

LCMC Health Academic Affairs

2022

Quick Reference Guide

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Our mission

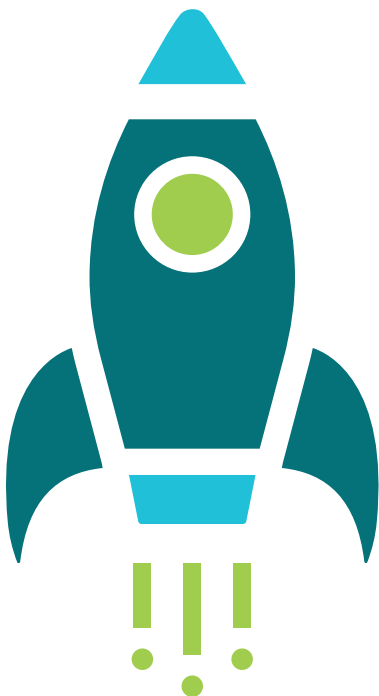
LCMC Health Academic Affairs works to develop our academic enterprise across all six system hospitals in alignment with each hospital's individual mission and vision by coordinating, standardizing, and advancing the Clinical Learning Environment (CLE) that supports and trains our future healthcare workforce. At LCMC Health, education, research, and patient care are combined to provide the best possible training for its learners and the best possible care for its patients.

Why choose an academic medical center?

Academic Medical Centers (AMCs) like LCMC Health are focused on so much more than providing the highest quality care to every patient who comes through its doors.

Just a few of the benefits that an AMC offers include:

- Team-based care that includes physicians, nurses, researchers, educators, and learners all working together to provide the highest quality, most up-to-date medical care
- Latest technology and recent breakthroughs in medicine
- Access to clinical trials and research protocols
- Patients treated at a teaching hospital have up to a 20% higher odds of survival
- Advanced expertise and availability of specialty and subspecialty physicians
- Destination center services (like Trauma and Burn Care, Palliative Medicine, Neurointerventional Stroke Services)





Our training

Examples of some of the learners we are proud to train include:

- Medical residents and fellows
- Medical students
- Dental residents and students
- Nursing students
- Allied health students
- Pharmacy residents and students
- Clinical pastoral education residents
- Podiatry residents
- Graduate students

We keep our residents and students connected to our LCMC Health hospitals and engaged in our culture, values, and mission. Our goal is to provide the support they need to ensure their success.

Contact us: LCMCAcademicAffairs@LCMCHealth.org

About LCMC Health academics

LCMC Health trains over 4,000 future healthcare providers every year and holds academic affiliations with more than 100 different institutions.

Medical residents and fellows	1,350
Nursing students	4,150
Medical students	800
Allied health	155

Academic affiliations

LCMC Health proudly sponsors several key academic programs.

These include:

- ACGME accredited Family Medicine Residency Program at East Jefferson General Hospital
- CPME accredited Podiatry Residency Program at East Jefferson General Hospital
- ASHSP accredited Pharmacy Residency Programs at University Medical Center and Touro
- ACPE accredited Clinical Pastoral Care Programs at University Medical Center and East Jefferson General Hospital
- CAAHEP accredited Specialist in Blood Bank Program at University Medical Center

Our six facilities comprise the LCMC Health academic enterprise.



Meet our team

LCMC Health Academic Affairs team



Robin McGoey, MD
Chief Academic Officer
LCMC Health
University Medical Center

Robin McGoey, M.D., received her M.D. degree from LSU School of Medicine. After an internship in Pediatrics at Children's Hospital and a Pathology residency at LSU, she joined the faculty in 2005. She served as the Pathology Residency Director for 7 years before joining the University Medical Center Academic Affairs team. Following a little more than one year in the role of CAO for University Medical Center she had the privilege of assuming the role of CAO for LCMC Health adult hospitals in April of 2020. She remains a proud member of both the LSU and Tulane adjunct faculty. Dr. McGoey received her undergraduate degrees from the University of Virginia and a Masters in Clinical Genetic Counseling from the University of Texas Health Sciences Center in Houston.



Lauren Rabalais, MPA
AVP of Academic Affairs
LCMC Health and
University Medical Center

Lauren Rabalais, MPA is the AVP of Academic Affairs. She received her Master of Public Administration with a concentration in Healthcare Administration degree from Louisiana State University.

Lauren has worked at a major teaching hospital in Baton Rouge, Louisiana, where she was responsible for the operational management and oversight of the Graduate Medical Education department and Grants Office. She is experienced in managing large and diverse teams, designing and deploying strategic plans and policy for academic affairs, and leading organization-wide performance improvement and change initiatives aimed at transforming the clinical learning environment and medical education delivery.



@LCMCHHealthEdu

Meet our team

Children's Hospital New Orleans Medical Education team



Emma Simon, MBA
Medical Education Liaison
Children's Hospital New Orleans

Emma earned her Bachelors of Arts in Psychology from Indiana University Bloomington and her Masters of Business Administration degree with a concentration in Healthcare Management from Western Governors University. Emma and her husband moved to New Orleans in June 2019. Before moving to New Orleans, Emma conducted studies for, and eventually managed, the Behavioral Development Lab run by Dr. John E. Bates at Indiana University. Emma joined the Medical Education team in July 2019. In her current role, Emma is responsible for supporting the various efforts of the Office of Medical education, facilitating Pediatric Grand Rounds, and data management as it pertains to graduate medical education and medical students. She enjoys problem solving, finding creative ways to support trainee wellbeing, and making each day just a bit better, usually with snacks.



Bonnie Desselle, MD
Chief Medical Education Officer
Children's Hospital New Orleans

Professor of Pediatrics
Vice Chair of Medical Education
LSU Department of Pediatrics

Bonnie Desselle, MD, is a Professor of Pediatrics at LSU Health New Orleans. She earned her medical degree with honors from LSU School of Medicine, completed pediatric residency training and chief residency at LSU/Children's Hospital and pediatric critical care training at the University of Tennessee, LeBonheur Children's Hospital, and St. Jude Children's Research Hospital in Memphis. Upon completion of her training, she joined the LSU School of Medicine faculty in 1995 as the first critical care fellowship-trained physician at Children's Hospital New Orleans and has served since then as a clinician-educator caring for critically ill children of the Gulf South. In addition to her clinical practice, her focus has been training the next generation of pediatricians for the state of Louisiana in her role as the LSU Pediatric Associate Residency Director from 1996-2002, Director of the residency program from 2002-2017, and as Vice Chair of Medical Education since 2016. In 2018, Children's Hospital selected her to serve as the inaugural Chief Medical Education Officer. In this role, Dr. Desselle successfully incorporated the Tulane University School of Medicine Department of Pediatrics' learners into the longstanding Children's Hospital-LSU Health New Orleans educational partnership.



Ashley Walker, BS
Medical Education Supervisor
Children's Hospital New Orleans

Ashley earned her Bachelor of Science in Psychology from the University of New Orleans. Ashley began working in medical education at LSU Health's School of Medicine as the Internal Medicine Residency Coordinator in 2007. She then transitioned into the school's Graduate Medical Education office in 2014, specializing in trainee credentialing, licensing, and ACGME program requirements. Most recently, Ashley has continued her Medical Education journey at Children's Hospital New Orleans, serving as the Medical Education Supervisor in the Office of Medical Education. She is excited to engage with residents and support their learning with an excellent clinical learning site.

Meet our team

East Jefferson General Hospital Academic Affairs team



Rade N. Pejic, MD, MMM

Program Director
East Jefferson General Hospital-Tulane
Family Medicine Residency

Associate Professor of Family Medicine
Tulane University

Rade N. Pejic, MD, MMM received his medical degree from Tulane University and is a member of Alpha Omega Alpha national medical honor society. He completed his family medicine residency at UCLA-Santa Monica Medical Center and a family medicine faculty development fellowship at UNC-Chapel Hill. Later, he earned his Masters of Medical Management from Tulane University School of Public Health and Tropical Medicine. Dr. Pejic returned to Tulane University in 2004 to join the department of family medicine where he served as the family medicine clerkship director and as the lead physician for their clinical practice site in Uptown New Orleans. In 2022, he became the East Jefferson General Hospital-Tulane family medicine residency director.



Susan Perrier

Program Manager
Family Medicine Residency Program
East Jefferson General Hospital

Susan Perrier is the Program Manager for East Jefferson General Hospital Family Medicine Residency Program. She began her career at East Jefferson over 48 years ago and has a long legacy of recruiting, hiring, supporting, and supervising team members. From 1980 to 1999 she served as the nurse recruiter and staffing coordinator. In the last 21 years, she helped create and grow the Family Medicine Residency Program. Susan has guided and supported 124 graduates from the program, many of whom have settled in the community and remain involved in the training of the next generation of family medicine residents. Susan happily admits that her devotion to East Jefferson stems from her own love of family, her faith, and the friendships which she has cultivated throughout her lifetime at the hospital.



David Potter, BA

Coordinator
Continuing Medical Education and
Graduate Medical Education
East Jefferson General Hospital

David Potter, BA, is the Continuing Medical Education (CME) and Graduate Medical Education (GME) Coordinator at East Jefferson General Hospital. He received his Bachelor of Arts degree in Communications (minor in Marketing) from Loyola University in New Orleans. David joined East Jefferson in June of 1990 in the Education Department, where his duties have evolved to graduate medical education as well as coordinator of clinical research. GME duties include the rotation coordination of several clinical specialties involving medical residents and students with LSU, Tulane, and William Carey University College of Osteopathic Medicine.

Meet our team

Touro Academic Affairs team



Elise Bevier-Rawls, MD
Academic Medical Director
Touro

Assistant Professor of
Clinical Surgery
Division of Colorectal Surgery
LSU General Surgery

Dr. Elyse Bevier-Rawls is a native of the greater New Orleans area. She received her medical degree and completed her general surgery residency at Louisiana State University. She went on to complete her colon and rectal fellowship with Georgia Colon and Rectal Surgical Associates in Atlanta, GA.

Dr. Bevier-Rawls is excited to return to her hometown to serve the community in all aspects of colorectal surgery with special interests in robotics and minimally invasive surgery.



Callie R. Pearson, EMSHCM
Director, Contracts Management
and Graduate Medical Education
Touro

Callie received her undergraduate degree from Our Lady of Holy Cross College in 2008 and her Executive Master of Science with a concentration in Health Care Management degree from the University of New Orleans in 2010.

Callie first began working in healthcare in 2006 at Touro, spent several years working at LSUHSC School of Medicine in the Department of Surgery as a Residency Coordinator and an Assistant Business Manager, and found her way back home to Touro in 2019. She currently serves as the Academic Affairs and Contracts lead for the hospital. Callie believes in being accessible to all the trainees and in fostering a nurturing clinical learning environment for their medical education

Meet our team

University Medical Center Academic Affairs team



**Christopher "Dale"
Shamburger, MD**

Co-Academic Medical Director
University Medical Center

Dale Shamburger, MD was born and raised in Alabama along the Gulf Coast. He received a Bachelor of the Arts degree with a double major in Molecular Biology and Spanish from the University of Colorado at Boulder.

After college, he spent a year living in New Orleans with his future wife. He returned to Alabama for medical school at the University of South Alabama College of Medicine. He completed residency training in internal medicine at the University of Colorado and a one-year combined Global Health-Hospital Medicine fellowship at the same institution.

Dr. Shamburger has served as co-medical director of Academic Affairs at University Medical Center since July 2019, where he also works as a hospitalist. He has a strong interest in improving the quality and value of the healthcare system in the United States. His other interests include appropriate use of IV access devices and medical education in global health.



**Anna Cohen-
Rosenblum, MD, MSc**

Co-Academic Medical Director
University Medical Center

Anna Cohen-Rosenblum MD, MSc received her undergraduate degree in classical archaeology at Harvard College and furthered her pursuit of archaeology with a master's degree in skeletal and dental bio archaeology at University College London. She then obtained her medical degree from Albany Medical College and completed residency in orthopedic surgery at the University of Chicago, followed by a fellowship in adult reconstruction at the University of Virginia.

She has been an Assistant Professor Of Orthopedic Surgery at LSU specializing in hip and knee replacement since 2018 and the co-Medical Director of Academic Affairs at University Medical Center since July of 2020. She has a special interest in mentorship and increasing diversity in the field of orthopedic surgery, as well as measures to reduce burnout among residents and fellows.

Meet our team

West Jefferson Medical Center Academic Affairs team



Bruce Torrance, MD
Academic Medical Director
West Jefferson Medical Center

Associate Professor of Clinical
Surgery LSU Vascular Surgery
Associate Program Director

Bruce Torrance, MD was raised in Thibodaux, Louisiana, and graduated from Nicholls State University with a Bachelor of Science in Biology. After working as a Medical Technologist (MT ASCP) for several years he decided to attend medical school and graduated from LSU School of Medicine in New Orleans, in May of 2003. Dr. Torrance then completed a residency in General Surgery at LSUHSC in New Orleans where he received numerous honors and awards and was selected as Administrative Chief Resident for his final year.

He then went on to complete a fellowship in Vascular and Endovascular Surgery at LSUHSC in New Orleans in 2010. He joined the faculty in the Department of Surgery as an Assistant Professor of Clinical Surgery in the Section of Vascular and Endovascular Surgery where he also serves as Assistant Program Director of the Vascular Fellowship. He has served as the Medical Director of Academic Affairs at West Jefferson Medical Center since July 2020.



Grinesha Dillon White, BS
Medical Staff Manager
West Jefferson Medical Center

Grinesha received her Bachelor's of Science degree with a concentration in Health Science from Our Lady of Holy Cross College. Grinesha worked at East Jefferson Medical Center for five years in the Medical Staff Office, focused on hospital credentialing.

She joined the West Jefferson team March 2022, serving the Medical Staff Services Department and Graduate Medical Education Office.

Healthcare with heart

AIDET® is a standardized approach to use with patients. We've translated that 5-part tool into a 3-part version to ensure excellent communication. Every patient interaction has a beginning (relationship), a middle (task), and an end (relationship) – RTR. **People don't care how much you know until they know how much you care.**

Relationship

Task

Relationship

Acknowledge

Introduce

Do these things (duration)

Explanation

Thank you

Relationship

Acknowledge the patient and family.

Introduce self and other team members and roles.

- Inspire confidence and build trust
- Manage up the team
- Make a non-medical connection

Task

Do these things.

- Sit down
- Active listening (eye contact and acknowledgment)
- Paraphrase
- Use key empathy phrases
- Articulate your physical findings

Explain your diagnostic impression in a way that is understandable to the patient/family. Define expected duration of work-up/illness/healing.

Relationship

Complete the encounter and ensure understanding. Ask

- "What questions do you have for me?"
- "Is there anything else I can do for you?"

Thank the patient/family for the privilege of caring for them.



Mission

Health, care, and education beyond extraordinary.



Vision

Creating a culture of wellness.



Values

We bring **heart and soul**. We're in it together. We give a little extra.

LCMC Health Academic Affairs Cheat Sheet



	Children's Hospital New Orleans	East Jefferson General Hospital	Touro	University Medical Center New Orleans	West Jefferson Medical Center
 <p>ID Badge</p>	<p>Process: If you lose your badge, or it stops working, please contact Children's Hospital Human Resources at extension 84360. If your badge has an issue scanning with medical instruments, please call extension 82767.</p>	<p>Process: Pick-up your ID badge at Safety/Security department (first floor of the hospital) either on Monday or on the first day of rotation. Those with EJGH ID badges from previous rotations do not require a new badge.</p>	<p>Process: Sign-in at the Academic Affairs Office at the beginning of each rotation. Academic Affairs Office between 9 am-4 pm Monday-Friday or by making other arrangements which can be done by emailing callie.pearson@LCMChealth.org.</p>	<p>Process: Pick-up your ID badge at your scheduled UMC Pick-up day. If not received on Pick-up day, you can visit the UMC Public Safety Office to take your ID picture. Location: UMC Public Safety Office 2nd Floor, Suite 2673. They are open from 8-11 am and 2-4 pm, Monday-Friday.</p>	<p>Process: Pick-up your ID badge at WJMC Medical Staff Office, Monday-Friday, 8 am-4 pm.</p>
<p>12</p>  <p>Resident Lounge</p>	<p>Location: 2nd Floor, next to the Trombone elevators</p>	<p>Location: 3rd Floor Surgery</p>	<p>Location: 10th Floor by the Medical Library</p>	<p>Location: 1st Floor Main & 5th Floor Tower 3</p>	<p>Location: 1st Floor of the hospital across from the Health Information Management (Medical Records) office</p>
 <p>Parking</p>	<p>Location: Park in the Parking Garage on Levels 3 and up</p>	<p>Location: Park in the Esplanade Garage (third floor and up) and proceed to the front desk checkpoint at the main entrance of the hospital</p>	<p>Location: Park in the Delachaise Parking Garage</p>	<p>Location: Park in Garage 2, entrance on S. Roman Street. Access to Garage 2 via programmed decal, properly installed to your car windshield. Decals assigned during onboarding.</p>	<p>Location: Park in the North Garage or the South Garage (behind the Physicians Office Building).</p>






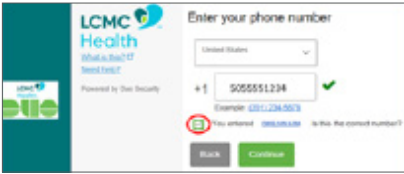

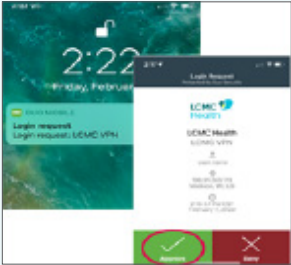
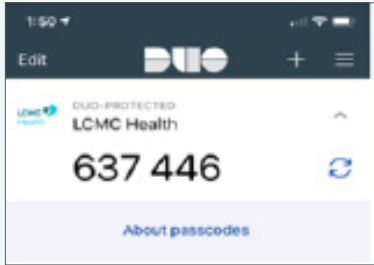
All residents/fellows will complete EPIC Training Modules through the LCMC Health Learning Center. Information and instructions on how to access are detailed in your orientation email. For residents/fellows who are off cycle, your Learning Center User ID will be emailed to you in time for your start date. If you did not pass, please email EPIC Training Team at LCMCepctraining@LCMChealth.org. If you need a password reset, you will have to call the Help Desk at 504.702.HELP.

All residents/fellows will complete their LCMC Health Learning Modules through the LCMC Health Learning Center. Information and instructions on how to access are detailed in your orientation email. For residents/fellows that are off cycle, orientation materials/DEA#/LCMC Health EPIC User ID will be emailed to you in time for your start date by the LCMC Health Academic Affairs Office. Refer to the "Call Room" section of this guide for a full list of Call Rooms at each facility.

Duo Mobile to access LCMC Health VDI/Citrix from outside network



You **must** download the DUO Mobile App and activate your account for your PC and mobile phone in order to access VDI/Citrix remotely (not on the corporate LCMC Health network). Minimum Version: OIS 6, Windows Phone 2.0, or Android 3.25.0 are required to enroll.

Device	Instructions
	<p>Download Duo Mobile on to your mobile phone from your AppStore or MarketPlace.</p>
	<p>From a PC go to duo.lcmchealth.org</p> <p>Enter your LCMC Health username and password.</p>  <p>Click START UP. Select MOBILE PHONE and click CONTINUE.</p> <p>Enter your mobile number. Check the box to verify your number is correct and click CONTINUE.</p>  <p>Select the type of phone you are using and click CONTINUE.</p> <p>Click I have duo mobile installed. A barcode will appear on screen. Do not leave or close this screen.</p>
	<p>Open the just installed Duo Mobile app from your phone. Click the + sign to add a new account or follow the text prompts to finish account setup.</p> <p>Hold your camera phone to the barcode visible on the PC screen. Your phone will scan the barcode. Once scanned, you will see a checkmark across the barcode and a LCMC Health protected profile on your mobile phone.</p> <p>Choose whether Duo Mobile will send your phone a push notification or a single-use passcode to authenticate your login identification when accessing EPIC remotely via PC. Activation is now complete.</p>  

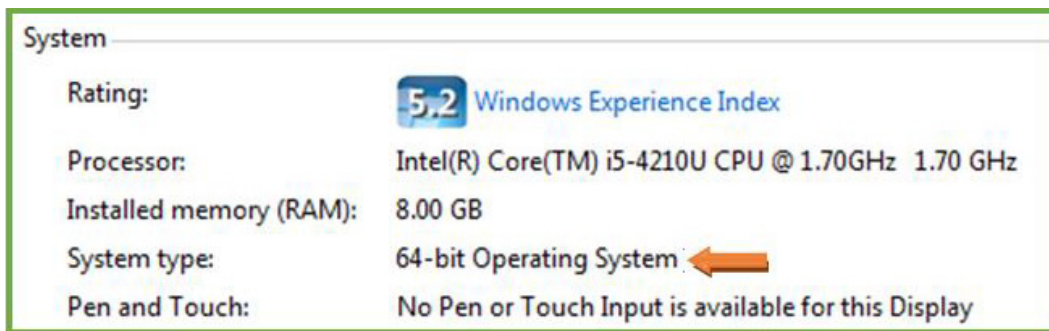
Install VMware: Remote access to EPIC and LCMC Health Network

In order to access EPIC remotely, VMware client must first be installed on the computer to be used. Any issues installing/using VMware, please call the help desk: 702-HELP (4357).

1. Verify your Operating System version

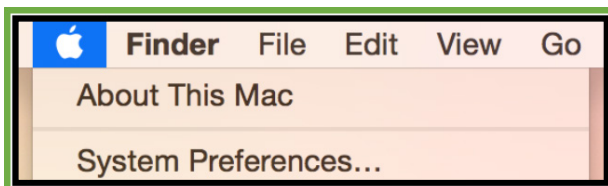
Windows (32-bit or 64-bit)

1. Open the Control Panel
2. Double click on the SYSTEM hyperlink



MAC OS

1. Hover over the Apple icon (top left). Select About This Mac.



2. Select and download the LCMC Health's recommended VMware Horizon View Client Installer file

Unrecommended VMware Horizon View client will not be supported in LCMC Health environment and will cause issues such as difficulty reading the display and/or will stop responding. Display settings cannot be adjusted within VDI sessions. They must be adjusted on the thin client or VMware workstation.

- Windows 7 and later installs VMware Horizon View client version 4.8.1
- Macs OS 10.14 Mojave requires VMware Horizon View client version 4.9

Install VMware: Remote access to EPIC and LCMC Health Network

Client for PC

https://my.vmware.com/web/vmware/downloads/details?productId=578&rPId=29501&downloadGroup=CART19FQ2_WIN_4_8_1

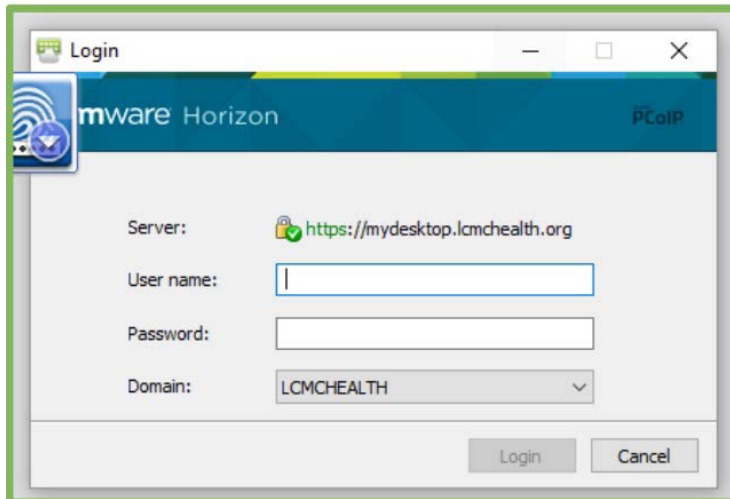
Client for MAC OS

my.vmware.com/web/vmware/details?productId=578&rPId=29502&downloadGroup=CART19FQ3_MAC_490

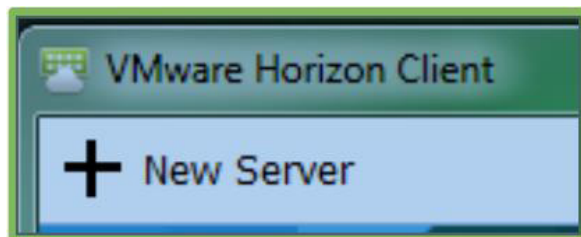
3. Follow all prompts accepting all defaults.
4. When prompted for **Default View Connection** Server, **enter: mydesktop.LCMHealth.org**
5. Continue to accept all defaults. When complete, restart your computer.
6. On your desktop will be the VMware Horizon icon.



7. Login using your LCMC Health User ID and password.

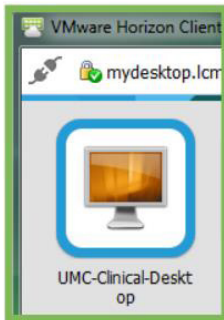


8. If you forgot to enter the default server when installing VMware, select **+New Server**. Enter or copy/paste: `mydesktop.LCMHealth.org`. Otherwise, skip to step 9.



Install VMware: Remote access to EPIC and LCMC Health Network

9. Select UMC-Clinical-Desktop icon. Your virtual desktop will load.



10. Select the EPIC production icon and login to EPIC with your EPIC User ID and LCMC Health password.

After VMware has been Installed

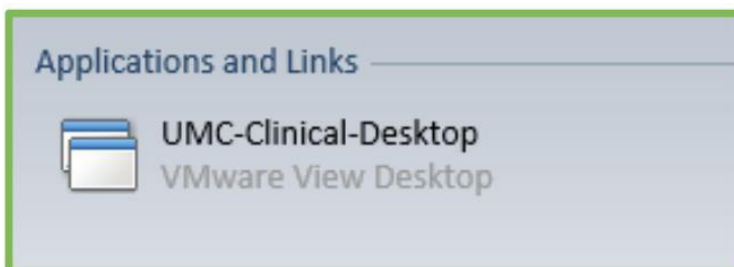
1. Login to the LCMC Health desktop remotely by selecting the VMware icon.

OR

2. From the University Medical Center website for medical professionals hyperlink, scroll down to the EPIC Hyperspace hyperlink and select. Login with your LCMC Health User ID and LCMC Health password.

A screenshot of a login form titled "Secure Logon for F5 Networks". The form has a light gray background and a green border. It contains two input fields: "Username" and "Password". Below the "Password" field is a "Logon" button.

3. Select the Desktop UMC-Clinical-Desktop link.



4. Select the EPIC icon and login to EPIC with your EPIC User ID and LCMC Health password.

Academic DEA numbers

In an effort to assure house staff physicians' ability to prescribe necessary medication, LCMC Health facilities make temporary DEA numbers available to rotating residents.

Temporary DEA numbers for each applicable LCMC Health facility are assigned as part of the resident/fellow onboarding process by the LCMC Health Academic Affairs office. All completed paperwork from the house staff's sponsoring institution and/or program must be received, prior to issuance of a temporary DEA number.

B Safe system



Patient safety and risk reporting

Reporting safety events, hazards, harassment and discrimination is everyone's responsibility and we encourage you to help us maintain a culture of safety at all of our hospitals.

Follow this link to report an incident

LCMChealth.sharepoint.com/ClinicalExcellence/SitePages/Home.aspx

Frequently called numbers

Hospital operator	Dial "O" from any hospital phone
Public Safety	"O" or x84466
IT Helpdesk	504.896.9256
Employee Health	x83029 or 504.896.2766
Medical Education	x85239 or 504.894.5239 CHMedicalEducation@LCMHealth.org
Side Kick Call Center	x82261 or x82257
Residents and Fellows use Vocera	<p>Learners can log into ELMENO for more site-specific information chnola.elemnohealth.com</p> <p>Username: chnolareresident@LCMHealth.org -> select Pediatric Resident, or find your rotation.</p> <p>Pediatric and combined Peds Residents: Use your own, school-provided email address.</p>

Frequently called numbers

Main number	454.4000
Emergency numbers	
Code 3	4333
Stat	4111
Fire	4111
Disaster hotline	503.6400
Adverse drug event hotline	4012
Ambulance dispatcher	4444
UNITY voice mail	503.6118
Billing inquiries	4027
Credit Union	736.6144
Emergency Department	4377
Environmental Services	4318
HealthFinder	503.5000
Info systems help desk	4847
Job Line	5601
Laboratory	5662
Maintenance	4236
OBV patient rooms	503.57 + last two digits of room #
Patient Access	5625
Patient room	503.4 + room #
Personnel	5940
Pharmacy	4864
Radiology	4314
Safety/Security	4059
Team member health	503.4280
Telephone repair	4847

Frequently called numbers

Emergency Codes	8585
Medical Records	8411
One Day Surgery	8170
Registration	8546
Security	8751
Special units	
ICU 3/Critical Care	8627
ICU 6/Critical Care/Cardiac Care	8837
NICU/Neo-Natal Intensive Care	8100
Nursing units	
A-2 Post-Partum Maternity	8181
Nursery	7810
M-2 Labor/Delivery	8210
Maternity	8214
Nursery	8120
M-4 Rehab, Brain Injury	8150
M-5 Med/Surg	8208
R-5 Oncology	7050
W-5 Med/Surg	7500
M-6 Rehab, Brain Injury	8198
T-6 Med/Surg	8621
W-6 Sub Acute Rehab (Brain Injury, adjoins M-6)	8334
Q-7 Joint, Spine, Orthopedic Center	7300
T-7 Med/Surg	8216
M-8 Intermediate Cardiac Care Unit	8001
Q-8 Med/Surg	7311
T-8 Surgical Acute & Telemetry	7677
M-9 Rehab, Spinal Cord Injury	8591

Frequently called numbers

Department	Contact Number (702.)
Academic Affairs	4496
Admit/Admit Nurse	2412/2414
Administration	4900
Anesthesia CRNA	2662
Anesthesia MD	2663
Behavioral Health (inpatient) (T1-2/F2)	5110/4469 4499/440
Blood Bank	3486
Biomed	3300
Burn Unit (T1/F3)	2841
Cancer Center (T1/F1)	3311
Case Management	4114
CAU (Controlled Access Unit) (D&T/F2)	2033
CMS / Central Supplies	4321
Dietary for Patient Tray	3085
Emergency Codes/Code Blue	5000
Employee Health	3517
Endoscopy	2237
ER Acute Resuscitation (AR)	2841
ER Main Desk	2243
ER (BHER)	5034
ER (POD 1)	2243
ER (POD 2)	2310
ER (POD 3)	2354
EVS/ Housekeeping	4750
Financial Services/Counseling	3500
House Supervisor	4639
Human Resources	3324
Infection Control/Prevention	3248
Interventional Lab/Cath (D&T/F4)	2721
Interventional Radiology Lab	2988
Isolation (T1/F6)	4817
IT/ Epic Help Desk	4357
IV Team	2447
Lab-Inpatient	3495

Department	Contact Number (702.)
Lab-Outpatient	4920
Legal/ Attorney	3868
Maintenance - Daytime	2014
Maintenance - Evening/Night	377.7831
Medical Records	2079
Medical Staff Office	4546
MICU (T1/F4)	2719
Observation "Obs" Unit/DMU (T1/F2)	4472
Oncology Med-Surg (T1/F5)	4733
One Day Surgery	3343
OR Front Desk	2884
Parking	2037
Patient Access	5700
Perioperative Services	2250
Pharmacy - Inpatient	3576
Post-Surgery (T3/F6)	4595
Public Safety - Non Urgent	3108
Quality and Safety	2119
Radiology Main Line	3087
Radiology CT	2989
Radiology MRI	5121
Radiology Ultrasound - Daytime	3010
Radiology Ultrasound Evening/Night	3087
Recovery/PACU	3293/4060
Rehab (Inpatient) (T1-2/F3)	2260
Rehab (Outpatient) (ACB/F1)	5064
Respiratory Therapy	4101
Spiritual Care	3064
Stroke/Neuro (T2/F3)	4558
Walgreens Outpatient Pharmacy	758.3718
Telemetry (T2/F6)	3118
TICU (T2/F4)	3199
Trauma Transition (T3/F3)	4940
Wound Care	4131/5578

For all calls from out-of-state cell phones, dial **504 area code** first

Frequently called numbers

Department	Extension
Executives	1102
Senior leaders	1102
Nursing	
Nursing Administration: Erica Bergeron (1600)	1601
Staff scheduling: House Supervisor (1603)	1604
Anesthesia	2323
CCU: (2248)	2410
Emergency Dept: Trey Plaisance (1891)	1533
Endoscopy: Peggy Lentz (1970), 668-0543	1521
Hyperbarics/Wound Care: Peggy Lentz (1970)	6558
ICU: Jennifer Tubre' (2248)	2400
NICU: Kelli Arnold (6277)	5427
Courtesy Desk	2328
Pediatric ED	1555
Same Day Surgery: Eric Adams (2317)	2501
SCU (Beds 1-7): Jenny Tubre (2248)	2245
SCU (Beds 8-12): Jenny Tubre (2248)	2360
Departments	
Accounting: Stacey Zimmer, CPA (1204)	1194
Accounts Payable	702.3252 702.2731
Bio-Med: Nathan Manning	1775
Blood Bank: Jin Wang (6588)	1420
Cancer Center: Vanessa Batson (6388)	6360
Cardiac & Pulmonary Rehab Inpatient: Julie Mathis (6180)	2254
Cardiology: Elizabeth McIlwain	2260
Case Management: Danielle Breaux (1644)	1875
CAT Scan: Sherri Dufrene	1450
Chargemaster	702.5472
Compliance Department	896.3030

ECG/EKG: Irene Bailey (2287)	2285
Education: Melissa Matherne	1612
Employee Assistance Program (EAP)	888.371.1125
Guest Services: Rose Jeanfreau (2294)	1134
Human Resources Manager: Aimee Waguespack	1607
Infection Control	1879
Information Desk (POB): Latoyia Petty	6000
I.T. Help Desk (Computer/Telephones)	2457
Job Line (24 Hours)	866.306.1077
Legal: Tara Foto	6144
Maintenance: Warren Umback (1792)	1790
Marketing: Kelly Cowthran (1130)	6263
Medical Records: Gwen Doherty, Supv (1758)	1253
Medical Staff Office: Laura Neil	1119
Nuclear Medicine: Tim Clark (2631)	1472
Palliative Care: Craig Nicholson-Uhl, APRN	6018
Centralized Scheduling	6300
ED/ER Registration Desk	1215
Registration (Inpt/Outpt)	1366
Performance Improvement: Melissa Matherne	1886
Radiation Therapy: Debbie Thibodeaux	1480
Respiratory Therapy: Lisa Lafayette	2340
Risk Management: Carol Reppel	1112
Safety/Security: Jonathan Liberto (1855)	1850
Social Services: Danielle Breaux (1644)	1875
Ultrasound: Tim Clark (2631)	2058
Women's Imaging Center: Tim Clark (2631)	6085

Children's Hospital Call rooms

Room name	Assignment
St. Charles	Fellows
Magazine	Overflow or SSA/SSB
Frenchmen	Hematology/Oncology Intern
Esplanade	Purple Intern
Freret	Green Intern
Tchoupitoulas	Green Upper Level
Calliope	PICU
Burgundy	Purple Upper Level
St. Claude	Hematology/Oncology upper level
Baronne	CHPA Night Shift
Rampart	Overflow
Poydras	Medical Student
Plum	Medical Student
Marigny	Medical Student
Audubon	Overflow
3rd Floor, B elevator (badge access)	Orthopedics and Surgery
Back of ER near Trombone Elevators	Emergency Medicine
CICU	Anesthesia

For assistance, please call the Nurse Supervisor (Dial "0")

Call rooms

Room #	Assignment
4130	MICU Rotation/ Service (LSU or Tulane)
4131	MICU Rotation/ Service (LSU or Tulane)
4230	TICU Rotation / Service (LSU or Tulane)
4231	TICU Rotation / Service (LSU or Tulane)
4330	TICU Rotation / Service (LSU or Tulane)
4331	Vascular Surgery
5344	Trauma Critical Care
5345	Trauma Critical Care
5346	Vacant/Hotel Room Assignment
5347	Neurology
5348	Vacant/Hotel Room Assignment
5349	Tulane Medicine
5350	Tulane Medicine
5351	Tulane Medicine
5352	Tulane Medicine
5353	LSU Medicine
5354	Vacant/Hotel Room Assignment
5355	Vacant/Hotel Room Assignment
5356	LSU - Med Student (Surgery)
5357	LSU - Med Student (Medicine)
5358	Vacant/Hotel Room Assignment
5359	Lactation Room
5360	Tulane - Med Student (Surgery)
5361	Tulane - Med Student (Medicine)
5362	Computer Lab
5363	STEMI/Cath Team On Call
5364	Vacant/Hotel Room Assignment
5365	LSU Cardiology Fellow
5366	Tulane Cardiology

Room #	Assignment
5367	OMFS
5368	Vacant/Hotel Room Assignment
5369	Tulane Surgery
5370	OB/GYN
5371	LSU OB/GYN
5372	Otolaryngology
5373	Radiology
5374	Vacant/Hotel Room Assignment
5375	Surgery - Plastic
5376	Ophthalmology
5377	Vascular Surgery
5378	Vascular Surgery
5379	Urology
5380	Emergency Department
5382	Tulane OB/GYN
5383	ORTHO (T & L)
5384	MICU Rotation/ Service (LSU or Tulane)
5385	LSU Medicine
5388	Vacant/Hotel Room Assignment
5389	Pastoral Care
5390	OMFS
5391	OMFS
5392	Psychiatry
5393	Ortho
5394	Ortho
5395	General Surgery - LSU
5396	General Surgery - LSU
5397	Anesthesia
5398	Anesthesia
5399	Neurosurgery

Call rooms

The Call/Sleep rooms are located on the 5th Floor of West Jefferson Medical Center and require ID badge to access.

Room #1	Designated for Neurosurgery Residents/Fellows only
Rooms #2 and #3	Designated for all other Residents/Fellows only
Room #4	Designated for the West Jefferson Medical Center employed Hospitalist Physicians only

Lactation facilities

Children's Hospital

1st Floor

- In main corridor, near Staff Respite room

2nd Floor

- ACC next to the green elevators. Code 3, 4, 5

2nd Floor

- Behavioral Health
-

2 Center

- Behind conference room
- Single room
- Amenities: Refrigerator, outlet, computer, desk, chair, and sink

3rd Floor

- New CICU
- Code 3, 4, 5

3rd Floor

- State St., just off the elevator

East Jefferson General Hospital

2nd Floor

- A2 unit
- Pumps and a refrigerator are available

Touro

4th Floor

- Woman and Newborn department

University Medical Center

Hospital Suite 5359

Tower 3
5th floor

- Single room
- In the large resident call room space
- Amenities: refrigerator, outlet, armchair, and hand sanitizer

Hospital Suites 1911-1914

1st floor

Women's locker room space

- 4 rooms
- Enter via Suite 1905 labeled "restroom, showers, lockers, lactation room"
- Enter the women's locker room
- Amenities: refrigerator (room 1911 only), outlet, regular chair with table, sink, paper towels, and trash can

Clinic Suite 2600

ACB

2nd floor

- Single room
- Just behind reception desk
- Labeled "Mother's room"
- Amenities: outlet, chair with table, and trash can

West Jefferson Medical Center

4th Floor

- Next to bank of elevators that go to 8th Floor



Cafeteria and lounges

All residents and fellows at all LCMC Health hospitals receive:

- \$100/One month rotation
- \$50/Two week rotation
- Plastic cards at University Medical Center; ID card at West Jefferson Medical Center; Paper cards at Touro and Children's Hospital
- Academic Affairs distributes to LSU/Tulane GME to split
- If you are handing off cards as you rotate out of LCMC Health: Hand off card only within your own program (surgery only to surgery, not to resident rotating on surgery from anesthesia)
- Automatically refills the first day each month
- Does not roll over
- Lost/malfunctioning cards: Email LCMCAcademicAffairs@LCMCHealth.org
- \$25 charge to programs after more than two lost cards per year

Children's Hospital

Cafeteria (next to DRUM elevators)

- First Floor
- Features 24-hour grab-n-go service
- Warm meals, salad bar, fresh sandwiches, and sushi (available during business hours)
- Meal cards are distributed by the House Officer's Program

Resident Lounge

- 2nd Floor (next to Trombone elevators)
- Badge reader protected (your CHNOLA ID badge will grant you access)

East Jefferson General Hospital

Cafeteria

Resident/Fellow Lounge

- 1st Floor (just past the Medical Education CME/GME Office).
- Badge access

Touro

Cafeteria

Resident/Fellow Lounge

- 10th Floor

University Medical Center

Cafeteria

- Accepted: Café and PJs
- Not accepted: Sushi

Resident/Fellow Lounge

- 1st Floor T3
- Badged for resident/fellow only (please no medical students or faculty)
- On-call light meals dropped at 7 pm
- Snacks/drinks
- Stocking issues: 'SCORE' or UMCAcademicAffairs@LCMCHealth.org
- Badge issues: Put some 'muscle in it' first, then email us

West Jefferson Medical Center

Cafeteria

Resident/Fellow Lounge

- 1st Floor
- Physician Lounge with Resident/Fellow access

Parking rules and regulations

Resident/Fellow parking

Children's Hospital New Orleans provides safe parking for employees, learners, patients, their families, and visitors.

- Residents/Fellows may park in the **Parking Garage, levels three and up.**
- Once your vehicle(s) is registered, you will need to affix the red decal to your driver's side, back windshield and hang the purple tag from your rearview mirror.
- Children's Hospital Public Safety patrols the campus and can issue parking citation violations if:
 - You have parked in an unauthorized area
 - Your vehicle is taking up multiple spaces
 - Your parking decal or hang tag is not displayed
 - You fail to follow basic traffic safety (ex. speeding, not stopping at stop sign, etc.)



Children's Hospital staff and provider parking

- Green tag
- Blue tag
- Purple tag
- No parking
- Shuttle

Weekdays (7:30 am-5 pm)



Children's Hospital
New Orleans
LCMC Health

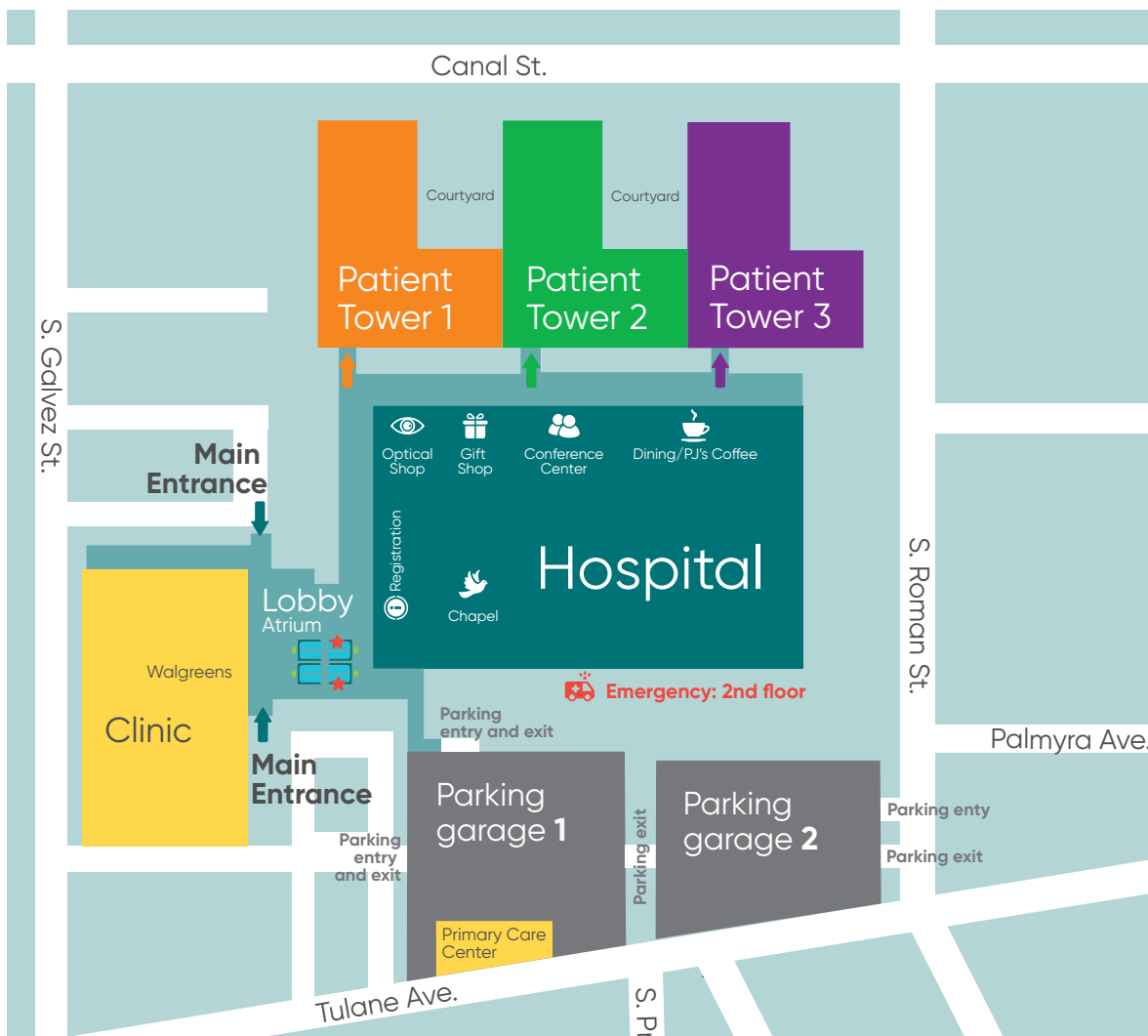
Parking rules and regulations

Resident parking

University Medical Center provides **free** parking for all rotating residents and fellows 24/7.

- Resident and Fellow parking in **garage 2**
- Access via programmed decal, properly installed to your car windshield
- Decals issued on resident onboarding material pick-up days
- One parking garage decal assigned to each resident. Multiple decals for residents with multiple vehicles are not available.
- Replacement fee = \$15

Escorts to your vehicle or LSU Garage after hours are available



Parking rules and regulations

Staff/Employee garage (P1)

Name badge/ID required to enter this garage

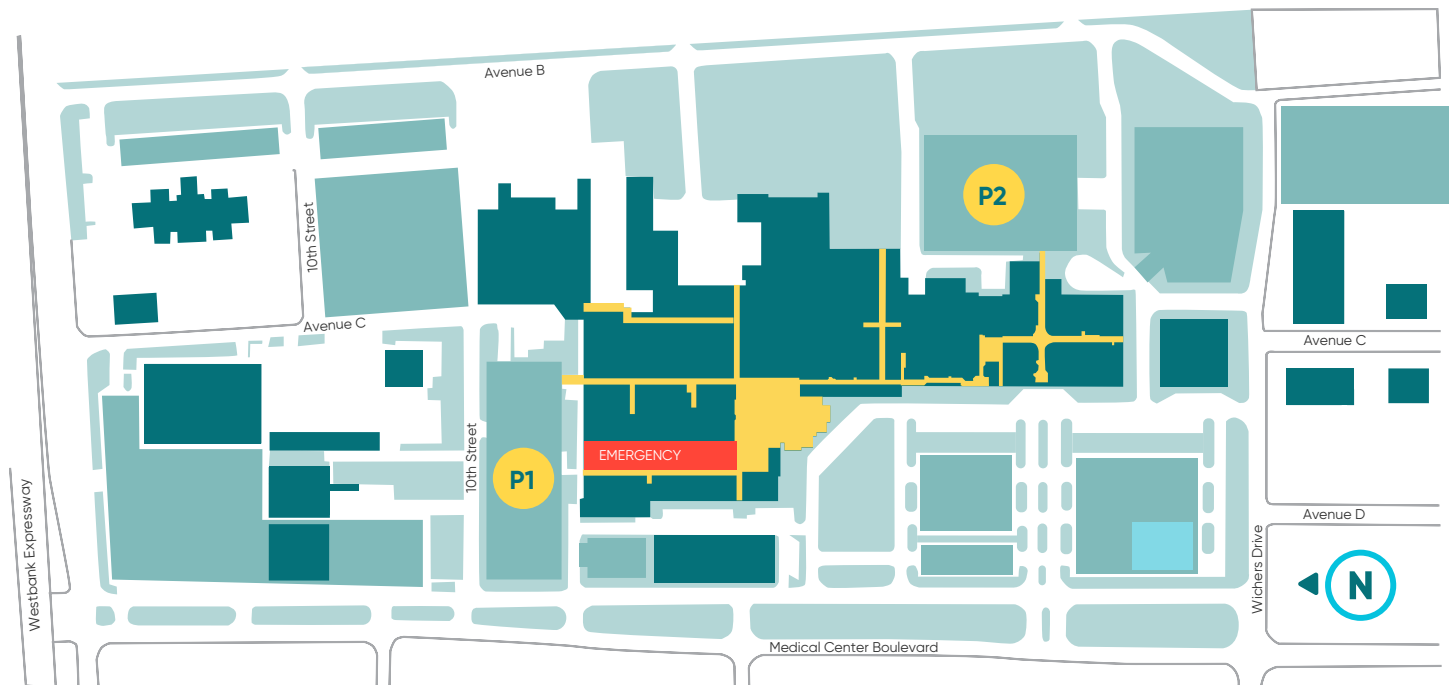
- The first level of this garage is for physicians, residents, and fellows
- North of campus
- 10th Street entrance

Public garage (P2)

Also known as: Physicians Office Building (POB) Garage

New name: Physicians Clinics Building

- The first level of this garage is for physicians, residents, and fellows
- Employees may only park on floors 4 (up ramp only) 5, 6, and 7
- Our Safety/Security Department provides escorts to their vehicles.
- If you are in need of an escort at any time dial "0" for the operator



Learner Code of Conduct Policy



POLICIES & PROCEDURES

Department:	Academic Affairs
Policy Number:	002
Effective Date:	12.6.2021
Revised Date:	12.6.2021
Reviewed Date:	12.6.2021

LEARNER CODE OF CONDUCT

I. INTRODUCTION

LCMC HEALTH is committed to supporting a culture that values integrity, honesty, and fair dealing with each, and to promote a caring environment for patients, their families, physicians, nurses, other health care workers and employees.

LCMC HEALTH endeavors to create and promote an environment that is professional, collegial and exemplifies an outstanding educational experience, research opportunities and patient care.

Towards these goals, LCMC HEALTH strives to maintain a workplace that is free from harassment. This includes behavior that could be perceived as inappropriate, harassing, or that does not endeavor to meet the highest standards of professionalism.

II. SCOPE

This policy and the contents within shall apply to all learners while rotating and working at LCMC HEALTH facilities sponsored by any and all contracted academic affiliates.

III. PURPOSE

The purposes of this Academic Code of Conduct are to:

- clarify the expectations of all learners while rotating and working within the LCMC HEALTH clinical learning environment;
- encourage the prompt identification and resolution of alleged inappropriate conduct;
- encourage identification of concerns about the well-being of a health care

- provider whose conduct is in question; and
- acknowledge and authorize the sharing of information by and between LCMC HEALTH and the Learner's school where needed.

Disruptive conduct and inappropriate workplace behavior may be grounds for suspension from access to LCMC HEALTH facilities, including, without limitation, badge access and access to medical records/EPIC, pending resolution of an investigation by the learner's respective school and notification from that school to LCMC HEALTH of the learner's fitness to return to duty. Nothing herein shall require LCMC HEALTH to allow the learner access to future work/rotations in the event of egregious activity, which shall be determined (a) in accordance with any contract then in place by and between LCMC HEALTH and the learner's school or, (b) if said contract is silent, solely in LCMC HEALTH's discretion.

IV. POLICY STATEMENT

Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. Thus, all health care providers practicing in at LCMC HEALTH must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

This Policy outlines efforts that can be used by LCMC HEALTH to address conduct that does not meet this standard. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised and, where possible, return the learner to LCMC HEALTH for further education and training.

This policy also addresses sexual harassment of employees, patients, other Learners or member of the Medical Staff, and others, which will not be tolerated.

In dealing with all incidents of inappropriate conduct, the protection of patients, employees, and others in the hospital and the orderly operation of LCMC HEALTH are paramount concerns. Complying with the law and providing an environment free from sexual harassment are also critical.

V. DEFINITIONS

“Appropriate behavior” includes any reasonable conduct (both spoken and unspoken) to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of learners at LCMC HEALTH, or to engage in professional practice, including practice that may be in competition with LCMC HEALTH.

“Inappropriate behavior” means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior is a form of harassment and thereby can become disruptive, and subject to treatment as “disruptive behavior.” Examples of inappropriate behavior are provided below.

“Disruptive behavior” means any behavior that causes unrest and/or disorder that interrupts and/or impedes patient care progress and safe operations in the workplace, including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.

“Learners” means residents, fellows, and all students – medical, nursing, and allied health – receiving education, training, and supervision on the LCMC HEALTH-affiliated campuses.

“Harassment” includes verbal conduct (such as making derogatory comments, slurs, jokes, banter, imitation, mockery, innuendos, invitations, inappropriate or intimidating comments); visual conduct (such as displaying or circulating derogatory posters, photographs, cartoons, or drawings); and physical conduct (such as impeding or blocking normal movement, unwanted attention, physical contact or proximity, staring at a person, or any surveillance tactics that may be considered “stalking;” and unwanted communication (such as unwelcomed visiting in person, calling, texting, recording, videoing, or other forms of communication that are not welcome or wanted) that interferes with a person’s work performance or creates an offensive, intimidating, or otherwise hostile environment.

“Sexual harassment” means unwelcome sexual advances, requests for sexual favors, and/or unwanted verbal or physical conduct of a sexual nature. Sexual harassment may include direct or indirect request or demands for sexual favors in exchange for job security, i.e., in which sexual contact is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature (which may involve the telling of sexual jokes, stories, displaying of sexually suggestive materials, making suggestive remarks) which has the purpose or effect of unreasonably interfering with a person’s work performance or which creates an offensive, intimidating or otherwise hostile environment.

“Medical staff member” means physicians, allied health practitioners, and others granted membership on the medical staff and for purposes of this Code of Conduct, includes individuals with clinical privileges.

“Retaliation” occurs whenever a person or a group “gets back at” another person or holds it against that person when he/she exercises the right to refuse advances or file a complaint about inappropriate behavior or harassment of any kind. Retaliation may also occur if adverse action is taken against someone who cooperates in the investigation of a complaint. Retaliation of any type is prohibited by LCMC HEALTH.

VI. TYPES OF CONDUCT

Appropriate Behavior

Learners cannot be subject to suspension from access to LCMC HEALTH and reported to his/her respective school for appropriate behavior. Examples of appropriate behavior include, but are not limited to, the following:

- Criticism communicated in a reasonable manner and offered in good faith with aim of improving patient care safety;
- Encouraging clear communication;
- Expressions of concern about a patient's care and safety;
- Expressions of dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication;
- Use of cooperative approach to problem resolution;
- Constructive criticism conveyed in a respectful and professional manner, without blame or shame for adverse outcomes;
- Professional comments to any professional, managerial, supervisory, or administrative staff, or members of the Board of Directors about patient care or safety provided by others;
- Active participation in hospital meetings; and
- Seeking legal advice or the initiation of legal action for cause.

Inappropriate Behavior

Inappropriate behavior by learners is discouraged. Persistent inappropriate behavior can become a form of harassment and thereby become disruptive and subject to treatment as "disruptive behavior." Examples of inappropriate behavior include, but are not limited to, the following:

- Belittling or berating statements;
- Name calling;
- Use of profanity or disrespectful language;
- Inappropriate comments written in the medical record;
- Blatant failure to respond to patient care needs or staff requests;
- Deliberate refusal to return phone calls, pages, or other messages concerning patient care or safety;
- Inappropriate comments or behavior in meetings;
- Intentional condescending language; and
- Degrading or demeaning comments regarding patients, patient families, nurses, physicians, allied health professionals, LCMC HEALTH personnel or contractors and/or LCMC HEALTH.

Disruptive Behavior

Disruptive behavior by learners is prohibited. Examples of disruptive behavior include, but are not limited to, the following:

- Physically threatening language directed at anyone at LCMC HEALTH including, physicians, nurses, other medical staff members, patients, their families, any hospital employee, administrator, or member of the Board of Directors;
- Physical contact with another individual that is threatening or intimidating;
- Throwing instruments, charts, or other items;
- Threats of violence or retribution;
- Sexual harassment;
- Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation; and
- Repetitive inappropriate comments or disruptions in meetings.

VII. GENERAL GUIDELINES/PRINCIPLES

1. Issues of employee conduct will be dealt with in accordance with LCMC HEALTH's Human Resources Policies. Issues of conduct by members of the Medical Staff (hereinafter referred to as "practitioners") will be addressed in accordance with the Code of Conduct applicable to the LCMC HEALTH Medical staff. Employees and providers are expected to adhere to the code of conduct applicable to them, which codes are substantially similar to this Code applicable to learners.
2. This Code of Conduct outlines the steps that can be taken to address concerns about inappropriate conduct by learners. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may be so unacceptable that immediate action is required. Therefore, nothing in this policy precludes an immediate suspension of a learner from access to LCMC HEALTH and immediate referral of a matter being addressed through this policy to the learner's school or the elimination of any particular step in this Code of Conduct.
3. The Office of Academic Affairs, or its designee, shall provide education to all learners regarding appropriate professional behavior. The Medical Staff leadership and Hospital Administration shall also make employees, members of the Medical Staff, and other personnel in the hospital aware of this policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

VIII. COMPLAINT CONTENT

Every individual should feel free to lodge a complaint in good faith about unprofessional behavior without fear of reprisal or retaliation. Learners have an obligation to address and/or report incidents of inappropriate and disruptive behavior. Complaints regarding allegedly inappropriate or disruptive behavior should be reported within 5 business days to the Office of Academic Affairs.

The complaint should include, to the extent feasible:

1. Name of individual exhibiting disruptive or inappropriate behavior, the date(s), time(s), and location of the behavior;
2. A factual description of the inappropriate or disruptive behavior;
3. The circumstances which precipitated the incident;
4. The name and medical record number of any patients or patients' family members who were involved in or witnessed the incident;
5. The names of other witnesses to the incident;
6. The consequences, if any, of the inappropriate or disruptive behavior as it relates to patient care or safety, or LCMC HEALTH personnel or operations; and
7. Any action taken to intervene in, or remedy, the incident, including the names of those intervening.

IX. PROCEDURE – COMPLAINTS INVOLVING LEARNERS EXHIBITING INAPPROPRIATE OR DISRUPTIVE BEHAVIOR

1. The Chief Academic Officer or designee will screen all complaints to determine the authenticity and severity of the complaint. If the complaint is clearly invalid, it may be summarily dismissed. If it is determined that the complaint may have validity, the Chief Academic Officer or designee may, but is not required to, speak with the complainant, or others, for additional information.
2. All complaints that may have validity wherein the person complained about is a learner may be forwarded to the learner's school for handling in accordance with that school's policies and procedures.
3. Any complaint that may be reflective of a potential underlying wellbeing issue for the learner will immediately be flagged by the Chief Academic Officer for the learner's supervising school officials so that it can be reviewed for wellbeing/wellness issue.
4. The Chief Academic Officer will immediately notify LCMC HEALTH counsel of any complaint that poses an immediate threat to patient care or the

safety of others or LCMC HEALTH personnel or operations or constitutes alleged sexual harassment by a learner. The Chief Academic Officer, in conjunction LCMC HEALTH and other members of administration shall, where necessary to prevent harm, notify LCMC HEALTH Public Safety and LCMC HEALTH IT to suspend all badge access, email access, and medical record/EPIC access that has been assigned to the learner. The learner's school shall be immediately notified of said suspension.

5. The Chief Academic Officer should be kept informed regarding the status of a complaint referred to the learner's school by the school. Upon resolution of the complaint, and after the school confirms the learner's fitness to return to duty, the Chief Academic Officer or designee shall notify LCMC HEALTH Public Safety and LCMC HEALTH IT to reinstate badge access, email access, and medical record/ EPIC access. Access shall not be reinstated prior to this time.
6. Nothing herein shall require LCMC HEALTH to allow the learner access to future work/rotations in the event of egregious activity, which shall be determined (a) in accordance with any contract then in place by and between LCMC HEALTH and the learner's school or, (b) if said contract is silent, solely in LCMC HEALTH's discretion.

X. CONFIDENTIALITY

The complaint investigation procedure is intended to be a confidential procedure. All parties to the process are expected to respect and maintain the confidentiality of the process and not to divulge the details of the investigation to anyone. Where there is any risk to other learners, providers, employees or patients, disclosure will be made to the extent necessary to offer adequate protection.

XI. PROCEDURE – COMPLAINTS REGARDING BEHAVIOR DIRECTED TOWARD A LEARNER BY ANYONE OTHER THAN ANOTHER LEARNER

Inappropriate or disruptive behavior which is directed against a learner by a LCMC HEALTH employee, administrator, board member, contractor, or other member of the LCMC HEALTH community, including LCMC HEALTH Medical Staff, shall be reported by the learner to the Chief Academic Officer for referral to the appropriate person, department, or entity, including, without limitation, human resources, President of the Medical Staff, the state or federal government, or relevant accrediting body for further investigation and handling.

XII. AWARENESS OF LEARNERS CODE OF CONDUCT

LCMC HEALTH shall promote continuing awareness of this Code of Conduct among learners by:

1. Sponsoring or supporting educational programs on disruptive behavior offered to learners, Medical Staff members and/or LCMC HEALTH employees.
2. Disseminating this Code of Conduct to all learners at orientation.
3. Educating learners, Medical Staff members and LCMC HEALTH employees regarding the procedures LCMC HEALTH has put into place for effective communication of any learner's concerns, complaints, and suggestions.
4. Obtaining acknowledgement statements from all learners, whenever reasonable and possible, either in a written or electronic, via LCMC HEALTH U. (See *Exhibit I*).

XIII. WORKFLOW

The following entities have reviewed and approved this policy:

Facility	Reviewer
University Medical Center	Nirav Patel, MD, Chief Medical Officer
Touro	Chris, Lege, MD, Chief Medical Officer
West Jefferson Medical Center	Robert Chugden, MD, Chief Medical Officer
East Jefferson Medical Center	Raymond DeCorte, MD, Chief Medical Officer & DIO
New Orleans East Hospital	Candice Robinson, MD, Chief Medical Officer

EXHIBIT 1
CODE OF CONDUCT

ACKNOWLEDGEMENT

This is to acknowledge that I have read and understand the LCMC HEALTH Learner Code of Conduct. I hereby authorize LCMC HEALTH and my school to communicate with each other as outlined in the Code of Conduct where necessary.

(Print Name)

Signature

Date



POLICIES & PROCEDURES

Department:	Academic Affairs
Policy Number:	
Effective Date:	6/2021
Revised Date:	
Reviewed Date:	

RESIDENT & FELLOW SUPERVISION

SCOPE: This policy is applicable to all residents and fellows training at Louisiana Children’s Medical Center (d/b/a LCMC Health).

I. POLICY STATEMENT

It is the policy of LCMC Management Corporation doing business as LCMC that:

- A. In an Academic Medical Center where tertiary care hospitals are in partnership with medical schools, there must be clear delineation of responsibilities to ensure that patient care is provided by qualified physicians.
- B. As residents acquire the knowledge and judgment that accrues with experience, they are allowed the privilege of increasing autonomy for delivering patient care.
- C. The quality of patient care, patient safety, and the success of the educational experience are linked and mutually enhancing. Appropriate resident supervision and delegation of increased autonomy are incumbent on the supervising physician.
- D. The supervising physicians are responsible for the care of each patient and must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires personal involvement with each patient and each resident who is participating in the care of that patient.
- E. Each patient must have a supervising physician whose name is identifiable in the patient record. Other supervising physicians may at times be delegated responsibility for the care of the patient and supervision of the residents involved. It is the responsibility of the supervising physician to be sure that the residents involved in the care of the patient are informed of such delegation and that they can always readily access the supervising physician. It is further imperative that each resident be provided with a clear chain of command to utilize when appropriate for the safety of the patient as well as the learning experience of the resident.

F. In an ambulatory setting

1. To ensure patient safety and quality patient care while maximizing resident educational experience in the ambulatory setting, it is expected that an appropriately privileged supervising physician is physically present and readily available to render timely clinical evaluation and patient disposition.
2. Patients followed in more than one clinic must have an identifiable supervising physician for each clinic.

G. Supervising physicians are responsible for ensuring the coordination of care that is provided to patients. Residency programs will provide high-quality education that includes appropriate education about supervision, team-based learning, patient safety and resident well-being, in compliance with each program's respective ACGME requirements.

H. An "emergency"¹ is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment of the health of a patient. In such situations, any resident or fellow assisted by LCMC personnel, will be permitted to do everything possible to save the life of a patient or to save a patient from serious harm, consistent with informed consent provisions. An appropriately credentialed medical staff physician who is immediately available should be contacted for assistance and the designated supervising physician must be contacted and apprised of the situation as soon as possible. The resident and the supervising physician must document the nature of that discussion in the patient's record.

I. If at any time a resident's performance or conduct is determined to be detrimental to the care of a patient by an LCMC Chief Executive Officer or designee, action will be taken immediately to ensure the safety of the patient. The LCMC Chief Academic Officer will promptly provide written notification to the Residency Program Director or Department/Division Chairperson regarding the resident's unacceptable performance or conduct.

J. As appropriate, the Executive Committee of the Medical Staff may participate in the oversight of resident performance as it pertains to patient safety issues and the quality of patient care delivered by residents.

II. RESPONSIBILITIES:

A. The CAO is responsible for supporting the clinical learning environment within the LCMC facilities. This includes but is not limited to:

1. In partnership with the sponsoring institution, oversight of the ACGME Clinical Learning Environment Review (CLER) visit;
2. Review and follow up of residents' comments related to their LCMC experience;

3. Ensuring facility monitoring and reporting requirements regarding residents are met;
 4. In conjunction with the training programs and the DIO's, ensuring hospital compliance with all applicable ACGME regulations;
 5. Identification of opportunities for improvement in the LCMC resident learning experience;
 6. Review and dissemination of patient safety and quality improvement data involving residents in collaboration with the CMO or designee of each Covered LCMC facility
 7. Monitoring for the adequacy of resident supervision by the active medical staff
- B.** The CMO, in conjunction with the CAO, is responsible for supporting a culture of excellence and overseeing the quality of care provided by supervising physicians. This includes but is not limited to:
1. Results of medical record reviews and other locally derived quality management data concerning patient care;
 2. Incident reports and medical malpractice claims;
 3. Risk events including adverse events and "near misses";
 4. Patient complaints;
 5. Review of reports by hospital accrediting and certifying bodies;
 6. Issues related to supervision by a medical staff physician
- C.** The Residency Program Director is responsible for the quality of the overall education and training program in a given discipline (i.e., medicine, surgery, dentistry). This includes but is not limited to:
1. Ensuring that the program follows the policies of the respective accrediting and/or certifying bodies.
 2. Defining the levels of responsibilities for each year of training by preparing a description of the types of clinical activities residents may perform and providing this information to the CAO, for distribution in the electronic resident procedure database, at least annually.
 3. Constructing clinical assignments and rotations such that junior level residents have appropriate supervision by more senior residents or supervising physicians.
 4. Ensuring that residents or fellows assigned the role of supervising

interns or junior level residents have demonstrated competence consistent with fulfilling this role. All supervising residents must have a supervising physician.

5. Ensuring that all PGY-1 residents (i.e., interns) have direct in-house supervision by an appropriate, qualified, supervisory resident, or supervising physician at all times.
 6. Reviewing patient safety reporting data that involves residents as provided by LCMC to assist in appropriate outcomes for all patients.
- D.** The LCMC Residency Program Site Director is responsible for oversight and supervision of the educational activities involving residents within his/her discipline. This includes but is not limited to:
1. Ensuring that supervising physicians are appropriately fulfilling their responsibilities to provide supervision to residents.
 2. Ongoing evaluation of supervisors, residents and the LCMC site;
 3. Ensuring that residents function within their assigned graduated level of responsibility.
 4. Structuring site- specific training activities consistent with the requirements of accrediting and certifying bodies and the affiliated sponsoring institution;
 5. Arranging and ensuring that all residents participate in an orientation to LCMC policies, procedures, and the role of residents within LCMC.
 6. Ensuring that residents are provided the opportunity to give feedback regarding their supervising physicians, and the clinical learning environment,
 7. Reviewing appropriate patient safety, Quality Data as provided by LCMC to assist in appropriate outcomes for all patients.
- E.** The supervising physician is responsible for and must be personally involved in the care provided to individual patients.
- F.** The supervising physician must continue to have a personal involvement with the patient while a resident is involved in the care of the patient.
- G.** It is the supervising physician's responsibility to determine the appropriate level of supervision. Determination of this level of supervision is a function of the experience and demonstrated competence of the resident and of the complexity of the patient's health care needs, including the nature of the patient's condition, the likelihood of major changes in the management plan, and the complexity of care.
- H.** LCMC Credentialed physicians may not supervise House Staff members

outside their credentials unless an emergency exists.

III. DOCUMENTATION OF SUPERVISION

- A.** Documentation: supervising physicians are required to document in the medical record active participation in and supervision of a patient's care when House Staff members are involved in patient care.

Types of documentation are the following:

1. Progress notes or other entry into the medical record by the supervising physician.
 2. Addendum to the resident progress note by the supervising physician.
 3. Co-signature of the progress note or other medical record entry by the supervising physician;²
 4. A resident progress note or other medical record entry documenting the name of the supervising physician with whom the case was discussed, a summary of the discussion, and a statement of the supervising physician's oversight responsibility with respect to the assessment or diagnosis and/or the plan for evaluation and/or treatment.
- B.** The type of documentation will vary according to the clinical setting and kind of patient encounter. In all cases, the responsible supervising physician must be clearly identifiable in the documentation of the patient encounter or report of reviews of patient material (e.g., pathology or imaging reports).
- C.** The supervising physician must authenticate the following documents: Admit Histories and Physicals, Admission Orders, Operative Notes (including brief operative notes), Consultation Reports, Discharge Summaries, Clinic Discharge Progress Notes.

IV. CLINICAL SETTINGS:

- A.** Inpatient care involving residents: supervising physician involvement should be documented daily in the inpatient record.

² ***NOTE: Supervising physician's co-signature signifies that the supervising physician has reviewed the resident note, and absent an addendum to the contrary, concurs with the content of the resident note or entry.***

- B. Outpatient care involving residents:** The supervising physician must be physically present in the outpatient area and readily available to render timely clinical evaluation and disposition for patients who are actively receiving care. Supervising physicians must review and sign each chart within 30 days.
- C. New Outpatient Encounters:** New patients to a facility require a higher level of supervising physician documentation than other outpatients. Each new patient needs to be seen by and/or discussed with the supervising physician. For primary care, each patient seen by a PGY-1 in the first six months of training must also be directly seen by the supervising physician. Documentation of supervising physician involvement must be by concurrent and related progress note or addendum to the resident note.
- D. Continuing Care in the Outpatient Setting:** The supervising physician must be identifiable for each resident's patient care encounter note. Return patients must be seen by, or discussed with, the supervising physician at such a frequency as to ensure that the course of treatment is effective and appropriate.
- E. Discharge from Outpatient Setting:** The supervising physician, in consultation with the resident, ensures that the discharge of the patient from the outpatient setting is appropriate. Supervising physician involvement must be reflected in the outpatient setting discharge note, using any of the four types of documentation.
- F. Guidelines for Residents performing Consultations**
 - 1. Inpatient: Supervising physicians shall supervise House Staff members who are performing consultations. The supervising physician shall amend as necessary and document approval of the consultation in the chart in a timely manner, within thirty (30) hours of its initiation by the House Staff for routine requests and within twenty- four (24) hours for ASAP or Stat requests. Stat consultation should be initiated on a physician-to-physician basis and should be seen within two (2) hours or less.

Categories of consultations performed by residents are defined as:

- a) Routine Consultation (Today, in a.m., Prior to Discharge) – Consults must be completed within twenty-four (24) hours and have a supervising staff signature within thirty (30) hours of consult initiation.

- b) Stat Consultation – Life or significant disability is imminent if action is not taken quickly. Consults should be seen with one (1) hour or less, completed within two (2) hours and have a supervising staff signature within twenty-four (24) hours of consult initiation.
- c) Outpatient: The supervising physician must be physically present in the specialty outpatient area during scheduled and operating outpatient hours for outpatient consultations. Each new patient (not seen by the specialty for the previous 12 months) for which the supervising physician is responsible needs to be seen by or discussed with the supervising physician with documentation being any of the four types described in as above.
- d) Non-OR Bedside procedures:
 - 1. Supervision for clinic procedures (e.g., skin biopsy, peripheral line placement, incision and drainage, fine needle aspirates, etc.) is based on the setting-specific requirements as above. These types of procedures do not require a pre-procedure note.
 - 2. The electronic resident procedure (eRP) EPIC database will be updated at least annually by data provided by the program directors regarding the bedside procedures that may be performed, by resident program year, without a supervising physician physically present at the bedside with the resident.
 - 3. Supervising physicians for non-routine, diagnostic or therapeutic procedures (e.g., endoscopy, cardiac catheterization, invasive radiology etc.) must be physically present in the procedural area with the documentation being any of the four types described as above.
 - 4. Chemotherapy and Radiation Therapy: the supervising physician must be present during treatment planning (i.e., choice of modality or regimen), dosage or dosimetry determinations, and writing of chemotherapy or radiation therapy orders.
- e) Operating Room (OR) Procedures:
 - 1. Pre- Procedure Note: The pre-procedure supervising physician note requirement applies to OR and same day ambulatory surgical procedures; it does not apply to routine bedside procedures or outpatient procedures such as skin biopsy, central and peripheral lines, lumbar puncture, paracenteses, incision and drainage, fine needle aspirates, etc. For all elective or scheduled surgical procedures, a supervising physician must evaluate the patient and write a pre-procedure note or an addendum to the resident's pre-procedure note describing the findings, diagnosis, plan for treatment and choice of specific procedure to be completed. This pre-procedural evaluation may be completed up to 30 days in advance of the surgical procedure.

All applicable Joint Commission Standards concerning documentation must be met. Other services involved in the patient's operative care (such as anesthesia) must write their own pre-procedure note.

2. Informed Consent: Informed consent must be obtained as detailed in the Covered LCMC Organization's Informed Consent policies.
 3. The supervising physician must meet and greet the patient, be physically present in the operative suite at the induction of anesthesia, be physically present in the OR at the time out, and be physically present in the operating room for the key critical portion of a case.
 4. Supervising physician involvement during operative procedures is required and must be documented in the computerized surgical record consistent with the following scale:
 - a. Scrubbed: The supervising physician is physically present in the operative or procedural room and directly involved in the procedure. The staff physician performs the case, or the resident performs major portions of the procedure under direct supervision.
 - b. Present within OR, but Not Scrubbed: The supervising physician is physically present in the operative or procedural room. The supervising physician observes and provides direction as the resident performs the procedure.
 - c. Immediately Available: The supervising physician is physically present in the operative suite or on the adjoining hospital floors of the operative suite and able to provide supervision or consultation without delay. In cases of emergency or a situation requiring supervising physician involvement for another patient, the supervising physician must be physically present in the hospital.
 - d. Emergency Care: Immediate (i.e., without delay) care is necessary to preserve life or to prevent serious impairment. The supervising physician must be contacted. This level is only appropriate if a resident is performing the emergency surgery without a supervising physician present.
- f) Telemedicine and Telehealth:
1. Real Time Videoconferencing: In situations where the supervising physician and resident are present in an LCMC facility delivering telehealth care to a remote patient, resident-provided care is acceptable in all circumstances where LCMC standards permit the staff physician to deliver care remotely. The supervising physician must be in the general vicinity and available to the resident for direct supervision without delay, as if the patient were being seen in clinic.

2. Realtime videoconferencing must not be used to substitute for appropriate supervision, e.g., in situations where the resident is with the patient in a remote setting (such as a Community- Based Outpatient Clinic while the supervising physician is at the parent LCMC facility with videoconferencing connectivity). Resident-provided care in remote settings without the on-site presence of a supervising physician is not acceptable. However, consultation with specialists via remote connections may be handled as any outpatient consultation would be conducted.
 3. Store and Forward Telehealth: In “Store and Forward” telehealth, the resident and supervising physician would not see the patient, except through examination of images of specimens (e.g., teleradiology films, teleretinal scans, or telepathology specimens). The resident reviews the material with or without the supervising physician present, and the supervising physician reviews the same material. The interpretations and reports on all images and specimens must be verified by the supervising physician. In all instances, the resident must receive feedback on the resident’s interpretation of home telehealth for learning purposes.
- g) Emergency Situation: In an emergency situation, any resident assisted by LCMC personnel will be permitted to do everything possible, consistent with informed consent provisions, to save the life of a patient or to save a patient from serious harm. An appropriately credentialed physician who is immediately available should be contacted for assistance and the designated supervising physician must be contacted and apprised of the situation as soon as possible. The resident and the supervising physician or credentialed physician must document the nature of the discussion in the medical record.

V. GRADUATED LEVELS OF RESPONSIBILITY:

Residents: The residents, as individuals, must be aware of their limitations and not attempt to provide clinical services or to perform procedures for which they are not trained. They must know the graduated level of responsibility described for their level of training and practice within the scope of that level of responsibility. Each resident is responsible for communicating significant patient care issues to the supervising physician. Such communication must be documented in the record. Failure to function within graduated levels of

responsibility or to communicate significant patient care issues to the responsible supervising physician may result in the removal of the resident from LCMC patient care activities.

- A.** The Residency Program Director is ultimately responsible for defining the levels of responsibility for residents in their postgraduate years and ensures that written documentation and education is provided to the residents at least annually.
- B.** The LCMC Residency Program Site Director will monitor the resident and evaluations at least annually as part of a performance improvement effort for the educational activities of LCMC clinical rotations.
- C.** The Chief Executive Officer or their designee shall have the authority to temporarily suspend any member of the House Staff where substantive allegations exist of professional misconduct, unethical professional behavior, or question of fitness for duty. The suspension shall be effective while awaiting investigation and recommendations from the Chief Academic Officer or designee. Any problems with any member of the House Staff that is identified while the House Officer is assigned to the Hospital shall be reported to the appropriate Program Director, Department Chairperson, and Designated Institutional Official (DIO).
- D.** As per ACGME regulations, the policies and procedures governing grievance proceedings for a resident (i.e. probation, termination, non-renewal of contract) are the responsibility of the respective Sponsoring Institution.

VI. GENERAL GUIDELINES:

A. Post-Graduate Year 1 (PGY-1):

In general, residents at the PGY-1 level shall be closely supervised by staff physicians or upper-level residents and shall not perform technically complex diagnostic or therapeutic procedures or high-risk treatment modalities without direct supervision by a staff physician or a senior resident designated as a supervising resident. Detail on any bedside procedures that may be performed by PGY, without direct supervision, is found in the electronic resident procedure database available electronically and updated by the Program Director at least annually.

PGY-1 level residents may carry out the following activities without direct supervision:

1. take a history and perform a physical examination
2. write orders for routine medications and diagnostic tests

B. Intermediate Post-Graduate Years:

Residents at intermediate PGY levels (after the first level, but before the last or senior level) may supervise routine activities performed by residents at lower PGY levels. They may perform some technically complex diagnostic or therapeutic procedures or treatment modalities without direct supervision by a staff physician or senior resident. Detail on any bedside procedures that may be performed by PGY, without direct supervision, is found in the electronic resident procedure database available electronically and updated by the Program Director at least annually.

C. Senior Post-Graduate Year:

Residents in their last PGY level may supervise the clinical activities performed by more junior residents. They may, for example, perform technically complex or high-risk procedures as would normally be performed by individuals trained in the specialty of the resident. For those procedures requiring a pre-procedure note by a medical staff physician, the medical staff physician can determine which cases are suitable for the resident to perform without direct medical staff physician supervision. Detail on any bedside procedures that may be performed by PGY, without direct supervision, is found in the electronic resident procedure database available electronically and updated by the Program Director at least annually.

VII. Definitions

- A. Academic Medical Center:** The term “Academic Medical Center” (AMC) refers to a tertiary care hospital that is in close partnership with a medical school. For the purposes of this agreement, AMC refers to the LCMC Covered Facilities, in close partnership with both LSU Health Sciences Center to include LSU School of Medicine and Tulane School of Medicine.
- B. ACGME:** The term “ACGME” means the Accreditation Council for Graduate Medical Education.
- C. Chief Academic Officer (CAO):** The CAO is the LCMC designated physician who has oversight responsibility for all graduate medical education training at LCMC facilities.
- D. Chief Medical Officer (CMO):** The CMO is the LCMC designated physician who has oversight for the clinical quality of care and for the medical staff at each facility.
- E. Chief Resident:** The Chief Resident is an individual who is considered senior in the training program and who may or may not be a licensed independent physician. Chief residents are designated by the Residency Program Director and may assume advanced administrative responsibilities necessary for the operation of the residency program. Chief residents fall into one of two categories:
 - 1. **Chief Resident – In Training:** Chief Residents who are currently enrolled in an accredited residency program, but who have not completed the full

academic program leading to board eligibility. These chief residents are not independent physicians and cannot be privileged to work in the discipline for which they are being trained. This model is the most common, particularly in surgery and in fellowship training programs.

2. Chief Resident – Post Training: Chief Residents who have completed an accredited residency program but engage in an additional year of training and responsibility. These Chief Residents are board certified or board eligible and are able to be privileged in the discipline of their completed specialty-specific training program. They are frequently licensed independent physicians. This model is common in internal medicine and in pediatrics programs.

- F. Covered LCMC Facilities**: The term “Covered LCMC Facilities” for the purposes of this policy shall have the meaning University Medical Center (UMC), Touro Infirmary, and West Jefferson Medical Center
- G. Designated Institutional Official**: The term “Designated institutional official” (DIO) shall refer to the individual appointed by the sponsoring institution, who has the authority and responsibility for all ACGME-accredited residency and fellowship programs.
- H. Documentation**: Documentation is the written or computer-generated medical record evidence of a patient encounter. In terms of resident supervision, documentation is the daily written or computer-generated medical record evidence of the interaction between a supervising physician and a resident concerning a patient encounter.
- I. Emergency**: The term “Emergency” In addition to any other instances in which a consent is excused or implied at law, a consent to surgical or medical treatment or procedures suggested, recommended, prescribed, or directed by a duly licensed physician will be implied where an emergency exists. For the purposes hereof, an emergency is defined as a situation wherein: (1) in competent medical judgment, the proposed surgical or medical treatment or procedures are reasonably necessary; and (2) a person authorized to consent under Section 1299.53 is not readily available, and any delay in treatment could reasonably be expected to jeopardize the life or health of the person affected, or could reasonably result in disfigurement or impair faculties. For purposes of this Section, an emergency is also defined as a situation wherein: (1) a person transported to a hospital from a licensed health care facility is not in a condition to give consent; (2) a person authorized to give consent is not readily available; and (3) any delay would be injurious to the health and well-being of such person.
- J. Fellow**: Fellows have completed a primary residency leading to board eligibility and are pursuing subspecialty training in a given area. Fellows practice under supervising physicians for all areas included in their subspecialty training. Fellows may practice independently in their primary field, if they are licensed to do so, provided that they have medical staff privileges in that discipline at LCMC facilities. They may supervise others in their primary field only if they have staff privileges at LCMC and are approved by the sponsoring institution. Fellows may not practice independently in their field of ongoing training (e.g., a gastroenterology fellow may practice internal

medicine independently if licensed and credentialed but may not practice gastroenterology without supervision).

- K. LCMC Policies:** The term “LCMC Policies” shall mean and include the bylaws, policies, procedures, and practices of [LCMC or Covered LCMC Facilities], all as are from time to time adopted, authorized, and approved by the applicable governing authority where services are being rendered.
- L. Faculty Physician:** The term “Faculty Physician” shall mean a physician employed by a medical school
- M. Graduate Medical Education (GME):** The term “graduate medical education or GME” refers to programs focused on the development of necessary clinical skills, attitudes, and professional competencies that prepare residents to deliver safe-high-quality medical care based on the professional educational standards established by the ACGME, RRC or organized medical specialty of a respective training program. The purpose of GME is to provide an organized and integrated clinical experience and educational program that provides guidance and clinical instruction of the resident
- N. Medical Staff:** The term “Medical Staff” shall mean the organized Medical Staff of LCMC or any duly constituted subdivision thereof.
- O. Physician Services:** The term “Physician Services” shall mean services performed by Medical Staff Physicians at the Covered LCMC Facilities.
- P. Program Director:** The term “Program Director” shall mean the physician or education leader, appointed by the sponsoring institution with full authority and accountability for the operation of a residency/fellowship program. The Residency Program Director is appointed by and reports to the Designated Institutional Official at the Sponsoring Institution and may or may not be a member of the LCMC medical staff.
- Q. Program Letter of Agreement:** The term “Program Letter of Agreement” (PLA) refers to a written document, required by the ACGME, between the Sponsoring Institution and the clinical training site for a residency and/or fellowship program. Note that each residency/fellowship must maintain a PLA with each individual Covered Facility at which rotational experience takes place. The PLA includes goals and objectives and requires signature by the CEO or designee, the DIO, the program director, and the site director (if different than the program director). PLAs are nonbinding, nonlegal documents and are renewable at least every 10years.
- R. Residency Program:** The term “Residency Program” means any ACGME-accredited residency program that governs the activities of Residents training at the Covered LCMC Facilities pursuant to this Agreement.
- S. Resident:** The term “Resident” shall mean a physician-in-training, engaged in graduate medical education and who can be at the level of intern, resident or fellow and who participates in patient care under the direction of supervising physicians. Collectively, LCMC residents may be referred to as “House Staff.”
- T. Site Director:** The term “Site Director” refers to the Supervising physician, appointed by the Program Director, and appropriately credentialed to the medical staff who is accountable for the resident, fellow and/or student

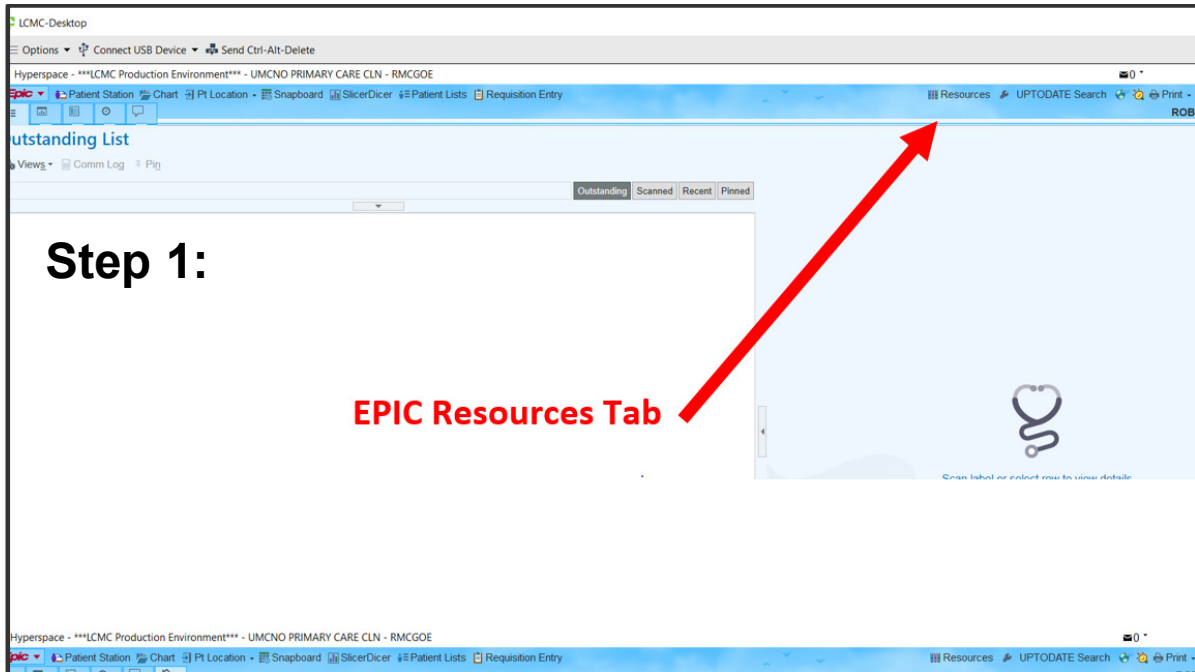
education at each of the LCMC Covered Facilities, in collaboration with the Program Director

- U. Sponsoring Institution:** The term “Sponsoring Institution” shall refer to the organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. The Sponsoring Institution has the primary purpose of providing educational programs and/or health care services.
- V. Students:** The term “Students” shall refer to any student enrolled in a health care professional school affiliated with one or more of the LCMC Covered Facilities.
- W. Supervising physicians:** The term “Supervising physicians” shall mean any physician, dentist or oral surgeon who is credentialed and privileged at one or more of the Covered LCMC Facilities to provide clinical services at the Covered LCMC Facilities. For the purposes of this agreement, supervising physicians are approved and authorized by program directors to providing supervision to residents or fellows in the clinical activities for which they have been granted .
- X. Supervising residents or fellows:** A supervising resident or fellow refers to a resident or fellow who is assigned the responsibility of directly supervising junior residents or interns. All supervising residents and fellows must have a supervising physician.

- Y. Supervision:** Supervision is an intervention provided by a supervising physician or in appropriate cases by a supervising resident or fellow, to a resident. This relationship is evaluative (both summative and formative), and over time, has the simultaneous purposes of enhancing the professional functioning of the resident while monitoring the quality of clinical and professional services delivered. Supervision is exercised through instruction, observation, consultation, directing the learning of the resident, and role modeling.

Electronic Resident Procedures (eRP)

- Searchable listing of bedside procedures residents/fellows may be able to perform without direct faculty supervision
- Searchable by discipline, by procedure, and by resident
- Reviewed annually by Program Directors and updated as needed
- Accessible via the EPIC Resources Tab (adult hospitals) and via SharePoint (CHNOLA)



eRP – Electronic Resident Procedures Database (Adult Hospitals)

Clicking the eRP link on the Resources Tab will automatically open the excel database, with instructions for how to navigate the document.

Electronic Resident Procedures (eRP)

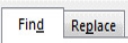
The eRP is a listing of bedside Procedures that may be performed by trainees at **LCMC Adult Hospitals** without faculty **physically present** in the room.


eRP can be used to search by 1) Program; 2) Procedure or 3) Resident's name.

**We recommend searching by the Resident/Fellow Name, to provide faster results

To search by Procedure or by Resident within the eRP Workbook:


Step: 1 Click "Find & Select" in the upper right hand corner of the worksheet or click Ctrl+F on your keyboard

Step 2: Select "Find" 

Step 3: Click 

Step 4: Set Within: to Workbook Within:

Step 5: In 'Find what': Find what: type Resident's name or Procedure

Step 6: Click 

Example of the format you will see for each program. Note: Each specialty varies

Updated 06.30.2021	Emergency Medicine			
Procedures	PRG-1	PRG-2	PRG-3	PRG-4
Airway:				X
Adult Cricothyroidotomy				X
Awake Look Endotracheal Intubation (ETT)	X	X	X	X
Bag Valve Mask (BVM) O2 Delivery		X	X	X
Bougie Device Insertion				X

Physician disaster plan – Code Grey

The Chief Medical Officer will notify the Deans/Department Chairs via email, fax, or direct contact

- Department Chairs will notify Chief Residents/Assigned Staff
 - Chief Residents are responsible for identifying on-call teams and will provide the information to the Medical Director via fax, or if after hours, via phone.
- The Chief Resident of each service will be expected to be in-house when the code is called and during the entire disaster.
- The Medical Director's Office will notify the assigned Staff/Chief Residents of the change to Code Grey status.
- Chief Residents would then notify all assigned House Staff of need to report to the hospital.
- All Staff and House Staff are to notify the Chief Medical Officer or his office of their arrival. (Parking passes will be distributed to Chief Residents. No one will be allowed entry to the parking garage without a pass!) Armbands for on-call physicians can be obtained at the designated registration area at University Medical Center. No one will be allowed to remain in on-call quarters without an armband.
- During a Code Grey status, the Chief Medical Officer has the final authority and responsibility for all assignments for all of the Medical Staff.

Other:

- A. Call rooms will be assigned by the hospital administration.
- B. Assigned physicians will be allowed to park one (1) vehicle on campus.
- C. Absolutely no pets will be allowed!
- D. Food, clothing, medications, blankets, pillows, and water are the responsibility of the individuals. (The hospital will make every effort to supply food and water to staff and house staff, however, in an extended disaster, this may not be possible).
- E. No provisions will be made for medical students.

Department:	Operating Room
Policy Number:	16093
Effective Date:	12/2020
Revised Date:	
Reviewed Date:	

SURGICAL ATTIRE

Policy Statement:

- It is the policy of University Medical Center New Orleans (UMCNO) to provide safe, high-quality healthcare to all patients by taking the necessary steps to ensure team members follow the following procedures as it relates to surgical attire, including scrub attire, shoes, and head coverings worn in the semi-restricted and restricted areas. The expected outcome is the patient will be free from infection.

Purpose:

- To set guidelines for attire worn by personnel within the semi-restricted and restricted areas of the surgical environment.

Definitions:

- **Clean:** Not contaminated with blood or other potentially infectious material.
- **Restricted area:** Includes the OR, sterile supply rooms adjacent to the cores, and hand antisepsis zones.
- **Semi-restricted area:** Includes the peripheral support areas of the surgical suite and storage areas for sterile and clean supplies, work areas for storage and processing instruments, and corridors for patient transport and leading to the restricted areas of the surgical suite.
- **Unrestricted areas:** Any area outside of the restricted and semi-restricted areas demarcated by appropriate signage and red floor tiles. Includes the business offices, control and schedule desk, break rooms, and working hallway for transport of materials to and from the restricted and semi-restricted areas, as well as pre-operative area, one-day surgery area, and recovery/post-anesthesia care area.

Procedure:

- Scrub Attire
 - Wear clean surgical attire when entering the semi-restricted and restricted areas.
 - Remove attire that has been soiled by blood, body fluids, or other potentially infectious materials immediately or as soon as possible and replace with clean attire.
 - Scrub attire that is contaminated with blood or other potentially infectious material must be laundered in a UMCNO-approved laundry facility.
 - If wearing personal clothing under scrub attire, only short-sleeved shirts should be worn.
- Cover Apparel
 - If worn, cover apparel (e.g. lab coats) should be clean.
- Head and Beard Coverings
 - Approved head coverings will be worn when entering the semi-restricted and restricted areas.
 - Approved beard coverings will be worn when entering the semi-restricted and restricted areas.
 - Remove head and/or beard coverings that has been soiled by blood, body fluids, or other potentially infectious materials immediately or as soon as possible and replace with clean head and/or beard coverings.

POLICIES & PROCEDURES

Department:	Operating Room
Policy Number:	16093
Effective Date:	12/2020
Revised Date:	
Reviewed Date:	

- The Surgical Services Executive Committee shall appoint a group of individuals to identify, review, vet, and approve head and beard coverings, in collaboration with Infection Control, Operating Room Administration, and Supply Chain. The group shall ensure that head coverings are appropriate to the Operating Room environment as well as respect the diversity of individuals present and working at UMCNO.
- Surgical Masks
 - Surgical masks must be worn fully covering the mouth and nose in restricted areas or where open sterile supplies or scrubbed personnel are located.
 - Barring supply limitations, a fresh, clean surgical mask is worn for every procedure.
- Shoes
 - Shoes worn in the OR will be clean and meet all UMCNO dress code policies.
 - Wear fluid-resistant shoe covers or boots when gross contamination can be reasonably anticipated.
 - Remove single-use shoe covers worn as personal protective equipment immediately after use and prior to exiting the department.
- Identification Badges
 - Clean identification badges and lanyards when soiled with blood, body fluids or other potentially infectious material.
- Personal Items
 - Personal items including briefcases, backpacks, or purses may not be taken into the semi-restricted or restricted areas.
- Visitor Attire
 - Persons entering the semi-restricted or restricted areas for a brief time (e.g., vendors, law enforcement officers, biomedical engineering, pharmacy, etc.) will don single-use scrub attire, or a single-use jumpsuit (e.g., coveralls, bunny suit). If neither are available, visitors must don scrub attire provided by the hospital.

Accountability:

In order to provide support for the attire policy, the following accountability measures will be enforced for the subgroups listed below. A “violation” for the purposes of this policy occurs when an individual does not implement, fails to correct, or negatively responds when provided feedback or guidance to better comply with the policy. If an individual receives feedback and immediately corrects the deficiency, it shall not constitute a “violation” as per this policy.

- Attendings:
 - 1st violation: OR Medical Director will conduct a conversation or verbal warning within 2 working days.
 - 2nd violation: Notification will be provided that attending must check in for visual sign off, photo and logging of compliance x 3 consecutive days in OR.
 - 3rd violation: Non-compliance will be submitted to Peer Review, and Chairman and Dean will be notified.
- Employees:
 - 1st violation: Supervisor will conduct a conversation or verbal warning within 2 workdays.

POLICIES & PROCEDURES

Department:	Operating Room
Policy Number:	16093
Effective Date:	12/2020
Revised Date:	
Reviewed Date:	

- 2nd violation: Notification will be provided that employee must check in for visual sign off, photo and logging of compliance x 3 consecutive days in OR.
- 3rd violation: Written corrective action will be provided within 2 workdays.
- Residents/Students:
 - 1st violation: OR Medical Director will conduct a conversation or verbal warning within 2 working days.
 - 2nd violation: CAO will provide written notice to program director cc. to resident/student within 2 workdays.
 - 3rd violation: CAO will provide written notice to program director cc. to resident/student within 2 workdays that is “Second Notice.”
 - 4th violation: CAO will provide written notice to program director cc. to resident/student within 2 workdays that this is “Third and Final Notice, and Corrective Action Plan must be submitted.”

Competency:

- UMCNO staff working in semi-restricted and restricted areas of the facility will receive education and complete competency verification activities on surgical attire worn in the perioperative areas.

References:

- Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection. (2017). Retrieved: <https://www.cdc.gov/infectioncontrol/guidelines/ssi/index.html>
- Guideline for surgical attire. In: Guidelines for Perioperative Practice. Denver, CO. AORN, Inc; 2020.
- Occupational Safety and Health Administration. Bloodborne pathogens. Appendix A 1910.1030. Retrieved: [https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030#:~:text=Bloodborne%20Pathogens%20means%20pathogenic%20microorganisms,human%20immunodeficiency%20virus%20\(HIV\).](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030#:~:text=Bloodborne%20Pathogens%20means%20pathogenic%20microorganisms,human%20immunodeficiency%20virus%20(HIV).)

Workflow:

OR Policy Committee	1/31/2020
Medical Director, Operating Room	1/31/2020
Surgical Services Executive Committee Working Group	7/24/2020
Surgical Services Executive Committee	8/11/2020
Infection Control Committee	10/2020
CQM	12/2020
MEC	12/2020



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