



# Housestaff NEWSLETTER

## KEY TOPICS THIS MONTH:

- 2009 / 2010 Housestaff Stipends
- NPI Numbers
- Fee Exempt DEA
- Quick Reminders from GME
- Tax Deductible Interest on Student Loans
- Quality & Patient Safety Department
- Health Information Department

## 2009 / 2010 HOUSESTAFF STIPENDS

The 2009 / 2010 housestaff stipend schedule for the University of Utah Affiliated Hospitals has been released. This represents a 3% increase over those of 2008 / 2009.

Level of Training	2009 / 2010 Stipend
1	\$ 47,625
2	\$ 49,325
3	\$ 51,225
4	\$ 53,700
5	\$ 55,450
6	\$ 57,450
7	\$ 58,935

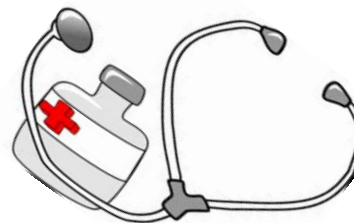
For more information on salary and benefits visit <http://medicine.utah.edu/gme/benefits/index.htm>



## NPI NUMBERS

All residents and fellows are now required to have a National Provider Identifier (NPI) number. If you do not yet have an NPI number, as soon as possible visit <http://medicine.utah.edu/gme/current/license.htm> and view the section entitled "How to obtain an NPI number."

Please be sure to notify the GME office when you receive the number so that we can update our records. Your NPI number is sent to you via e-mail, so just hit the 'forward' button when you get it and send it over to us at [gme@hsc.utah.edu](mailto:gme@hsc.utah.edu). You can also drop by the office at 1C412 or give us a call at 581-2401.





## FEE EXEMPT DEA

Residents/fellows will now be eligible to apply for DEA licenses under the “fee exempt” category. Instructions for applying can be found at <http://medicine.utah.edu/gme/current/license.htm> under the section entitled “Federal DEA.”

A few key points:



- The fee-exempt DEA license CANNOT be used for moonlighting activities
- The fee-exempt DEA license CANNOT be used for unapproved activities
- The fee-exempt DEA license CANNOT be used after completion of training
- Residents or fellows who intend to moonlight must obtain (or maintain) a “FEE PAID” DEA license at their own expense

## QUICK REMINDERS FROM GME

### Licenses to GME:

If you have applied for a Utah Medical License, DEA license and/or an NPI number, please be sure to get copies to the GME office (1C412) when you receive them.



### New uCard:

Please note that if you replace your uCard for any reason, meal money balances and door access are not automatically transferred. Please notify the GME office (581-2401) if you obtain a new uCard.

### USMLE Step 3:

PGY1 residents must have a passing score on USMLE Step 3 by June 30, 2009. To allow sufficient time for results, we strongly recommend you schedule your test prior to April, 2009.

### Ski Letters

Each Program Coordinator has been provided with a template for a letter that affirms the dual status (student / staff) of our residents and fellows.

Ski resorts will often accept this documentation to offer student discounts to our housestaff. Inquire with your Program Coordinator if you would like a copy of this letter.





## TAX DEDUCTIBLE INTEREST ON STUDENT LOANS

### *Did you know.....*

Student loan payments cannot be claimed as tax deductions, but the amount of interest paid on student loans *MAY* be eligible for a deduction if all of the following apply:

- You paid interest on a qualified student loan in tax year 2008
- Your filing status is NOT "married filing separately"
- Your modified adjusted gross income is less than \$70,000 (or less than \$145,000 if "married filing jointly")
- You and your spouse, if filing jointly, cannot be claimed as dependents on someone else's return

Consult your tax professional for details. More details are also available at *First for Residents* administered by the Association of American Medical Colleges. Take advantage of this valuable resource by subscribing to the mailbox at <http://www.aamc.org/programs/first/residents/start.htm> .





## QUALITY & PATIENT SAFETY DEPARTMENT

### Prevent Transmission of Multidrug Resistant Organisms (MDROs)

In January, 2009, Hospital Epidemiology will be initiating a multidisciplinary MDRO program, including a process to monitor and improve adherence to recommended practices for preventing the spread of MDROs.

Whether or not patients are identified as having an MDRO, consistent practice of **BODY SUBSTANCE PRECAUTIONS (BSP)** during ALL patient encounters is required. General BSP requirements include:

- Hand hygiene - required before, during (as indicated) and after contact with the patient or immediate bedside environment.
- Gloves are needed when there is an increased risk of blood or body fluids as described by BSP.
- Don face protection when performing splash-generating procedures. Face protection will not be routinely required for MDRO patients.
- Don a gown whenever the likelihood of contaminating your lab coat, scrubs or clothing exists. Gowns will not be routinely required for MDRO patients.
- A private room is required for ANY patient who is unable to contain any body substance, drainage, etc. (e.g., poses a potential risk to his/her roommate), regardless of MDRO status.



### **Pneumonia Core Measures:**

One of the three FY 2009 Goals for University HealthCare.

Remember the following need your attention and documentation - Core Measure scores are lower than goal:

1. Oxygenation assessment (retiring early 2009)
2. Pneumococcal Vaccination (all eligible patients greater than 65 years of age)
- 3a. Blood culture within 24 hours of arrival for patients transferred/admitted to ICU
- 3b. Blood culture in the ED prior to antibiotic
4. Adult smoking cessation advice/counseling (*document* if counseling was offered)
- 5a. Time to first dose of antibiotic < 4 hours (retiring early 2009)
- 5b. Time to first dose of antibiotic < 6 hours
- 6a. Antibiotic selection for CAP in immunocompetent ICU patient
- 6b. Antibiotic selection for CAP in immunocompetent non-ICU patient
7. Influenza Vaccination (all eligible patients greater than 50 years of age)



HEALTH INFORMATION DEPARTMENT

## An **Rx** from Health Information

Did you know that the new hospital transcription service has been up and running for the past six months? Did you know that there are contracted turnaround times for the reports transcribed? And that the company is exceeding those turnaround times? Take a look at the list below:

### Contracted Turnaround Times vs. Average Turnaround Time

- 1 – Operative Report (Inpt & SDS) 24 hours vs. 12 hours
- 2 – Discharge Summary 24 hours vs. 9 hours
- 3 – History & Physical 8 hours vs. 4 hours
- 4 – Inpt Consultation 24 hours vs. 9 hours
- 5 – Death Summary 24 hours vs. 7 hours



Did you know for every minute of dictation it takes 4 minutes to transcribe? So if your dictation is 30 minutes long it will take 120 minutes to transcribe. You also need to remember to speak clearly and slowly to ensure that your dictation is accurately transcribed.

When should you use the STAT option? A STAT report will move to first priority superseding other providers' dictations. Does your discharge summary really need to be done as a STAT? Or can it be transcribed within the contracted 24 hours? The STAT option should be the *exception* not the rule with your dictations!

Direct any questions to the specialists in the Physician Charting Areas (phone numbers are at the bottom of your weekly letters), or email us at [himnewsletter@hsc.utah.edu](mailto:himnewsletter@hsc.utah.edu).

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### *Last but Not Least:*

Winter is upon us in earnest. Roads are slick, sidewalks are icy, and it's **COLD** outside.

Please be careful this winter season!

