UNIVERSITY OF UTAH HOSPITALS AND CLINICS, POCKET GUIDE

Smart Web Pocket Guide to Paging

Information Technology Services

TELEPHONE DIRECTORIES

General Information

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MEDICO-LEGAL ISSUES

Risk Management

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Adverse Events

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MEDICAL ABBREVIATIONS

Patient Care Units
PAGERS

Pagers are provided to all housestaff free of charge. If the pager is lost, stolen, or broken, a replacement pager requires an additional $35 nonrefundable replacement charge.

Contact the GME Office!

Smart Web: https://amcomwb.med.utah.edu/smartweb

Paging thru phone: 801-587-PAGE
- To Page: Enter 8 digit Messaging ID of the person you want to page, then follow the prompts to enter your call back number
- To Change Status: Press *, then enter your 8 digit Messaging ID
  - Status Codes: 2 – AVAILABLE BY PAGE; 3 – NOT AVAILABLE BY PAGE; 5 – PAGE EMERGENCY ONLY

To Page Online: Visit Smart Web:
- Click on PAGING Tab
- Search by Name or Group/Handoff Pager
- Click on Pager Icon next to the person you want to page
- Type Message then click Send Message
  - If you want a record of the pages you send through Smart Web, log in to the Personal Profile tab with your uID and password BEFORE you send a page
    - Any page sent when you are logged in to Smart Web will be visible for seven days in the PAGE LOG tab

Page Operator Assistance Line: 801-581-2100 or email: telops@hsc.utah.edu

To Change Coverage in Smart Web:
- Click the PERSONAL PROFILE Tab, then click the PROFILE Tab
- Under the top section, Exception Update, select a coverage type by clicking the button next to the desired option, then click New 🗒️
  - Coverage – allows you to forward pages to another user
  - Referral – refers users to call a specific phone number, which you provide
  - Page Block – blocks all pages, while allowing you to keep a pageable status and direct users on how to contact your or someone on your behalf
- Enter the information associated with the exception:
  - Coverage: the 8 Digit Messaging ID of the person covering for you
  - Referral: the phone number taking all calls
  - Page Block: a message stating that pages are not being accepted
- Select the start and end date and time in the Start and End fields
- The Time Zone should default to Mountain
- Click Save to save the new exception

To View Archived Messages (shows all messages sent to you through the system):
- Click on the PERSONAL PROFILE Tab, then click on the MESSAGES Tab
- Click "Go to Archived Messages" then click Search to display all messages you have received in the past seven days
Information Technology Services (ITS)

Information Technology Services (ITS) provides a number of computer systems to support the operations of University Health Care. Several of these systems are of particular interest for fellows, residents, interns and physicians.

For up-to-date information, visit the GME Website at:
http://medicine.utah.edu/gme

TELEPHONE NUMBERS
GENERAL INFORMATION

AT ANY TIME, TO REACH A HOSPITAL OPERATOR,
DIAL 1-2121

The University campus uses an internal 5-digit speed dialing system. The four exchange prefixes used on the University campus are “581” “585” “587” and “213”. When dialing from an on-campus extension to another on-campus extension, simply dial the last digit of the prefix + the 4-digit extension. For example:
To call 581-2401
Dial 1-2401
To place a call to an off-campus number, dial “9” plus area code (801) before dialing the regular 7-digit number.
All local calls now require the area code.

Long Distance Calls Long distance calls from a University extension may be made for patient-care or business purposes only. Long distance calls from patient-care areas require the use of a LONG DISTANCE ACCESS CARD with a 10-digit long distance access number. Long distance access cards will be provided to all houseofficers through the GME Office.

Please note: The following phone numbers could be changed at anytime. Please refer to the hospital website or the hospital operator if you have difficulty reaching these locations.

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UNIVERSITY GUEST HOUSE…………………801-587-1000

AREA HOSPITALS

AFFILIATED HOSPITALS:

George E. Wahlen
Dept. of Veteran's Affairs Medical Center .......... 582-1565
500 Foothill Blvd.
SLC, UT 84148

Primary Children’s Medical Center
100 N. Medical Drive
SLC, UT 84113

LDS Hospital ........................ 408-1100
8th Ave. & C Street
SLC, UT 84143

Salt Lake Regional Medical Center
1050 E. South Temple
SLC, UT 84102

OTHER:

St. Mark’s Hospital ................. 268-7111
1200 E. 3900 South
SLC, UT 84124

Alta View Hospital ............... 501-2600
9660 S. 1300 East
Sandy, UT 84070

Intermountain Medical Center...
5121 S. Cottonwood Street/
P.O. Box 577000
Murray, UT 84157-7000

Jordan Valley Hospital ...... 561-8888
3580 W. 9000 South
West Jordan, UT 84084

Pioneer Valley Hospital ...... 964-3100
3460 S. 4155 West
West Valley City, UT 84120

Shriners Hospital ............... 536-3500
Fairfax & Virginia, SLC, UT 84103
University of Utah ................ 583-2500
Neuropsychiatric Institute
501 Chipeta Way
SLC, UT 84108

Lakeview Hospital .............. 299-2200
630 E. Medical Drive
Bountiful, UT 84010

Utah Valley Regional ............ 357-7850
Medical Center
1055 N. 300 West, #104
Provo, UT 84601

McKay Dee Hospital ............. 387-2800
4401 Harrison Blvd.
Ogden, UT 84403

Ogden Regional .................. 479-2111
Medical Center
5475 S. 500 East
Ogden, UT 84405

State Medical Examiner ........ 584-8410
48 N. Medical Drive SLC, UT 84113

MEDICO-LEGAL INFORMATION

RISK MANAGEMENT
Room AA 218 SOM
Director: Lynda P. Faldmo, R.N., J.D.
Office Telephone #: 585-3209
Beeper #: 339-5030
Associate Director: Louise E. Swensen, J.D., M.S.
Office Telephone #: 581-3617
Beeper #: 339-9701
Main Office: 581-2031

RESIDENT MALPRACTICE COVERAGE
House staff are covered within the scope and course of employment. No coverage is provided for moonlighting activities. No coverage is provided for out-of-state rotations or training.

Contact Risk Management for:
Assistance with malpractice history/letters
Legal notices - Notice of Intent / Notice of Claim
Summons and/or Complaint
Reportable incidents / Adverse Events
Patient issues

REPORTABLE INCIDENTS
♦ Unanticipated, adverse medical outcomes
• Surgery on the wrong patient or wrong body part
• Fetal/maternal injury or death
• Neurological injuries
• Loss of limb(s)
• Loss of eyesight or hearing
• Unexpected death
• Threats to sue
• Patient refuses treatment
• Mishaps due to misuse of or faulty equipment
• Falls
• Burns
• “Never events”, i.e. serious preventable events as defined by CMS
• Serious medication errors
• Implant device failures
• Suicide or attempted suicide
• Infant abduction or discharge to the wrong family
• Fires and environmental hazards
• Confirmed transfusion reactions

**Adverse Events**
1. Ensure patient safety
2. Notify the Attending Physician
3. Preserve evidence (equipment, supplies, packaging, tubing, etc.)
4. Inform patient of incident (disclosure)
5. Notify Risk Management
6. Treat factually, like any other problem
7. Do not place blame
8. Do not editorialize
9. Do not write or refer to “Incident Report”, “PSN” or “Risk Management” in medical record
10. Complete a PSN Event Report
11. Document the event clearly and objectively in the medical record, including discussions with the patient and family and the notification of the attending physician.

**PEDIATRIC CODES**

• WBN seniors & interns are the KEY providers of the **pediatric code team** at the University Hospital

• ALWAYS have your **PALS card** (in addition to your NRP knowledge/card)

• What to do if a code happens AND a resuscitation:
  - If you are actively in a resuscitation: Obviously, resuscitate the baby. Have someone call ASAP the NICU resuscitation team to come take over your resuscitation. Once they arrive & you have safely transferred care, go to the CODE
  - If a code is called (and you are not actively resuscitating):
    - Senior should go to code immediately; intern should alert NICU resusc team to cover ALL deliveries/resuscitations, then go to code also

• ALL CODE CARTS AT THE U:
o Bottom drawer has pediatric code stuff
o Yellow bag hanging from code cart has additional peds stuff
o Attached to the cart are PALS algorithms

- MOCK CODES may be in any of these locations (not just L&D, WBN)

- Who to call for additional help:
  o WBN attending (not in house)
  o Anesthesia (call the U operator and have them paged)—they carry a code pager also
  o NICU attending, fellow
  o PICU fellow (801-914-PICU), PICU attending
    - They can help arrange LifeFlight or AirMed transport (LifeFlight’s number is 801-321-1234)

- **Know common locations where pediatric codes might occur:**
  o ER (1st floor, near Starbucks)
  o Burn Unit (4th floor, main hospital area, near MICU)
  o 5th floor research unit

- More about the 5th floor research unit (Patient Interaction Core):
  o 10 bed unit
  o 5th floor of the University Hospital
  o pediatric patients are common (mostly healthy kids)
  o The research study with SMA patients is underway. Obviously, these children are at much higher risks of coding. Some are vent-dependent. It will be especially important to know where this unit is & have your PALS card.
  o When the patient is stabilized, please page the attending of record and Dr. Carrie Byington, the Pediatric Director of the Unit, to inform them that a code occurred. The attending physician will work with the resident to determine the appropriate unit for the patient in order to receive ongoing care.

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**HOSPITAL DEATHS**

State Medical Examiner’s Office
48 North Medical Drive
Phone: 584-8410

**IN CASE OF HOSPITAL DEATH:**

- Determine if death is a medical examiner case. Section 26-4-7 of ME Act states:
  “the Medical Examiner shall assume custody of the body in all deaths that appear to be:
  (1) deaths by violence, gunshot, suicide, or accident.
  (2) sudden death while in apparent health;
  (3) unattended deaths except that an autopsy may only be performed in accordance with the provisions of subsection 26-4-6(3);
  (4) deaths under suspicious or unusual circumstances;
  (5) deaths resulting from poisoning or overdose of drugs;
  (6) deaths resulting from diseases that may constitute a threat to the public health;
  (7) deaths resulting from disease, injury, toxic effect or unusual exertion incurred within the scope of the deceased’s employment;
  (8) deaths due to sudden infant death syndrome;
  (9) deaths resulting while the deceased was in prison, jail, in police custody, in the state hospital, or in a detention or medical facility operated for the treatment of the mentally ill or emotionally disturbed or delinquent persons; and
  (10) deaths associated with diagnostic and therapeutic procedures.”

- If death is suspected to be under the jurisdiction of the ME, call the office of the ME (584-8410) and provide information about patient and circumstances surrounding death.
If it is determined that the ME will take jurisdiction of the body, assure that all lines, tubes, etc., are left in place and that a copy of the hospital chart for the terminal admission is sent with the body and that the lab is alerted to hold all admission blood and urine samples.

**Notification of Relatives:**
1. If a close relative is present, he/she is to be notified by the houseofficer. No additional notification will then be necessary.
2. If a close relative is not present:
   - Houseofficer or nursing personnel will advise relatives to come to the hospital
   - Houseofficer in charge of case will inform relatives
   - **Avoid telephone notification**
3. When telephone notification is necessary, a MEDICAL STAFF MEMBER, rather than a non-medical staff member, is to talk with the relatives.
4. If the death is under Medical Examiner jurisdiction, **the Medical Examiner should be contacted prior to requesting autopsy permission or asking next-of-kin for disposition information.**
5. Request information regarding disposition of body. Ask for designated mortuary. The name of the mortuary and the person so designating should be placed on the Record of Death.
6. If an autopsy is desired the request should be made at the same time as notification of death. If the death is under M.E. jurisdiction, do not assume a full autopsy will necessarily be performed. If there are specific questions or concerns that the medical staff would like addressed at an autopsy, contact the M.E and ask to speak with the pathologist on-call.

**Anatomical Gifts**
"Required Request" laws mandate that, at the time of a patient’s death, requests must be made for “the gift of all or any part of his body” from the legal next of kin and the “**documentation shall include a statement that a request for consent to an anatomical gift was made and indicate whether consent was granted.**"

Furthermore, all eligible donors should be referred to a certified Organ Procurement Organization (OPO). **This requirement must be met for University Hospital to continue participation in the Medicare program.**

Also, JCAHO (accrediting organization) requires hospitals seeking accreditation to establish procedures for identifying and referring potential organ/tissue donors. **Please refer to Hospital Policy 4-6, “Request for Anatomical Gift.”**

**Utah Lion’s Eye Bank – 581-2039** (see anatomical gifts procedure)
**Intermountain Tissue Center – 581-4299** (see anatomical gifts procedure)

**TISSUES AND ORGANS AVAILABLE FOR RESEARCH**
- Skin: split-thickness and full-thickness
- Vital organs: heart, lungs, liver, pancreas, kidneys, stomach, intestine, spleen, etc.
- Blood Vessels: great vessels, arteries, veins
- Bones and Soft Tissue: long bones, short bones, iliac crest, vertebrae, ribs, intervertebral discs, cartilage, tendons, ligaments, muscles, fascia, etc.

**Forms to be Completed Upon Hospital Deaths:**
1. Record of Death
2. If there is to be an autopsy:
   - Authority for Autopsy (2 copies)
   - All restrictions specified
   - Pathology Abstract
3. If there is to be disposal of a stillborn or neonatal death:
   - Disposal Permit (1 copy)
The houseofficer in charge is to complete the above forms. All forms are to be sent to the Medical Records Department.

**Release of Body:**
Each body is to be released by the Medical Records Department to the mortician named on the Record of Death. If an autopsy has been done, the responsible person in the Pathology Department will notify the Medical Records Department when a body is ready to be released.

**UTAH’S REPORTABLE DISEASES**

Diseases reportable **IMMEDIATELY** by phone – Contact your local health department or the Office of Epidemiology at the Utah Department of Health (1-888-374-8824 or 1-888-EPI-UTAH).

- Anthrax
- Botulism
- Cholera
- Diphtheria
- Haemophilus influenzae (invasive disease)
- Hepatitis A
- Measles (Rubeola)
- Meningococcal disease (invasive)
- Plague
- Poliomyelitis (paralytic)
- Rabies (human and animal)
- Rubella (including congenital syndrome)
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Staphylococcus aureus with resistance (VRSA) or intermediate resistance (VISA) to vancomycin isolated from any site
- Syphilis (primary or secondary stage)
- Tuberculosis
- Tularemia
- Typhoid (cases and carriers)
- Viral hemorrhagic fever
- Yellow Fever
- Any unusual occurrence of infectious or communicable disease or any unusual or increased occurrence of any illness that may indicate a Bioterorism event or public health hazard, including any single case or multiple cases of a newly recognized, emergent or re-emergent disease or disease-producing agent, including newly identified multi-drug resistant bacteria or a novel influenza strain such as a pandemic influenza strain.

Diseases reportable within **3 WORKING DAYS** after identification – Contact your local health department office or the Bureau of Epidemiology at the Utah Department of Health (1-888-374-8824 or 1-888-EPI-UTAH)

- Acquired Immunodeficiency Syndrome (AIDS)
- Adverse event resulting after smallpox vaccination
- Amebiasis
- Arbovirus infection, including Saint Louis encephalitis and West Nile virus infection
- Brucellosis
- Campylobacteriosis
- Chancroid
- Chickenpox
- Chlamydia trachomatis infection
- Coccidioidomycosis
- Colorado tick fever
- Creutzfeldt-Jakob disease and other transmissible human spongiform encephalopathies
- Cryptosporidiosis
- Cyclospora Infections
- Dengue fever
- Echinococcosis
- Erlichiosis (human granulocytic, human monocytic, or unspecified)
- Encephalitis
- Shiga toxin-producing Escherichia coli (STEC) infection
- Giardiasis
- Gonorrhea (sexually transmitted and ophthalmia neonatorum)
- Hansen disease (leprosy)
- Hantavirus infection and pulmonary syndrome
- Hemolytic Uremic Syndrome (postdiarrheal)
- Hepatitis B (cases and carriers)
- Hepatitis C (acute and chronic infection)
- Hepatitis (other viral)
- Human Immunodeficiency Virus (HIV) Infection
- Influenza-associated hospitalization
- Influenza-associated death if the individual was less than 18 years of age
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis
- Mumps
- Norovirus (formerly called Norwalk-like virus) infection
- Pelvic inflammatory disease (PID)
- Pertussis
- Poliovirus infection (nonparalytic)
- Psittacosis
- Q fever
- Relapsing fever (tick-borne or louse-borne)
- Rocky Mountain spotted fever
- Rubella (congenital syndrome)
- Salmonellosis
- Shigellosis
- Streptococcal Disease (invasive, organism isolated from a normally sterile site)
- Syphilis- early latent, latent and congenital
- Tetanus
- Toxic-Shock Syndrome (staphylococcal and streptococcal)
- Trichinosis
- Vibrosis

Cases that do not require immediate reporting may be reported by mail and sent to:

Utah Department of Health
Bureau of Epidemiology
PO Box 142104
Salt Lake City, UT 84114-2104 801-538-6191 / 801-538-9923 (fax)
MEDICAL ABBREVIATIONS

As the list of abbreviations changes constantly, please refer to the abbreviation policy links below which will give you the link to the most current abbreviations.

www.medabbrev.com
http://intranet.uuhsc.utah.edu/standards/

PATIENT CARE UNITS

2LND - 2 Labor and Delivery
2NBI - 2 Newborn ICU
2PMR - 2 Physical Medicine & Rehabilitation
3SSU - 3 Short Stay Unit
4BRN - 4 Burn Unit
4CCU - 4 Coronary Care Unit (also known as 4 MICU - Medical Intensive Care Unit)
4CTH - 4 Cardiac Cath Lab
5BMT - 5 Bone Marrow Transplant Unit
5CRC - 5 Clinical Research Center
5MED (AIMA) - 5 Medicine / Acute Internal Medicine "A"
5STB - 5 Secure Tuberculosis
5W - 5 Inpatient Psychiatry
6N - 6 North Orthopedics/Meidcal-Surgical
AIMB - Acute Internal Medicine "B"
AIMC - Acute Internal Medicine "C"
CVMU - CardioVascular Medicine Unit
HCH4 - Huntsman Cancer Hospital Floor 4
HCH5 - Huntsman Cancer Hospital Floor 5
HCSC - Huntsman Cancer Special Care Unit
HPAU - Huntsman Post Anesthesia Unit
HSSU - Huntsman Short Stay Unit
IMCU - Intermediate Care Unit
MNBC - Maternal Newborn Care Unit
NAC - Neuro Acute Care Unit
NCCU - Neuro Critical Care Unit
NSY - Well Baby Nursery
OGBY - Obstetrics and Gynecology Unit
OPAU - Orthopedic Post Anesthesia Unit
PACU - Post Anesthesia Care Unit
SICU - Surgical Intensive Care Unit
SSTU - Short Stay Treatment Unit
UUOC - University of Utah Orthopedic Center