH: 1</td>
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<tr>
<td></td>
<td>Detailed</td>
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<tr>
<td>Chief Complaint HPI: 4 or more</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ROS: 10-14 Systems</td>
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<tr>
<td>PFSH: 3</td>
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<tr>
<td></td>
<td>Comprehensive</td>
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<tr>
<td>Chief Complaint HPI: 4 or more</td>
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<tr>
<td>ROS: 10-14 Systems</td>
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<tr>
<td>PFSH: 3</td>
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</table>

| Exam                   |                         |                  |                  |                        |                        |
| Problem Focused Exam    |                         |                  |                  |                        |                        |
| Expanded               |                         |                  |                  |                        |                        |
| Exam                   |                         |                  |                  |                        |                        |

| Medical Decision Making | Straightforward | Low | Moderate | High |

| Time                   | 10 Minutes | 20 Minutes | 30 Minutes | 45 Minutes | 60 Minutes |

### Established Patient – Clinic

2 of 3 Key Components must be met/exceeded to qualify for a level of service

<table>
<thead>
<tr>
<th>Level of Service (E&amp;M)</th>
<th>99211 (Problem Focused)</th>
<th>99212 (Expanded)</th>
<th>99213 (Detailed)</th>
<th>99214 (Comprehensive)</th>
<th>99215 (Comprehensive)</th>
</tr>
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<tbody>
<tr>
<td>History</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician may or may not be present</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPI: 1-3</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>ROS: 0 System</td>
<td></td>
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</tr>
<tr>
<td>PFSH: 0</td>
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<tr>
<td></td>
<td>Problem Focused</td>
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<td></td>
</tr>
<tr>
<td>Chief Complaint HPI: 1-3</td>
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</tr>
<tr>
<td>ROS: 1 System</td>
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<tr>
<td>PFSH: 0</td>
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<tr>
<td></td>
<td>Expanding</td>
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<tr>
<td>Chief Complaint HPI: 1-3</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ROS: 2-9 Systems</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PFSH: 1</td>
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<tr>
<td></td>
<td>Detailed</td>
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<td></td>
</tr>
<tr>
<td>Chief Complaint HPI: 4 or more</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROS: 10-14 Systems</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>PFSH: 2</td>
<td></td>
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<tr>
<td></td>
<td>Comprehensive</td>
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<tr>
<td>Chief Complaint HPI: 4 or more</td>
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<td></td>
</tr>
<tr>
<td>ROS: 10-14 Systems</td>
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</tr>
<tr>
<td>PFSH: 2</td>
<td></td>
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</tbody>
</table>

| Exam                   |                         |                  |                  |                        |                        |
| Problem Focused Exam    |                         |                  |                  |                        |                        |
| Expanded               |                         |                  |                  |                        |                        |
| Exam                   |                         |                  |                  |                        |                        |

| Medical Decision Making | Straightforward | Low | Moderate | High |

| Time                   | 5 Minutes | 10 Minutes | 15 Minutes | 25 Minutes | 40 Minutes |
Consent, Abuse, and Neglect

Consent
It is the responsibility of the physicians engaged in the procedure to obtain the informed consent of the patient. If you have any questions about informed consent, consult the Risk Management Coordinator at 882-1181, or refer to MUHC Policy, “Patient Rights & Responsibilities Policy”.

Adults
Any person 18 years of age or older has the right to accept or refuse medical care.

Surrogate Decision Makes for Adults
An adult is defined as someone age 18 or older. Missouri law does mandate authority by the person designated through the Durable Power of Attorney for Health Care and/or a court-appointed legal guardian to speak on behalf of the patient. Although it is not mandated by Missouri statute that family members may speak on behalf of an incapacitated adult patient, common practice holds that family members may be consulted in order of their relationships with the patient.

*See MUHC Policy “Determination of Decisional Incapacity and Surrogates for Patients”.

Decision Makers for Minors
Consent for surgical or medical treatment for minor children is detailed in Missouri Statute 431:061: as follows:
1. Any parent for his/her minor child in his/her legal custody  
2. Any minor who has been lawfully married and any minor parent or legal custodian of a child for himself/herself, his/her child, or any child in his/her legal custody  
3. Any minor for him/herself in case of:  
   a. Pregnancy, but excluding abortions  
   b. Venereal disease  
   c. Drug or substance abuse  
4. Any adult standing in loco parentis, whether serving formally or not, for his minor charge in case of emergency  
5. Any guardian of the person for his ward  
6. During the absence of a parent so authorized and empowered, any adult for his/her minor brother or sister  
7. Any relative caregiver of a minor child with an affidavit

Emergency Decision Making for Adults and Minors
In the event of a life, health, or limb threatening emergency situation where the patient is unable to speak for himself/herself, and the patient’s wishes are unknown, the physician will proceed with treatment or care as deemed appropriate.

PLEASE NOTE: Telephone consent is acceptable, but must be “witnessed” by a second person in addition to the caller. Document the conversation on the consent form. Faxed consent are acceptable. Documentation in the record should include information shared regarding the risks and benefits.
Abuse and Neglect

Child Abuse
- If you suspect it, you must report it. It’s the law
- Call the Child Protection and Advocacy Program at 882-3713
- After hours call the Pediatric attending physician on call by contacting the University Hospital operator.

Elder Abuse
If you suspect it, please call the hotline at 1-800-392-0210.

Spouse Abuse
If you suspect it, please provide your patient with this number for help: 1-800-548-2480
Dining and Nutrition Services

Dining Options

The Grille Downstairs  Open:  Monday-Friday 06:00 – 1400  Closed:  Weekends & Holidays

Essentials  Open:  7 days/week 063:30-20:00 and 00:00-02:00

VA Canteen  Open:  Monday 7:00 am – 3:00 pm  Tuesday:  7:00 am – 3:00 pm  Wednesday:  7:00 am – 2:00 pm  Thursday:  7:00 am – 3:00 pm  Friday:  7:00 am – 3:00 pm  Closed:  Weekends & Holidays

Physician Lounge (1W42)  Open 24/7. Offers a variety of self-serve

Women’s and Children’s Hospital Oasis  Open 7 days/week 06:30 am – 07:30 pm and 00:00-02:00

FAQ

1. How do I order a diet?
   • Diets are ordered directly in Cerner PowerChart
   • PowerChart>PowerOrders>Add>Diet>Diet Types

2. How do I order tube feedings (TF)?
   • Tube feedings are also ordered directly in Cerner PowerChart
   • PowerChart>PowerOrders>Add>Diet>Tube Feeding

3. What if I want the dietitian to manage diet or tube feeding orders?
   • A Nutrition Therapy Protocol Order (NTPO) can be placed in Cerner PowerChart
   • This order has been conveniently placed in all PowerPlans that include a diet order.
   • A NTPO grants privileges to the Registered Dietitian (RD) to modify diet, oral supplements, as well as tube feeding orders.

4. How do I order parenteral nutrition (TPN) for patients?
   • Use the standardized Physician Order form for all TPN orders (Adult, Child, or Infant)
   • Forms can be accessed through Navex
5. **How do I order a Registered Dietitian (RD) consult?**
   - Nutrition consults are ordered directly in Cerner PowerChart.
     - *PowerChart* > *PowerOrders* > *Add* > *Diet* > *Consult* > *Nutrition Consult*
   - Automatic consults are sent to the RD for inpatients who:
     - Are identified to be at nutritional risk from the nursing admission nutrition screen.
     - Have a nutrition support order – Tube Feeding (TF)
     - TF orders will initiate a Dietitian Tube Feeding Notification through Cerner.
   - Parenteral nutrition (TPN, PPN) orders are processed through the pharmacy and are available to RD’s.
   - All patients will be nutritionally screened or assessed a minimum of every 8 days during their hospital stay.

6. **Where can I find Nutrition Services documentation?**
   - Nutrition documents in PowerChart using PowerForms
   - There is also a copy in Clinical Notes
   - There will also be information on the ALL RESULTS Flow sheet

**Diet Types**

- NPO or NPO after midnight
  - Nothing by mouth
- Clear Liquid
- Regular
  - No restrictions
  - A “Pediatric Diet” which offers food more popular with patients less than 12 y/o can be ordered.
- Diabetic Diet (carbohydrate consistent)
  - Uses meal plans without a specific calorie level
  - Specific calorie level can be ordered only for pediatric diabetes diets.
- Heart Healthy
  - Low Fat
  - Low Cholesterol
  - 4g sodium (or less)
- Renal
  - Initially modified PO4, Na, K+, Protein
  - RD will modify levels depending on PO intake, current treatment plan, and lab results.
- Pureed
  - Regular diet that has been blended to smooth consistency
- Mechanical – Soft
  - Easier to chew foods
  - Meats may be ground w/gravy
- Full Liquid
  - Consists of fluids and foods that are normally liquid or turn to liquid at room temperature.
    Includes Ice Cream, Creamy Soups, Mashed Potatoes, Gravy, and Pudding.
• Wired Jaw
  • All food is blended to make it thin enough to pass through the wires/elastics.
  • Most often the blended food is taken through a straw or by syringe.

Available Diet Modifications

• Low Cholesterol/Fat
  • High fat and high cholesterol foods are limited.
  • Meals are moderately low in fat.

• Very Low Fat
  • Lower in fat than the “low fat” diet
  • Generally less than 40g of fat will be served to the patient per day.

• High Fiber
  • Foods higher in fiber are encouraged.

• Low Fiber
  • High fiber foods not allowed.

• Sodium Options
  • 4g
  • 2g
  • No added salt

• Vegetarian Options
  • Lacto/Ovo (milk and eggs allowed)

• Vegan
  • No animal products

Bariatric Power Plans

• Bariatric diet, Stage 1 (post op < 1 week)
• Bariatric diet, Stage 2 (post op 1-3 weeks)
• Bariatric diet, Stage 3 (post op 4-8 weeks)
• Bariatric diet, Stage 4 (post op > 8 weeks)

Texture Limitations

• Finger Foods
• Mechanical Soft
• Full Liquids
• Nectar Thick Liquids
• Honey Thick Liquids
• Soft
Allergies

- Citrus
- Fish
- Legumes
- Nitrates
- Pork
- Poultry
- Shellfish
- Strawberry
- Wheat
- Egg
- Gluten
- Milk Protein
- Nuts/Seeds
- Red Dye
- Soy
- Tomato
- Yeast

Food Preference/Intolerance

- Kosher
- Caffeine
- Fish
- MSG (Monosodium glutamate)
- Meats
- Chocolate
- Red Meat
- Carbonated Beverages
- Beef
- Poultry
- Lactose
- Milk (to drink)
- Pork

Nutritional Services Staffing

- A Registered Dietitian (RD) is available Monday-Friday, 08:00-16:30.
- An On-Call RD and Diet Technician will be staffed for consults on weekends and holidays.
- On-Call RD is available by Pager
  - Monday – Friday: 16:30-20:00
  - Weekends and Holidays: 08:00-20:00
- Dietitian coverage areas can be found in iPortal in the UMHC Call Schedules Directory in the “On Call” section.
Emergency Services

Medical Staff By-Laws require: When answering a consult in the Emergency Room (ER), you MUST respond within 30 minutes

Referring Patients:

- Patients may be referred to the ER for evaluation following a physician-to-physician consultation
- To facilitate an ER Evaluation – Contact the ER Attending: 882---8091
- The accepting service MUST come to the Emergency Room when notified of patient arrival
- Evaluation patients may be admitted by the ER Attending to a service that does not respond to the ER in a timely manner

Direct Admits:

- Inter-hospital transfers may be directly admitted or seen in the ER upon arrival when there is a medical indication
- Holding admitted patients in the Emergency Room without a compelling reason is strongly discouraged
- Patients you accept become your responsibility upon arrival to the ER. Staff are available to assist in the evaluation.
- Contact the ER Attending Physician (882---8091) to notify that physician of patient admittance and admit status
- Immediately Notify Admissions (882-6985) upon acceptance of a referral or the anticipated need to admit
- “Request to Admit” is an electronic order in the ER

Helicopter Transfers:

- Helicopter transport is arranged via the Air Methods Communication Center: 800---325---5400
- When arranging emergency helicopter transport be prepared to provide:
  - A call---back number
  - Patient location
  - Brief patient information
- Questions regarding flight should be directed to the ER Attending Physician or Helicopter Service Chief Flight Nurse.

Ambulance Transfers / Emergency Transport:

- For non-emergency requests, please contact the Transportation Center. Calls to this number will be forwarded to the Supervisor for after-hours requests: (573-882-6128, 7 days/week, 08:00-17:00.
- After hours requests please contact the Charge Medic or Duty Supervisor at 573-303-1429.
  - A response can be expected within 10 minutes of receiving the page.
Environment of Care
Orientation for Licensed Independent Practitioners

• What are the areas covered by the Environment of Care?
  There are management plans written annually for:
  • Safety
  • Security
  • Hazardous Materials and Waste
  • Fire Safety
  • Medical Equipment
  • Utilities

• Who is on the Global Environment of Care Committee?
  • There are multidisciplinary representatives from clinical, administrative, and support services.
  • There are subcommittees to provide expertise on the various Environment of Care standards.

• Where would you find our Environment of Care policies and reference materials?
  • Organizational Environment of Care Policies are available on the intranet in Navex and reference materials are in the Emergency Management Quick Guide (EM Quick Guide).

• What areas are security-sensitive and what steps are in place to prevent or limit access to those areas?
  • The Pharmacies
  • Emergency Department
  • Labor & Delivery, Post Partum, Nursery, NICU, Peds, PICU, and Adolescent
  • Medical Records Office
  • Materials Management
  • Information Technology Rooms
  • Telecommunications Rooms
  • A combination of cameras, access control systems and panic control devices have been installed.

• What can you do if you see violence, the potential for violence, or just feel unsafe?
  • Security Officers can be called to assist in any situation where there is violence, the potential for violence or employees just feel unsafe. Officers may be contacted at 882-7147.
  • Refer to the Security Alert-Violence section in the MUHC Emergency Management Quick Guide.
• **How do you respond if there is a fire?**

Call the Emergency Response Number for your facility if there is a fire in your area and provide information requested from the operator. Pull the fire alarm pull. A Facility Alert – Fire Event will be announced over the overhead paging system. The acronym RACE can help you remember how to respond during a fire:

- **Rescue** – Rescue or remove all individuals from danger (discuss with unit manager where patients and families will be moved)
- **Alarm** – Use the fire alarm pull and call your emergency response number 771-1111 for hospital facilities or 911 at offsite clinics or other support facilities such as Quarterdeck
- **Confine** – Confine the fire by shutting fire and smoke doors and windows.
- **Extinguish or Evacuate** – Extinguish the fire if it is small and can be contained. Familiarize yourself on using the extinguisher. If the fire cannot be contained, evacuate to the nearest adjacent smoke zone.

• **How do you use a fire extinguisher?**

The acronym PASS can help you remember the steps in using a fire extinguisher:

- **Pull the pin** – There is a pin in the carrying handle of every fire extinguisher that must be pulled before the fire extinguisher will work.
- **Aim** – Aim at the base of the fire.
- **Squeeze** – Squeeze the discharge handle (the top handle).
- **Sweep** – Sweep from side to side until the fire is out.

• **Where can you find the Emergency Management Quick Guide Information? What is your role in an emergency?**

- The EM Quick Guide can be found in all departments, the physician’s lounge, or on Citrix Receiver on the intranet and contains the Emergency Response Plans. There is also a cell phone app called My-EOP that is available for free download. You can find the download instructions here: https://mymuhealth.org/my-eop. All of these sources contain pre-planned actions we would take in an emergency. You should review the Quick Guide and familiarize yourself with its contents.

• **SDS stands for Safety Data Sheet (formally known as MSDS, Material Safety Data Sheet). It contains information about:**

- Potentially hazardous materials (including physical and chemical characteristics)
- How to protect someone working with the chemical
- Signs and symptoms of overexposure (if any)
- What to do in case of a spill
- The SDS is available in the “end users” work environment. They can be accessed in Citrix Receiver and clicking on the gold “SDS” icon. Instructions are there for accessing the documents

• **What is the process for the cleaning of a hazardous material or chemical spill?**

- Secure the area
- Contain the spill
- Contact your Emergency Response Number and report the spill
- Check the SDS for precautionary measures
Who is authorized to shut off oxygen control valves in a fire emergency?
The clinical supervisor and/or their designee determine if O2, med air and vacuum zone valves should be turned off. They contact Respiratory Therapy arrives and when areas served by zones are notified.

If a piece of patient care equipment were to malfunction while you were using it on a patient, what should you do?
- Discontinue using the equipment without jeopardizing the patient’s care.
- Replace the equipment with properly functioning equipment.
- Notify the proper service department (Clinical Engineering).
- Complete an “Equipment Repair Request” tag and place it on the pieces of equipment so nobody else will use it. These tags are located on each unit. Don’t write on post-it notes since they can fall off.
- If the piece of equipment failed while being used for a patient’s care, complete a Patient Safety Network (PSN) report.

Where are people allowed to smoke?
Smoking is prohibited within our facilities and on hospital grounds.

What are the other Life Safety elements in your work area?
- Exit lights – Are they lit? They are there for lighting during an emergency evacuation.
- Sprinkler Heads – Is all storage at least 18 inches away from the sprinkler heads? The sprinkler heads must be clear of storage to ensure they can broadcast water as intended during a fire.
- Fire Doors – Do they all shut to latch? This is to keep the integrity of the time rating for the fire or smoke compartment. It keeps the fire/smoke out of the area for as long as possible.
- Fire extinguishers – Do you know where they are located? Know where they are before you have to use one.
- Fire alarm systems – Do you know where pull stations are located? Where detectors are?
- Unobstructed corridors – Are items that support patient care removed from the corridors? In the event we have to do an emergency evacuation, the corridors must remain clear.

How do I find my nearest adjacent smoke compartment?
- Look at the top of the door frame for a red sticker that says Fire/Smoke Barrier. That will be an indicator that it is a new smoke compartment on the other side of the door(s).

Does your phone have the Emergency Response contact information on the handset?
- If you do not have a sticker (or need a replacement) on your phone handset providing the correct emergency phone number for your location, call MUHC Telecommunications at 882-9274 and request a new or replacement sticker.
• What is the frequency of emergency exercises and what is your role?
CMS requires at least two exercises per year. Everyone’s role is unique but the majority of employees continue their normal duties until they receive further direction from their supervisor or charge nurse. (For obvious emergencies such as fire or tornadoes, employees will respond immediately as they have been trained.) If you are off duty/not on campus during the emergency, call the Medical Staff Office to determine if you need to report. If a Physician Pool has been determined to be necessary, physicians will make themselves available unless their department specific plan states otherwise.

• What is a Hazard Vulnerability Analysis (HVA)?
A hazard vulnerability analysis is conducted by the health system to evaluate emergencies that could impact our facilities. Separate HVA’s have been completed for University Hospital & Clinics, Women’s and Children’s Hospital, the Missouri Orthopaedic Institute, and the Quarterdeck. Impact of event and likelihood of occurrence are factors that are reviewed to rate emergencies.

• Where does the hospital set up the command center and what is the phone number?
MUHC utilizes mobile command carts which allow incident command to be established in any location. The location of a command center will be dictated by the event and will be communicated with the notification of that incident.

• What is your role in the event of an evacuation? Where can you find this information?
Horizontal evacuation is through the nearest smoke/fire door. Bedridden patients will be moved to the safe area behind the smoke/fire doors by staff. Vertical evacuation will only occur if absolutely necessary and only if authorized by Incident Command and/or MUHC administration. For more information, see the MUHC Emergency Management Quick Guide under Focused Event – Evacuation.

• What are the red electrical outlets?
The red outlets are connected to an emergency generator. Critical equipment should be plugged into these outlets and they should be used in the event of a power failure where generator back up power is used.

• What should you do if you see someone in an area but they are not authorized to be there?
  • Ask if you can help them; determine why they are in the area.
  • Ask them to leave, if appropriate
  • Monitor their departure
  • Call Security if the person is not cooperative
• How do you know that patient care equipment is safe to use?
  When equipment is in Clinical Engineering, corrective or preventive maintenance is being performed and equipment is not available for use. When Clinical Engineering returns equipment to the department it is ready for use.

  Contact Clinical Engineering if you see discrepancies or changes that need to be made regarding equipment (e.g., equipment that needs to be sent to Surplus, transferred, etc.) Current information on clinical equipment that is safe for use can be found on the MYApps page at: http://umhc-ce01/Public/medequipinfo.aspx

• Whom should you contact if you have an electrical power failure?
  Notify the Command Center, if activated, or the emergency response number at 771-1111 of any failure of emergency power fixtures or outlets or any additional equipment needs. If the power failure is causing an emergency situation, be sure to use the appropriate emergency response number to contact telecommunications.

• What is the means of communication in the event of a telephone failure?
  In the case of loss of telephone service, please refer to information listed in Facility Alert-Communications Outage in the Emergency Management Quick Guide or the My-EOP app.

• Has your area ever been under construction and had Alternate Life Safety Measures (ALSM) implemented?
  • If so, do you remember how it affected you?
  • ALSMs may result in increased rounds by Engineering, Safety, or by Security. It may also result in increased fire drills in the affected area. You may be directed to a different entrance or exit in some instances. The ALSM will be communicated with the affected department manager. Any questions during the ALSM can be directed to the manager, Office of Safety and Emergency Management, or the Engineering Department.
**Guest Relations**

**Primary Functions / Support**

- Patient/Family Issues
  - Dissatisfaction
  - Grievances with Staff
  - Complaints/Suggestions/Compliments
- Questions regarding Patient Rights & Responsibilities
- Fax & Notary (for patients & families)
- Maintain list of local hotels with reduced rates

**Availability**

Monday – Friday  
08:00 – 16:30 (573) 882-1053  
After hours/holidays Contact the House Manager

Patients or families may also self-refer by calling/visiting Guest Relations Office at the end of clinic row (C1212)

Voicemail left after 16:30 *(and on weekends/holidays)* will be followed up the next business day  
Email correspondence can be sent to: GuestRelations@health.missouri.edu

**The Patient Safety Net**

- Accessible by the public at: www.muhealth.org  
  - Look for gray banner at bottom of the page  
  - Click on Feedback, Submit a Comment, Start Comment  
  - https://apps.muhealth.org/psn public/
Hospitality Services

Hospitality Teams exist at UH, MOI and WCH facilities to provide services to our patients such as:

- Greeting patients and visitors as they arrive
- Escorting to the inpatient rooms
- Discuss room and unit amenities along with noting the patient rights and how to register concerns or comments during and after their stay
- Support is also provided to any inpatient family and visitors as needed

Team coverage:
Monday – Friday, 7AM – 9PM
Saturday, Sunday, and Holidays, 7AM – 9PM (at a reduced staffing level)

Staff may also seek the support of the HC’s by calling the Concierge Hospitality Line. The concierge can then radio all HC’s to assure a rapid response. 573---882---8220

Typical staff assists include:
- Discharges
- Wheel chair retrieval
- Meal tray removal
- TIGR TV support
- Menu corrections
- Patient telephone calls
- HC’s also monitor environmental & safety conditions daily and report any deficiencies via the hospitality phone line
**Infection Control**

**BODY SUBSTANCE PRECAUTIONS**

A system used for all patients which focuses on keeping moist body substances, (blood, feces, urine, wound drainage, oral secretions, and other body fluids) from the hands and mucous membranes of staff.

- Protect yourself and your patient by wearing gloves when you come into contact with non-intact skin or moist body substances
- Wear a mask and goggles if likely to be splashed with body substances
- Perform hand hygiene often and well before and after touching a patient or anything in the patient’s room, when going from dirty to clean on the same patient, and when removing gloves. Protect clothing with an appropriate gown when it is likely that clothing will be soiled with body substances
- For patients with uncontrolled secretions, excretions or wound drainage where extensive soiling of the environment is likely for example a patient with C. difficile colitis, you would order Enhanced Body Substance Precautions and the patient would be placed in a private room
- For more detailed information, see The Infection Control Manual

**DOOR SIGNS**

If you know or suspect that your patient has a disease transmitted by airborne route, order a "STOP SIGN ALERT" and a sign will be placed on the patient’s door.

If you have a patient with uncontrolled secretions, excretions or wound drainage order “Enhanced Body Substance Precautions” and a sign will be placed on the door *(see sample at end of this chapter)*

Detailed information is contained in the Infection Control Manual located at each nursing station.

**DID YOU STICK YOURSELF?**

Staff exposed to body fluids of other persons via "sharps", mucous membranes, or open wounds, OR those exposed to an airborne disease to which they are not immune (i.e. TB, chicken pox, measles, mumps, etc.) must be seen in Work Injury Services WIS (4---9924).

- This is very important for appropriate follow-up and documentation
- House officers should not order tests on patients to whom they or other staff members have been exposed — This will be handled by WIS
- If it is after hours, follow the procedures outlined in the Infection Control Manual *(located at each nursing station or on Navex)* under 'Occupational Exposures and Infections'
- Immediately contact the house manager within 1-2 hours of exposure

**REPORTING OF DISEASES**

It is UHC policy that all infectious or communicable diseases which have been designated as “reportable” by the State of Missouri Department of Health be reported. The primary physician of each patient is legally responsible for reporting the clinically suspected or proven diseases to local and state health authorities. Reporting is simplified by calling the Infection Control Department *(882---2264)*, who will then ensure the appropriate health authorities are notified. The reportable diseases are listed in the Infection Control manual at each nursing station or on Navex.

A complete list of Disease Conditions Reportable in Missouri can be accessed at the following web site: http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/pdf/reportablediseaselist2.pdf
Information Services

Location

- 2nd Floor – CS&E Building
- A current UMHS identification badge is required to obtain medical records

Hours

- The Health Information Services Department is open to the public Monday through Friday, 8 am to 5 pm.
- Limited services are open for internal operations weekdays from 5 pm to midnight, and on weekends from 8 am to midnight.
- For questions or assistance regarding transcription or electronic documentation, please contact:
  - Monday through Friday, 7am – 5 pm: 882-8750 or 882-7248
  - Emergency/Afterhours: 884-4357 (884-HELP)

Medical Record Documentation Guidelines

- History & Physical Exam (Admission Note)
  - Must be documented within 24 hours of admission
  - Must be documented prior to surgical procedures.
  - Documentation completed within 30 days prior to admission, and may be used if the patient has been re-examined and review is documented electronically.
  - An admission note should contain (mandatory information*):
    - **Chief complaint***
    - History of ALL past acute and chronic illnesses*
    - Past Medication/Surgical History*
    - Allergies*
    - Medications on Admission*
    - Social History*
    - Family History*
    - Review of Systems* (Review of all body systems)
      - Constitutional
      - HEENT (Head, Ears, Eyes, Nose, Throat)
      - Hematologic/Lymphatic
      - Cardiovascular
      - Gastrointestinal
      - Genitourinary
      - Integumentary
      - Neurologic
      - Endocrine
      - Psychiatric
      - Allergic/Immunologic
      - Respiratory
      - Musculoskeletal
• Physical Exam* (Including as appropriate)
  • Vital Signs
  • General
  • HEENT (Head, Ears, Eyes, Nose, Throat)
  • Neck
  • Chest
  • Heart
  • Abdomen
  • Back
  • Extremities
  • Neurologic
  • Psychiatric

• Diagnostic Data: Laboratory, Radiologic Data, and other Diagnostic Studies*
  • Include any abnormal values on admission

• Assessment and Plan*
  • Plan of care based on Physician’s analysis of findings
  • Include a diagnosis for each medication/test ordered

• Progress Notes are to be recorded daily.

• Consultations
  o Consults are to be performed, written, and signed within 48 hours of request.
  o Consults must be created electronically with the EMR.

• Invasive procedures will be documented immediately following surgery and will include:
  o Indications for the procedure
  o Name of procedure completed
  o Specimens removed
  o Estimated blood loss
  o Pertinent findings of the procedure
  o Post-operative diagnoses

• Operative Notes
  o A dictated operative report is expected within 24 hours of the procedure.
  o If the procedure is terminated the physician must document on a progress note the intended procedure and the reason the procedure was cancelled.
  o An operative note should contain
    • Service under which the procedure was performed
    • Date of procedure
    • Attending Surgeon(s)
    • Other Surgeon(s)
    • Assistant(s)
  • Name of Operation*
  • Pre-Operative Diagnosis*
  • Post-Operative Diagnosis*
  • Anesthesia
  • Indications for Surgery
• Description of Operative Procedure and Findings*
• Estimated Blood Loss
• Fluid Replacement Specimen(s)
• Instrument Count
• Complications

• Verbal/Telephone Orders
  o Verbal/Telephone orders may be taken from a physician by one of the following:
    • Nurse Practitioner
    • Clinical Nurse Specialist
    • Registered Professional Nurse
    • Nurse Midwife
    • Registered Respiratory Therapist
    • Certified Respiratory Technician
    • Pharmacist
    • Physician Assistant
    • Physical Therapist
    • Occupational Therapist
    • Paramedic
  o All Verbal/Telephone orders must be cosigned within 48 hours by the responsible physician giving the order.

• Discharge Summaries
  o Discharge summaries must be completed for all:
    • Inpatient Admissions
    • Short Stay Patients recovering on an inpatient unit.
    • Observation Patients
  o Discharge summaries should include:
    • Attending Physician
    • Chief Complaint
    • Referring Physician (give complete address if possible)
    • Discharge Diagnoses*
      • Use standard nomenclature and list diagnoses in order of importance to admission and treatment throughout the stay.
      • DO NOT use any abbreviations for recording the final diagnoses.
      • All discharge summaries must have a final principal and/or secondary diagnoses listed.
    • Operations and Treatment*
      • Enumerate operations performed during this admission (including dates)
    • Discharge Medications*
    • History of Present Illness
    • Past Medical/Surgical History
      • All contributory facts of the patient’s past medical experiences, including: brief review of previous admissions, previous diseases, and contributory features on systemic review.
    • Allergies
    • Admission Medications
      • Physical Examination, including vital signs and all contributory physical findings
• Diagnostic Data
  • Laboratory Data, include pertinent laboratory results
  • Radiologic Data, conclusion of radiologic results
  • Other diagnostic data (i.e. EKGs, EEGs, etc.)
• Hospital Course,* include the following:
  • Initial impressions
  • Clinical indicators of diagnoses
  • Statement of treatments
  • Response to treatments
  • Significant occurrences during hospitalization
• Disposition, include the following:
  • Where the patient was discharged
  • Which clinic or physician the patient is to follow-up with
  • Post discharge instructions, to include diet and activity

[Only abbreviations on the Abbreviation List approved by the Medical Staff may be used in clinical documentation.]

• Abbreviations are not allowed on the operative consents.

• Corrections to the paper medical record consist of:
  o A single line drawn through the material,
  o A notation of corrected information,
  o The date, and
  o Initials of the person making the correction.

• Corrections to electronic documentation are made by:
  o If an entire document is in error:
    • Electronically marking the document as “In Error”
    • Posting a corrected copy electronically
  o If a portion of the document needs to be corrected:
    • A single line drawn through the material.
    • A notation of corrected information, through the addendum.

• PowerNotes can only be corrected by the author of the note if the note has been signed.

• If a patient leaves the hospital against medical advice (AMA), a note shall be placed by the physician explaining the situation.

• The Attending Physician or Resident Physician is responsible for completing the electronic death certificate through MoEVR within 72 hours of a patient’s death.

• Copy and Paste Guidelines
  o Providers are responsible for the accuracy and completeness of documentation into the Cerner EHR whether the content is original, copied, pasted or imported
  o [pull from policy in CDS folder]
Record Completion Procedures

- Types of patients included in the completion policies:
  - Inpatient
  - Short Stay
  - Ambulatory Surgery
  - Observation

- All visits must contain:
  - The Final Diagnosis
  - Include a Principle Diagnosis
  - List all Secondary Diagnoses
  - Be recorded without abbreviations

- Paper documentation of discharged patients will remain on the discharging patient’s care unit until 4AM on the first working day following discharge to allow time for completion of:
  - Dictation
  - Signatures
  - Filing

- The following will be electronically corrected & signed through the Message Center in PowerChart:
  - Dictated Discharge Summaries
  - Operative Notes
  - Admission Reports
  - Inpatient Progress Notes

- Verbal Orders should be signed within 24 hours of being given and will become deficient following discharge; however, they can be electronically signed after discharge through the Message Center.

- Medical Records will be considered delinquent if the following are not signed within 21 days after discharge:
  - Discharge Summary
  - Operative Notes
  - Verbal Orders

- Discharge summaries shall be dictated at the time of discharge and will become delinquent 3 days after discharge.

- Autopsy case reports will be completed within 60 days of the patient’s death.

- If documentation is unclear in the medical record, you may receive a physician query form via email from one of the medical records coders asking for additional documentation; this documentation must be added as an addendum to the discharge summary in the electronic medical record.
Requesting Medical Records from other Facilities or Physicians

1) Obtain appropriate form from unit (or clinic) clerk:
   • Authorization for the Disclosure of PHI to University of Missouri Health System
2) Fill out form and obtain patient signature
3) Include name & phone number of individual to be notified when records arrive
4) For assistance with faxing (or mailing) form:
   • Ask Unit or Clinic Clerk

Contact Health Information Services (882-8911)

Release of Medical Information

• Medical records are not to be taken from the MUHC complex by any physician, under any circumstances – NO EXCEPTIONS
• Subpoenas for medical records from an attorney or court officer are answered by the Health Information Services Department personnel.
• Medical records should NEVER be given to an attorney without going through the Health Information Services Department.
• If an attorney wants to review a patient’s medical record they should be referred to the Health Information Services Department.
• According to Missouri Law patients may have access to, or be provided copies of their medical record. All copies of medical records to patients should be released through the Release of Information Section of the Health Information Services Department
• If a patient wishes to have a photocopy of his/her medical record, they will be charged as outlined in the Missouri statutes
Language Services

A global UMHC Language Services Department is available 24/7 to ensure that limited-English-proficient and Deaf/Hard-of-Hearing patients receive free language assistance.

This assistance includes provision of competent and qualified interpreter services and/or written translation of information/documents that are important to the well-being of the patient.

Interpreter services for sign and spoken languages may be accessed 24/7 by the following methods:

- LEP/Deaf Languages
  - Please contact Language Services:
    - Phone: 884-8133
    - Page: 256-8320

- Written Translations
  - Please contact Language Services Coordinator:
    - Phone: 573-884-8133
    - Pager: 256-8320
    - Email: barnessteph@health.missouri.edu
News – Media Relations

If you are contacted by print or electronic news media, including student journalists, for information about any academic or clinical topic related to your work at the School of Medicine or MU Health Care, please refer the caller to:

UNIVERSITY of MISSOURI HEALTH SYSTEM’S – PUBLIC RELATIONS DEPARTMENT

(573) 882-1081
OR
(573) 882-7299

Public Relations can respond to the inquiry or schedule an interview with the appropriate source.

If it is after hours

Refer the reporter to the House Manager (if the question concerns a patient condition) or the PR staff member On-Call. Either can be reached through the hospital switchboard or PR staff pager.

Switchboard (573) 882-4141

PR Pager (573) 876-0708
PARKING

Parking is arranged via Campus.

New employees should email Campus to request parking. Email is muparking@missouri.edu.

The vehicle description and license plate information must be submitted with the request. All new residents should park in Garage 7 until they get confirmation from Campus Parking. Under no circumstances should residents park in the Patient and Visitor’s Garage.
Pastoral Care
Consult with chaplains when:

- The patient/family discusses
  - Issues related to personal faith
  - Prayer
  - God’s will
  - Make statements like, “Why is this happening to me?”

- When patients/families are
  - Highly Anxious
  - Angry
  - Fearful
  - Experiencing tension with family members or health care staff

- Ethical or religious issues arise regarding
  - Treatment decisions
  - Withholding treatment
  - Refusal of medically indicated treatment

- Patients require assistance or accommodation to practice their faith while hospitalized
  - Communion
  - Anointing of the Sick
  - Baptism
  - Honoring religious holy days
  - Religious –based postmortem care

- Patients/families request Pastoral Care
  - Patient is placed on Palliative Care
  - Death is imminent or sudden

Pastoral Care Availability

University Hospital (including MUPC)

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday-Saturday</td>
<td>In-House 08:00 – 17:00</td>
</tr>
<tr>
<td>Other Hours &amp; Holidays</td>
<td>On-Call</td>
</tr>
</tbody>
</table>

Missouri Orthopaedic Institute

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday</td>
<td>08:00 – 17:00</td>
</tr>
<tr>
<td>Other Hours &amp; Holidays</td>
<td>On-Call</td>
</tr>
</tbody>
</table>

Women’s & Children’s Hospital

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday</td>
<td>08:00 – 12:00</td>
</tr>
<tr>
<td>Other Hours &amp; Holidays</td>
<td>On-Call</td>
</tr>
</tbody>
</table>
Contacting Pastoral Care

- During normal business hours:
  Phone: (573) 882-2236
  Office: University Hospital T1111

- After 17:00 or Weekends & Holidays:
  Contact the hospital operator at your facility

- Routine Referrals:
  Entered as a “consult” in the EMR
  Entered by nurse as part of Nursing Admission History

Patient Access Referral Services

University Hospitals & Clinics provides a hotline for referring physicians. This hotline is exclusively for referring physicians, health care providers, and patients.

Monday – Friday  08:00 – 17:00
PARS referral support specialists staff this toll-free hotline to assist referring physicians & patients in locating the appropriate clinic for services

Toll-Free:  (1) 800-877-7197
Local:  (573) 882-7000

PHARMACY SERVICE HOURS

In---Patient Pharmacies

- University Hospital  882---8601
  o  UH C2053
  o  Staffed 24/7

- Women’s & Children’s Hospital  857---9385
  o  WCH 2141
  o  Staffed 24/7

- Missouri Orthopaedic Institute  884---3055
  o  MOI 1091
  o  Staffed Mon---Fri, 0600 – 1830
Psychiatry Services

MUPC INPATIENTS

For Issues on any patient less than 18 years old
- Monday – Friday, 08:00 - 16:30
  - Page Child Psychiatry Fellow at 397-9832.
  - After 16:30
    - Refer to the Psychiatry resident on call, page 397-9800

For issues on any patient 18 yrs old or older
- Monday – Friday, 08:00 - 16:15
  - Issues on MUPC inpatients should be referred to the Resident or Attending physicians on the corresponding Unit at 884-1255 / 0990.
  - After 16:30
    - Refer to the Psychiatry resident on call, page 397-9800

UMH INPATIENTS or EMERGENCY ROOM

For a consult on any patient less than 18 yrs old
- Monday – Friday, 08:00 - 16:30
  - Page Child Psychiatry fellow at 397-9832
  - After 16:30
    - Page Psychiatry resident on call at 397-9800
    - There is no consult team for Child Psychiatry, the fellow will need to see the hospitalized patient during the day

For a consult on any patient 18 yrs old or older
- Monday – Friday, 08:00 - 16:15
  - Call Adult Psychiatry at 882-8006 or page at 397-9800
  - The patient will be seen by the Psychosomatics Consultation Service
  - After 16:30
    - Emergency consults will be seen by the Psychiatry resident on call, page 397-9800
    - Patient will be referred to the Psychosomatics Consultation Service for follow-up the next morning
    - The Psychosomatics Consultation Service will follow the patient as a consultant as needed throughout their hospitalization

Women’s & Children’s Hospital

- Monday – Friday, 08:00 – 17:00
  - 449-8410
  - After 17:00 and Weekends/Holidays
    - Page Psychiatry Resident on call at 397-9800
VA INPATIENTS

To request a consult

- Monday – Friday 08:00 - 16:30
  - Send an electronic consult request or contact Green Team at 57-5-6486
- After 4:30
  - Emergency consults will be seen by the Psychiatry resident on call: pager 397-9800
- There is no consult team for Psychiatry to follow in-house patients at the VA, so an additional consult must be requested each time a new problem or question arises

Examples of Problems Managed by Psychiatry

- Depression with or without suicidal ideation
- Acute psychosis due to various causes
- Bipolar disorder
- Substance abuse
  (Must have co-morbid mental illness/disorder, not just medical substance detoxification request)
- Delirium or other mental status changes
  - Any overdose or patient in which there is a suspicion of self-harm
- Panic Disorder
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Generalized anxiety
- Women’s Issues (violence, rape)
- Decision making capacity
- Involuntary detention to a mental health facility & transfer

If a medical emergency:

The primary team has the ability to keep a patient from leaving if their medical/surgical condition influences the patient’s ability to make decision (e.g., delirium) and puts the patient at imminent risk for harm to self or others

They may consult Psychiatry to formally evaluate the patient’s decision making capacity and discuss with the attending on-call

Additionally, assistance may be obtained from Risk Management at 882-1181

For a psychiatry emergency:

If patient is mentally challenged, mentally ill, dangerous to themselves, others, or property Call Security

882-7147 AND psychiatry # 397-9800 beeper 5

How to get help through UMC for yourself or someone you know

Call the Psychiatry Assessment Unit at 884-1105
Radiology Services

Ordering Tests

- Federal regulations mandate that specific information regarding ancillary test orders be documented for every test requested. The provision of this information is always your responsibility as the requesting physician.
- ALL physician orders are to be entered electronically using PowerChart
- Interventional Radiology exams must be scheduled through the Department of Radiology by entering an Interventional Radiology Referral / Consult for Outpatients or Consult

All Radiology tests ordered REQUIRE the following information

- Names of both the Resident AND Attending Physician
- Pager numbers for both the Resident AND Attending Physician
- Reason for Exam
  - In order to provide the best service to the patient, Radiology Services needs to know the reason why the exam is being ordered
  - Knowing the reason helps our technologist complete the exam appropriately to assist in the diagnosis & treatment of the patient
  - Lack of explanation will delay completion or result in numerous pages being made to determine the reason
  - Enter the following:
    - Reason for exam requested
    - Signs & Symptoms
    - Be Specific - DO NOT simply provide admitting diagnosis or ICD 9 number

Documentation of Medical Necessity

It is the responsibility of the ordering physician to update the patient’s progress note with documentation of clinical indications that support the medical necessity of each test ordered.

Pre-approval / Pre-certification

- Some outpatient examinations (specifically MRI & PET exams) require the requesting physician to obtain pre-approval / pre-certification before the exam can be performed.
- Medicare approval for non-emergent exams generally requires 30 days to receive approval.

Questions

Any questions regarding exam requests are to be directed to the supervising faculty physician or the staff radiologist covering the modality.
View Radiology Images On-Line (PACS)

Images can be viewed on Dual Bank PACS monitors located in designated areas or by accessing PACS WEB from the MYAPPS screen of any hospital computer.

If you need to apply for access:

- Access the Department of Radiology’s website at http://radiology.missouri.edu
- At the bottom of the home page there is a link for downloading the PACS REQUEST form
- Print, Complete, and Fax this form to: 884-4729

If you have difficulty with log-in or PACS in general

- E-mail UMHS PACS Support (listed in Outlook directory)

OR

☐ Page at 443-8347 ext 7007

View Hard-Copy Radiology Images

- File room is located at 2E-53
- Be prepared to provide patient’s name AND medical record number
- X-rays may be checked out in your name
- Sign-out privileges will be rescinded if films are not returned in a timely manner

Schedule an Outpatient Exam or Procedure

OP Scheduling Phone Tree 884-7770
Interventional Radiology Exams (M – F, 8AM – 5PM) 356-1159
Pager: 397-9165

Radiologist Reading Rooms

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<thead>
<tr>
<th>Type</th>
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<th>Phone</th>
<th>Type</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest</td>
<td>884-2526</td>
<td>MOI/Bone</td>
<td>884-9072</td>
<td>CT/GI/GU</td>
<td>884-6530</td>
</tr>
<tr>
<td></td>
<td>884-8332</td>
<td></td>
<td>884-3538</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>884-3526</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT Neuro</td>
<td>884-8331</td>
<td>MRI Neuro</td>
<td>884-3862</td>
<td>Ultrasound</td>
<td>882-2771</td>
</tr>
<tr>
<td></td>
<td>884-8313</td>
<td></td>
<td></td>
<td></td>
<td>884-8327</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>882-7091</td>
<td>IR/Angio</td>
<td>884-5626</td>
<td>Imaging Center</td>
<td>882-9898</td>
</tr>
<tr>
<td></td>
<td>884-8693</td>
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<td>884-8326</td>
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</tbody>
</table>
Modality

Angiography
  o 2E-13 & 2E-15
  o 882-8542

Fluoroscopy/IVP/UGI/BE
  o 2E-35
  o 882-8535

Diagnostic Outpatient/ER
  o 1E-03
  o 882-1037

CT Inpatients
  o 2E-01 & 2E-07
  o 882-1517

MRI
  o 25-21
  o 884-8003

Ultrasound/VAS Lab
  o C2013
  o 884-6880

Nuclear Medicine
  o C2008A
  o 882-7955

File Room
  o 2E-53
  o 882-3972

Radiology Outpatient Clinics

South Providence
  Diagnostic 882-6111
  Mammography 882-2425
  UPMB 882-2880
  Woodrail 884-2165
  MRIC 884-6742

ORTHOPAEDICS
Missouri Orthopaedic Institute 882-1482

WOMEN’S & CHILDREN’S HOSPITAL
  Radiology Dept 875-9411

WCH Reading Rooms
  Pediatrics 875-9587
  875-9408
  Neuro 875-9411
  ER 875-9400

ELLIS FISCHEL CANCER CENTER – RADIATION ONCOLOGY

Located on the ground floor of the Ellis Fischel Cancer Center with a direct entrance into the department from the north parking lot
• Write a consult and add to chart
• Nuclear Medicine & PET/CT, 882-7131, EFCC Ground Floor
• CT-X-Ray, DEXA, Ultrasound, 882-5780/882-5755, EFCC First Floor
• Breast Imaging, 884-4081
  o Mammograms, Breast US, Breast Biopsies, EFCC – First Floor

ALL sedation orders will require the patient to be NPO prior to administration of sedative

• Determine the number of hours the patient needs to be NPO and write the order on chart

CT to follow a BE cannot be scheduled on the same day

• Density of Barium used in routine BE procedures is greater than contrast used in CT exams
• All Angiography exams (Radiology Biopsies & Drainages) are scheduled through departmental scheduling pager
• #397-9165

If patient has a previously documented allergy to IV contrast, per Radiology departmental guidelines, they will need to be pre-medicated prior to receiving IV contrast again

• Pertains to Angiography, CT, and IVP exams
• Pre-medication protocol can be found in PowerChart

Page the resident on call (# 397-9152) for the following:

• To order an Interventional Radiology or Nuclear Medicine Exam
  o After 5PM, Monday – Friday, on holidays, or weekends
• To Order MRI or Ultrasound Exam
  o After 11PM, Monday – Friday, on holidays, or weekends

Diagnostic and CT are staffed 24/7
Restraints

There are two (2) types of restraints used at UMHC

- Medical, Non-violent and Non-Destructive
- Behavioral, Violent and Self-Destructive

In using restraints consider the following:

Is there a potential for injury to self or others?
- If yes, treat/eliminate the cause
- Attempt restraint alternatives
- Were the interventions effective
- If potential to injure self or other, restrain
- If no potential, do not restraint
- Ordering physician must see patient within 1 hour

What is the behavior or reason to restraint?

Interference with medical treatment
(Medical Non-Violent/Non-Self Destructive applies)

- Reason
- ADLs
- Practitioner must assess patient and reorder restraint order every calendar day
- RN assessment and evaluation of continued need every 2 hours
- Observation of skin, pulses, motor every 2 hours

Violent or Self Destructive posing immediate danger to self or others
(Behavioral Violent/Self Destructive applies)

- Notify practitioner immediately
- Enter order in EMR
- Practitioner must assess the patient within 1 hour
- Activate Restraint Flow Sheet and Document
- Restraint alternative attempted
- Type, site, location
- Evaluation of continued need
- Reason
- ADLs
- Practitioner must assess patient every 4 hours for patient ≥18, every 2 hours for patient 9 to 17, and every hour for patient <9
- One to one observation
- Observer documents behavior every 15 minutes
- RN assessment and evaluation of continued need every 1 hour
- Observation of skin, pulses, motor every 1 hour
- Releases every 2 hours
**Risk Management Services**

University of Missouri Health Care is committed to improving patient safety. One part of this effort is reporting and evaluating incidents related to patient care. MUHC provides a centralized reporting system, the MUHC Patient Safety Network (PSN). This is a secure, web-based system in which staff or physicians must complete a report called a Patient Safety Report (PSR) immediately following the incident.

For incidents involving actual injury to patients, immediate contact must also be made to Risk Management via phone at 573-882-1181 or email settlesja@health.missouri.edu.

See MUHC policy "Leadership - Patient Safety Event Reporting - Policy"

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**DEFINITIONS**

**MUHCPSN**

University of Missouri Health Care’s on-line patient safety reporting system

**PSR**

Patient Safety Report recorded in the PSN

**Adverse Event/Incident**

Unexpected patient outcome related to the natural course of the patient’s condition a clinically related unexpected event causing injury or potential for injury or potential deviation from policies, procedures and standards regarding patient care. Details are reported as PSR.

**Sentinel Event**

An unexpected occurrence involving death or serious physical or psychological injury or potential risk for serious harm not related to the natural course of the patient’s illness or underlying condition

**Examples of events considered sentinel by the JC**

- Suicide of any patient receiving care within 72 hours of discharge
- Unanticipated death of a full-term infant
- Major permanent loss of function
- Cases of infant abduction
- Rape by another patient or staff
- Hemolytic transfusion reaction
- Surgery on the wrong patient or body part

**Disclosure**

The attending physician or his/her designee on the care team should explain the outcome of any treatments or procedures to the patient and, when appropriate, the family whenever those outcomes differ significantly from the expected outcomes or there is harm to the patient.

Documentation of the interaction should be recorded in the medical record.
If an Incident Occurs

1. House staff should complete or direct completion of the Patient Safety Report in the PSN. PSR’s should be brief and include ONLY objective information.

2. Documentation of the incident in the patient’s medical record by staff or physicians shall include facts regarding the incident that are relevant to the patient and the patient’s treatment:
   a. Document the incident briefly and objectively, without placing blame. Use exact quotes to record the patient’s description of the incident whenever possible.
   b. Document a physical examination of the patient with particular attention to any injuries that resulted from the incident.
   c. If no injury resulted, this should be clearly documented.
   d. Document that the patient was informed of the incident and its consequences. Disclosure to the patient IS mandatory.
   e. Date, time, and sign the note.
   f. Do not make reference in the medical record to the PSN or PSR. The PSR’s are internal reports used for peer review purposes and patient safety organization reporting.
   g. If the incident does not have a direct bearing on a patient’s medical treatment (i.e. pharmacy sent wrong medication, but it was not administered to the patient), this should not be documented in the patient’s chart, but a PSR should be completed for tracking purposes.

The PSR’s entered into the PSN are analyzed for trends and patterns. Near misses reported allow corrective actions to be implemented and prevent reoccurrence. Resolution of all PSR’s is mandatory. Reports are sent to Medical School chairpersons and hospital management for resolution action.

Situations that warrant the involvement of the Risk Management Coordinator (882-1181) or email settlesja@health.missouri.edu:

- Threats of legal action, coupled with real or perceived to be real injury by the patient or family members
- Receipt of a summons naming you as a defendant in a lawsuit
- Inquiries by attorney for information about patients
- Subpoena for appearance with regard to the care & treatment of a patient or former patient at MUHC
- Unexpected poor results or deaths
- Therapeutic misadventures
- Significant misdiagnosis
- Misadventures which may have caused a patient to have experienced a financial loss (even if paid by insurer), such as an extended stay or significant procedures or tests
For the Physician’s Protection

*Effective use of risk management principles can minimize your potential for involvement in a liability claim. The following guidelines are offered to assist you:*

If there is a complaint, claim, or lawsuit always contact the attending physician involved in the patient’s care AND contact Risk Management.

Requests for copies of the medical record or information concerning a claim or lawsuit should be directed to the Risk Management Coordinator.

Routine requests by patients for copies of medical records do not need to be presented to Risk Management – such requests should be handled through the Medical Records Department.

Do not discuss a claim or lawsuit with the patient or the patient’s representative except as authorized by Risk Management or the Office of General Counsel.

Any correspondence from a patient, patient’s attorney, or patient’s insurance company should be directed to Risk Management immediately.

Send requests or subpoenas for appearance, depositions, or hearings involving claims or lawsuits against you or others at MUHC to Risk Management for referral to the Office of General Counsel.

A summons or petition for damages received by a physician which names the physician as a defendant must be forwarded immediately to the Risk Management Coordinator (1W17D, 882-1181).

Contact the Risk Management Coordinator about any contacts by phone or letter from the State Board of Healing Arts related to patient complaints and/or allegations of problems with care.

Malfunctioning medical devices pose substantial risk to patients. If you become aware of a malfunctioning medical device, report it immediately so it can be repaired or replaced.

If a patient is injured due to a malfunctioning medical device (*refer to MUHC Policy Clinical Engineering—Medical Equipment Malfunction Reporting-Policy*), immediately call the Risk Management Coordinator and also Clinical Engineering. Take the equipment out of service immediately so it may be examined and tested.

Retain all malfunctioning medical devices and supplies. Do not send the medical device or equipment back to the manufacturer without the approval of Risk Management. It is important that the evidence of malfunction be preserved to protect our interests.

Your best defense is a well-documented medical record containing all information relevant to optimum health care services. Do not attempt to protect yourself by blaming other care providers in the medical record. Document the incident and its effect on the patient. Legibility of any handwritten documentation is extremely important in all healthcare areas.

Good rapport and effective communication between yourself and the patient are key efforts against involvement in legal actions.
The Howard Rusk Rehabilitation Center is a 60-bed acute inpatient rehabilitation facility and has specialized rehabilitation programs in the following:

- Spinal Cord Injury
- Brain Injury
- Neuromuscular Disease
- Stroke
- Amputations
- Oncology
- Wounds
- Debilitation
- Pain Management
- Multiple Trauma
- Pediatric
- Burns
- Pulmonary
- Orthopaedic
- Debitation
- Pain Management
- Multiple Trauma
- Pediatric
- Pulmonary
- Orthopaedic

This facility is a joint venture between the University of Missouri and the HealthSouth Corporation. The Rusk Rehabilitation Center also is the home for the Department of Physical Medicine and Rehabilitation for the University Of Missouri School Of Medicine. The patients are cared for by the attendings and residents in the Department of Physical Medicine and Rehabilitation.

For patients at University Hospital or Women’s & Children’s Hospital in need of Physical Medicine and Rehabilitation consultations:

- PM&R Resident at University Hospital can be reached by calling beeper 499-8429

For patients requiring outpatient PM&R consultation, EMG, Nerve Conduction Studies, Spasticity Management, and Prosthetic and Orthotic Care:

- Outpatient clinic number is 573-884-0033

For patients needing neuropsychological evaluations and/or rehabilitation neuropsychologic treatment:

- Referrals to Rehabilitation Psychology in the Department of Health Psychology can be made by calling 573-882-8876

To make a referral for Rusk Admission:

- Contact Rusk liaisons to evaluate social, financial, and bed availability by calling 573-817-4617

To make Day Hospital referrals:

☐ Call 573-817-4697
Surgery Services

The following information pertains to the following surgical services:

<table>
<thead>
<tr>
<th>Main Operating Room Burn</th>
<th>Same Day Surgery Centers</th>
<th>PACU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Room</td>
<td>DOSA</td>
<td>Perfusion</td>
</tr>
</tbody>
</table>

To schedule elective surgery

Contact the OR Scheduling Office 882---6134
Monday – Friday, 7AM – 7PM

After 7PM, but to schedule for the next day call Main OR desk 882---6103 Closed on weekends and holidays

Operating Suite Access

Entrance to Main & Burn OR require badge swipe Combination
to enter from all stairwells: 413 Some doors also require "*" sign be pressed

Operating Room, Burn, or Anesthesia Procedures Scheduling

Mandatory posting information required:

- MOR/BOR
- Desired date & time
- Name of patient
- Patient’s medical record number
- Patient’s date of birth
- Diagnosis & ICD---9 code
- Procedure (include side or location)
- Position
- Latex or Heparin allergies
- Blood products
- Patient’s room number (if inpatient)
- Amount of time surgery will require from cut to dressing
- Names of Attending AND Resident (both required)
- Post---Op destination
  - Outpatient, Short Stay, Inpatient (floor vs. ICU)
- Special equipment requested
  - Implants, Special Positioning, C---arms
- Posting status
  - Urgent (w/in 6hrs), Emergent (w/in 2hrs), Immediate (w/in 30min)
- Anesthesia work---up requested
- Perioperative procedure clinic appointment required for DOSA patients
The following insurance companies require the specific number of days listed for pre-certification to be obtained prior to the date of surgery:

Missouri Care: 3 days
Tri-Care: 5 days
BCBS: 7 days

Without an urgent reason identified and documented, these insurance companies will deny payment and the patient will be responsible for the bill. If you need to schedule case within the amount of days listed, please identify and have ready the reason for urgency when you present the posting to the scheduler.

All non-elective or “day of surgery” postings will be scheduled with the charge nurse, supervisor, or unit clerk in the OR. These individuals will work with Anesthesia personnel to establish a time.

Department Supervisor must be contacted for locker assignments: 882-6103 Pager: #397-9339

Surgery Services – Block Schedule Guideline

Prime-Time / Block-Time Definition

Operating Room Availability:
• Mon, Tues, Thurs & Fri 07:00 – 17:00
□ Wed 08:00 – 17:00

OR time will be occupied by scheduled cases based on the combination of computerized time estimates and the surgeon’s case time prediction

Block utilization will be assigned per service – NOT individualized by surgeon

Block utilization will be reviewed and reassigned periodically based on Block Utilization Reports

Burn OR Cases:
□ Mon – Fri 08:00 – 14:00

Exceptions:
• Saturday Elective Ortho Blocks 08:00 – 14:00
• Holidays, Saturday & Sunday (see Surgical Services Policies & Guidelines)

Conflict Scheduling:
• Double booking is allowed as long as the physician completes the back of the operative form
• Cases must NOT overlap for the key portion of the case

Scheduling after Hours:
• Nursing supervisors, working in collaboration with Anesthesia, are available 24/7 to coordinate any “add-on cases” and schedule those cases into an open block

Immediate / Emergent / Urgent:
• Such cases will be worked into open slots on the schedule in accordance with the “Bump List”
Basic Telephone Operations

• **Local Call** *(to off-campus number)*
  o Dial 9 + number

• **Long Distance Call**
  o Should you need to place a long distance call, you will need to obtain an authorization code. Please check with your department office for instructions.
  o Dial 78 > wait for tone > dial 6-digit authorization code > wait for dial tone > dial number *(Never dial 1 and always use area code)*

• **Transferring Calls**
  o **Single Line Phone**
    • With party to be transferred on the line press “TAP” *(or Link)* > wait for dial tone
    • Dial the number to which call is to be transferred
    • Announce transfer > press “TAP” *(or Link)* to connect both parties
    • Hang up – OR – If you receive no answer / line is busy > press TAP twice to be reconnected to original caller
  o **Business Set**
    • With party to be transferred on the line press “Transfer” > wait for dial tone
    • Dial the number to which call is to be transferred
    • Announce transfer > press “Transfer” to connect both parties > Hang up
    • If you receive no answer / line is busy > press “RLS” > press original line to be re-connected to caller

Frequently Used Numbers

• **University Hospital Operator**
  o From Hospital: 0 or 2-4141
  o Outside Hospital: 882-4141
  o From VA: Dial 70 > 0 or 882-4141

• **University Hospital Extensions**
  o From Hospital: 2-xxxx / 4-xxxx / 1-xxxx
  o Outside Hospital: 882-xxxx / 884-xxxx / 771-xxxx
  o From VA: Dial 70 > 2-xxxx or 4-xxxx

• **Campus Operator**
  o On-campus: 2-2121
  o Off-Campus: 882-2121

• **VA Operator**
  o From Hospital: Dial 57 > get tone > dial 0
  o Outside Hospital: 814-6000

• **VA Extensions**
  o From Hospital: Dial 57 > get tone > dial 5-digit extension
  o Outside Hospital: 814-6000 > wait for prompt > dial 5-digit extension
• VA Long Distance
  o Dial 8 + 10-digit number (Do not dial 1) > after tone enter 5-digit PIN
  o PINs are issued by VA Information Management

• VA Pager System
  o Dial 57 > wait for tone > dial 75 > automated message > dial 4-digit pager number (all pager numbers begin with “5”) > dial call-back number

• MUPC Operator
  o From Hospital: 4-1300
  o Outside Hospital: 884-1300

• MUPC Extensions
  o From Hospital: 4-xxxx
  o Outside hospital: Dial 7-digit phone number

• WCH Operator
  o From Outside WCH 0 or 875-9000

• WCH Extensions
  o From WCH
    • If extension begins with a 4, 6, or 9 > Dial 4-digit extension
    • If number has a 219 prefix > enter entire 7-digit number
  o Outside WCH
    • Dial 499-6xxx or 875-9xxx
    • 4xxx extensions can only be dialed from WCH, contact WCH operator
  o Local call from WCH
    • Dial 5 + 7-digit number
  o Long Distance from WCH
    • Can only be place from designated phones throughout WCH or by contacting the WCH operator

Wide Area Beepers
• From the phone
• 7 digit beeper numbers:
  Dial 9 + the 7-digit beeper number

  o Voice prompt will ask you to enter call-back number
• 7 digit beeper number with 4-digit pin:
  Dial 9 + the 7-digit beeper number, when prompted enter 4-digit pin
  o Voice prompt will ask you to enter call-back number
Text messaging to wide area Alpha/Numeric beepers  From University Computers

Send page using the application on the My Apps page via the UMHC Call Schedules, Directory, and Text Paging (also known as Intelliweb) application.

1. Go the My Apps page
2. Double click on the UMHC Call Schedules, Directory, and Text Paging icon
3. Enter the name, dept, ext, or pager in conjunction with the radio dial below the search box
4. If more than one person, dept, etc., appears in the list, select the entry you need. Details on contact will appear on the right. Click on the hyperlink by the pager icon
5. A box will pop up, enter your text message in the box and press send

From Non-University Computer

- Go to:  http://www.midwestpaging.com/mwpaging.nsf/sendpage?openform
  - Into the blank marked “Pin # / Pager Phone Number” enter the 7-digit number without the hyphen (ex: 4498103)
  - If the pager number is a 7-digit number + 4-digit PIN, enter only the PIN number
  - Enter message in field labeled “Message”
  - Click “Send Message”