

MEDICAL RESIDENT/ STUDENT INFORMATION PACKAGE



WELCOME TO LACGH!

We hope you will enjoy
your rotation with us!



Lennox and Addington
County General Hospital



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Orientation

Department orientation will occur during regular business hours on the first day of your rotation. If your first shift is outside of regular business hours, an alternative teaching time will need to be arranged with the IS Department at a mutually agreed upon time, in advance of arrival.

Security

Some doors require a hospital issued ID badge to gain access (i.e. change rooms, doctor's lounge), especially during off-hours. A resident ID badge will be provided to you on the first day of your rotation. Should you have any issues with the ID badge we have provided, please contact the Executive Assistant (Ext. 202). The initial ID badge will be provided at no cost, however, should you require a replacement, there is a \$25 fee.

Scrubs

You will be provided with access to Hospital scrubs, should it be needed. In order to prevent the spread of infection to others, these Hospital issued garments must not be worn outside of the Hospital or to and from the Hospital. As such, please do not take Hospital issued garments off-site to launder. The Hospital has numerous on-site laundry depots to deposit this clothing for cleaning.

Parking

Parking is available at LACGH at no cost. There are parking lots in the front and to the rear of the Hospital. We do ask that the parking spaces closer to entrances be left open for patients and those with mobility challenges.

Overflow parking is available across the street at the Westdale Park Free Methodist Church, 7 Richmond Park Drive. Church staff have kindly requested that parking spaces near their entrance doors be left vacant to park and allow for vehicles making deliveries.

Cafeteria

An on-site cafeteria is located in the basement. Fresh hot food is available from 6:30 a.m. to 2 p.m (Monday to Friday) and from 8:30 a.m. to 2 p.m. Saturday and Sunday. Vending machines also provide snack-type meals available for purchase during the remaining hours of the day.

Important Contact Numbers

LACGH: 613-354-3301

Switchboard:	Ext. 0
IS Helpdesk:	Ext: 491
Health Records	Ext. 218
Executive Assistant:	Ext. 202



Shift Changes

Shift trades are allowed. Please contact the department coordinator/scheduler to advise once a trade is confirmed with another resident.



Teaching of Residents & Resident Clinical Experience



Lennox & Addington County General Hospital

Administration/Organization

TEACHING OF MEDICAL RESIDENTS & RESIDENT CLINICAL EXPERIENCE

Approved by: MAC	Effective Date: Jan. 9, 2020	AO-16
Issued By: Administration	Review Date: Jan. 9, 2020	
Department(s) All	Version: 4	Archived: Y

POLICY

- The provision of appropriate and compassionate medical care of patients is the priority of the Lennox and Addington County General Hospital (LACGH).
- The teaching of residents in our Hospital benefits the resident, the teacher, the patient and the Hospital.
- The Hospital will provide experience to medical residents registered with an accredited Canadian University.
- Each medical resident shall be supervised by a currently credentialed member of the Hospital's medical staff and the services that the medical resident may provide shall be in accordance with the Medical Staff Rules (see below).
- The CEO's office must receive the "Medical Residents-Clinical Experience form" before the medical resident may commence their period of clinical experience.
- It is the policy of the Board of Directors, that a medical resident requesting clinical experience in our Hospital must provide evidence of insurance coverage by Canadian Medical Protective Association (CMPA), or other carrier.
- Residents require supervision, but they also require some degree of autonomy. The balance between supervision and autonomy must be individualized, depending on level of training and competence. On any given shift, it is the responsibility of the LACGH physician/teacher working with resident to determine this balance. Experienced physician teachers are capable of determining this balance in a very short period of time, however if the physician/teacher is uncertain as to the level of competence of the resident, erring on the side of supervision is expected.

RESPONSIBILITIES:

LACGH to Facilitate Resident Teaching

- The resident must have adequate orientation to the layout of the department, the location of equipment and routines of the department, including the appropriate use of the electronic medical record.
- The resident is to be provided with a learning environment that is supportive and allows time for questions and reading of clinically relevant medical literature.

Medical Residents at LACGH

- The resident is to work within their skillset, at a pace that allows good clinical judgment and good medical care.
- The resident must identify patients or problems that are beyond their scope of knowledge or medical expertise, and ensure that their supervising physician/teacher is involved in those cases.
- The resident should try to strike a balance between their own needs as a learner and the needs of the department to provide service to patients.



TEACHING OF MEDICAL RESIDENTS & RESIDENT CLINICAL EXPERIENCE

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The Medical Staff Rules State:

Medical Residents:

This rule applies to Medical Residents functioning within the Hospital.

- Resident rotations shall be for a specified period, not to exceed one (1) year.*
- Each resident will be assigned to a specific member of Medical Staff who will have prime responsibility for the instruction and activities of the resident.*
- Residents may do patient history and physical examinations and may write orders for investigation or treatment.*
- The resident may carry out technical procedures on patients in accordance with the Policy of the College of Physicians and Surgeons of Ontario, or Special Procedures by Nurses, e.g. venipuncture, starting IV's, urinary catheterization. These procedures may be carried out without direct supervision by a member of Active medical staff.*
- The resident may carry out other procedures of a more difficult nature providing that they are done under the direct supervision of a member of medical staff.*

Physician Supervisors, when working with a Resident

- All patients must have an adequate history taken, appropriate physical exam completed, and necessary investigations carried out, followed by a thoughtful differential diagnosis and ultimately safe and appropriate treatment and disposition of the patient. The physician/teacher must have confidence that these elements of care have been fulfilled, either through dialogue with the resident or interaction with the patient.
- The physician/teacher must be especially vigilante at times of high patient volumes, and at change of shift, to ensure that patients are diagnosed and treated properly.
- If a physician determines that a medical error or omission has occurred, he/she must ensure that appropriate actions are taken to correct or mitigate the situation and disclosure will take place in accordance with Hospital policy if indicated.
- The physician/teacher will try to balance the needs of the department (provision of service) with the needs of the resident (learning).
- The physician/teacher will appropriately address concerns or questions raised by nursing staff regarding the actions/orders of a resident under their supervision.

In addition to the provisions stated above, the Emergency Department Physician/Teacher, when working with a resident:

- Will read and sign all charts completed by the resident.
- Will be immediately available to the resident and will never imply that they should be consulted "only if needed".

Residency Coordinators:

- Are responsible for ensuring administrative tasks are completed:
 - Paperwork completed and returned to the CEO's office

Hospital Policies and Procedures

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This is a controlled document. All printed documents should be checked against the online version prior to use.



Lennox & Addington County General Hospital

Administration/Organization

TEACHING OF MEDICAL RESIDENTS & RESIDENT CLINICAL EXPERIENCE

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- Ensuring the completion of departmental orientation
 - Meditech training (if applicable)
 - Hand hygiene
 - ID badge
 - Department specific /facility tour
- Coordination of supervisors
- Scheduling of shifts
- Following up on departmental issues

The immediate supervisor is responsible for the medical resident's day-to-day activities.



Health Information System

Lennox and Addington County General Hospital has reached the Health Information Management System Society (HIMSS) Level 6 certification, meaning we have highly integrated health information systems. We are proud to say that we are part of a handful of Hospitals in Canada to reach this level of integrated health record.

LACGH uses Meditech for everything related to patient care. Meditech training is mandatory prior to starting your rotation so do not delay submission of paperwork to the Executive Assistant (preferably 3-4 weeks in advance of your rotation), as we need time to set up user accounts before you arrive. Our hospital is 100% paperless on the Acute Care Unit and 90% paperless in our Emergency Department. For this reason, training is mandatory before seeing any patients.

Physicians are responsible to enter online, their documentation, orders, medication reconciliation on admission and discharge and their prescriptions.

Health Records & Decision Support

Chart Completion

Health Records is responsible for maintaining and managing the chart whether in electronic or paper form. This includes ensuring that the legal charting requirements are fulfilled (Policy AO-33). Please ensure to check your unsigned documents area before you leave each shift. Records staff will contact you after 24 hours if charting remains deficient.

Release of Information

All requests for release of information are to be directed to records staff. Note: release of charted information occurs regularly to patients and to legal offices and/or the police.

Terminology & Utilization

Coding specialists turn the information contained on the patient chart into information that is used by decision support at the MOHLTC, the SE LHIN and the Hospital to determine how healthcare will be provided. LACGH takes the quality of data we submit very seriously. We have embedded coding specialists into the rounding process (concurrent coding) to facilitate standardization of clinical terminology and ensure necessary documentation practices for data capture occur. They can also answer any questions you may have about documentation.

A coding specialist will also be providing an expected length of stay (ELOS) for patients. The ELOS is based on documentation in the patient chart and is calculated using national data submitted to the Canadian Institute of Health Information (CIHI). This value provides you the physician determined national average length of stay for similar patients.



Documentation

Placement of diagnoses in documentation can impact funding. Note closely the following definitions and place diagnoses appropriately in discharge summary. Please ask the coding specialists if you have any questions.

DISCHARGE DIAGNOSIS – the diagnosis that has accounted for most of the care/resources used in the hospital. Does not have to be the admitting reason. Acts as the major driver for the funding formula.

PRE-ADMIT COMORBIDITY – a pre-existing condition that has needed significant treatment or a specialist consultation during the visit and contributed to the patient needing to stay in hospital, thus may trigger the funding formula. DO NOT LIST PAST MEDICAL HISTORY UNDER THIS SECTION.

POST-ADMIT COMORBIDITY – a condition that DID NOT exist prior to hospitalization and needed significant treatment or specialist consultation so may act as a trigger for funding formula.

SECONDARY DIAGNOSIS – conditions that did not receive significant change in treatment during current visit so should not trigger funding formula. PAST MEDICAL HISTORY.

Lack of specificity in clinical terms can lower hospital funding, please avoid ambiguous terms like:

- **ACS** – diagnosis should be last stage of spectrum reached: STEMI, NSTEMI, Q-wave MI, or the type of angina that patient experienced.
- **Confusion** – vague term, use of delirium is more descriptive.
- **IDDM/NIDDM** – use DM1 or DM2.
- **Renal Failure** – use acute, chronic or acute on chronic to define.
- **Stroke** – define as ischemic or hemorrhagic unless truly unspecified.
- **Urosepsis** – per World Health Organization (WHO) standards, this diagnosis codes to UTI, please say Septicemia due to UTI to represent a truly septic patient.

Privacy

It is mandatory to complete privacy training. If you have done so at another facility please let the Executive Assistant know where and when this was done, so proof can be obtained. This will prevent you from having to retake the training. Know that access audits are performed on a random and high profile case audits basis.

Please contact the Privacy Officer (Ext. 211) if you have any questions or concerns.

Pharmacy

Our medication system is a closed loop electronic system which includes electronic prescriber order-entry, unit-dose medication packaging, and barcode scanning for medication administration for all inpatients. In the



emergency department, all outpatient prescriptions for opioids are prescribed electronically and sent directly to the patient's community pharmacy.

Pharmacy technicians complete a Best Possible Medication History (BPMH) for all new admissions. Medication Reconciliation is completed by the Hospitalist team on admission and discharge. The pharmacist will show you how to enter medication orders, including order sets, and complete medication reconciliation on admission and discharge.

The pharmacist attends daily team rounds, monitors antibiotic use, and provides medication teaching. At discharge, an updated medication list is provided to the patient/family and community pharmacy.

Drug information is available after-hours from the on-call pharmacist at Kingston Health Sciences Centre. Weekend pharmacist coverage is provided by NorthWest Telepharmacy.



OCCUPATIONAL
HEALTH AND SAFETY

**MEDICAL
PERSONNEL
ORIENTATION**



Health & Safety Orientation

Introduction

The Lennox and Addington County General Hospital is committed to providing a safe and healthy work environment and each member of the Hospital community has a personal interest and a role to play in achieving this. Indeed, Occupational Health and Safety legislation places specific and personal responsibilities and duties on everyone in the workplace. A safe and healthy environment does not just happen. It must be actively promoted through management systems that are designed to create a “safety culture” such that safety becomes an integral part of all activities.

The purpose of this booklet is to inform physicians, residents, and medical students of the nature and extent of their duties with respect to health and safety at Lennox and Addington County General Hospital.

Health & Safety Responsibility

The Lennox and Addington County General Hospital, for the purposes of the internal health and safety program, defines worker as “anyone entering and performing duties on its premise” and includes: employees, physicians, medical residents, students, volunteers, contractors and business visitors.

Physicians, residents, and medical students are responsible to work in compliance with the Occupational Health and Safety Act and Regulations and the health and safety policies and procedures of the Hospital.

Health & Safety Policy

The Board of Directors and CEO of LACGH are committed to the prevention of occupational illness and injury through the provision and maintenance of a healthy and safe work environment.

A healthy and safe workplace is everyone’s responsibility and a goal that LACGH is dedicated to. The CEO, as employer, is ultimately responsible for worker health and safety.

The LACGH Management Team endeavors to meet its responsibilities for health and safety by adhering to relevant health and safety standards and legislative requirements, and by assigning general and specific responsibilities for workplace health and safety.

Supervisors, which includes physician and medical residents, are accountable for the health and safety of workers under their direction. Supervisors are responsible to ensure that machinery and equipment are safe and that workers work in compliance with established safe work practices and procedures. Workers must receive training in their specific work tasks to protect their health and safety.



Every worker is responsible to protect his or her own health and safety by working safely in compliance with the law and safe work practices and procedures established by the Hospital. Each individual is responsible for reporting any unsafe or unhealthy condition.

All physicians, residents, and medical students are responsible for working safely and in compliance with the health and safety policies and procedures of the Hospital.

All contractors and their workers are responsible to meet or exceed the Hospital's health and safety program requirements.

Health and safety is to be considered in every activity and for every person (employee, physician, resident, medical student, volunteer, visitor and patient) entering the Hospital. Commitment to health and safety is an integral part of this organization, from the Board of Directors to the workers to our visitors.

Reporting Hazards

All workplace parties have a responsibility to report any health or safety hazard identified in the workplace to ensure correction and follow-up. You are required to report any health or safety concern to the departmental immediate supervisor (Nursing Team Leader or Clinical Specialist) or Administration. The concern will be documented and corrective follow-up action taken.

Infection Prevention & Control

Infection Prevention and Control (IPAC) is the systems and procedures in place to eliminate or reduce the spread of infection in the Hospital. All policies within the IPAC manual can be found on the Policy and Procedures Manual (PPM). It is expected medical personnel will comply with IPAC policies and procedures.

Hand Hygiene

Hand hygiene is the single **most important** way to prevent the spread of infection. Alcohol based hand rub is the preferred method in hospital settings with the exception of *c. diff* and when hands are visibly soiled. Help us prevent the spread of infection – *Just Clean your Hands*.

For more information on hand hygiene, please contact Employee Health Services at extension 255.

Sharps Disposal

The **Sharps Management and Injury Prevention** policy states that all needles and medical sharps will be handled and disposed of in a manner that will not endanger the health or safety of the user or others. It is the responsibility of the user to ensure appropriate handling and safe disposal of needles and medical sharps. Needles are not to be recapped. Safety engineered devices should not be altered (e.g. removal of safety cap). All needles and medical sharps are to be disposed of promptly into a puncture-proof container.



Routine Practices & Additional Precautions

Routine Practices are used for all patients regardless of diagnosis and are tailored to the characteristics of the patient and their environment. Routine practices are designed to protect the worker from exposure to infectious organisms through contact with blood and body fluids, as well as contact with contaminated surfaces. Routine practices interrupts cross transmission from colonized and/or infected patients, thus providing increased protection for patients and health care workers. Asymptomatic carriers have the potential to spread organisms, prior to showing symptoms of disease. *Patients don't come with labels! Treat every patient as though they may be infectious!*

Additional Precautions are required in the following instances:

- Patient is known or suspected to have a communicable disease identified under the Health Protections & Promotions Act, or
- Patient is suspected or confirmed to have an infection or disease as indicated in the Infection Control Guidelines – Routine Practices & Additional Precautions for Preventing the Transmission of Infection in Health Care.

Contact Precautions – Additional precautions are warranted in situations where extensive contamination of the patient's environment is expected; or the patient is suspected or known infection or colonization with microorganisms that may be transmitted easily (e.g. MRSA, ESBL, CPE, C-diff, norovirus).

Minimum PPE Required: gloves, gown

Droplet Contact Precautions – Organisms transmitted by droplet (< 2 metres) are especially of concern in pediatrics and chronic care and include RSV, influenza, rhinovirus, parainfluenza and any other febrile respiratory illness.

Minimum PPE Required: gown, gloves, and mask with eye protection (shield or goggles). Personal eyeglasses are not sufficient eye protection. Note: an N95 respirator must also be used with these patients during aerosol-generating procedures.

Airborne Precautions – Organisms transmitted by small droplet nuclei that remain suspended and require control through negative pressure ventilation systems (airborne infection isolation rooms). Diseases may include but are not limited to: tuberculosis, measles, varicella, and SARS.

Minimum PPE Required: properly fit tested N95 respirators must be worn.

N95 Respirator Fit Testing

As a requirement of the Occupational Health and Safety Act and the Canadian Standards Association N95 mask fit testing must be done at least every two years. The Hospital provides fit testing for all physicians, medical residents, and students required to wear N95 mask respirators.



N95 respirators are required for infectious airborne isolation such as SARS, tuberculosis, measles, in addition to particulate filtering of dust, mists, fumes and other particles (e.g. carfentanyl).

Fit testing is required to ensure the appropriate mask fits the user's face to form a seal. Once a successful fit test has been conducted, the physician/resident/medical student is required to wear the same brand and model whenever a particulate (N95) respirator is required. In the event a successful face seal cannot be achieved, the Hospital has the responsibility to ensure the physician/resident/medical student does not work in the identified high-risk area. Every effort will be made to locate a mask that fits properly.



Emergency Preparedness

An emergency is defined as a situation (or threat of situation) which, by its nature or magnitude, affects or threatens the health and safety of patients, staff, visitors and community.

The Ontario Hospital Association's Emergency Codes are utilized to identify the type of disaster situation by colour.

EMERGENCY COLOUR CODES	
CODE GREEN	Evacuation (Precautionary)
CODE GREEN STAT	Evacuation (Crisis)
CODE YELLOW	Missing Person
CODE AMBER	Missing Child/Child Abduction
CODE ORANGE	Disaster
CODE ORANGE CBRN	CBRN Disaster
CODE RED	Fire
CODE WHITE	Violent/Behavioural Situation
CODE PURPLE	Hostage Taking
CODE BROWN	In-facility Hazardous Spill
CODE SILVER	Person with a Weapon
CODE BLACK	Bomb Threat/Suspicious Object
CODE GREY	Infrastructure Loss or Failure
CODE GREY BUTTON-DOWN	External Air Exclusion
CODE BLUE	Cardiac Arrest/Medical Emergency - Adult
CODE PINK	Cardiac Arrest/Medical Emergency - Infant/Child

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Fire Response

The first person at the scene of a fire is required to evacuate persons in immediate danger, activate the fire alarm, and assist as the situation dictates.

Fire alarms can be activated by pull stations, located at all exits and stairwells, or by calling a code red via Ext. 333 from 7am to 9pm. After hours, dial 781 and announce Code Red and the location overhead.

All staff are expected to respond and assist with evacuation and patient reassurance.

Security & Theft

All workers are expected to wear identification tags. Report any suspicious person to Security from 9pm to 7am or Administration /Charge Nurse (in the off hours). Please comply with security procedures to secure the Emergency Department in the off-hours.

Please report theft and vandalism to the OPP and notify Administration &/or Nurse In-Charge. An Unusual Occurrence Report is utilized for documenting the incident.

Respect, Dignity & Workplace Violence

The Lennox and Addington County General Hospital is committed to promoting, providing and maintaining a work environment where respect and dignity are demonstrated at all times.

The Hospital has zero-tolerance for behavior that is disrespectful, threatening, violent, physically or verbally abusive in the workplace. It is expected all workers will demonstrate respect and dignity to fellow co-workers and patients and help promote a healthy and safe work environment.

A Code White policy and procedure has been developed for use in the event of a situation involving a violent person (patient, visitor, staff). Your support in such situations is appreciated.

Workplace Injury

In accordance with the Occupational Health & Safety Act, all workplace injuries must be reported immediately to the immediate supervisor of the department. First Aid will be provided at the nearest First Aid station. Those injuries requiring medical attention will be seen in our Emergency Department. All workplace injuries are reviewed at the Joint Occupational Health and Safety Committee meeting.

Thank-you for choosing LACGH for your rotation. We hope you enjoy your time with us and anticipate that you will be busy with lots of opportunity to learn in a supportive environment!



Our Hospital

The Lennox and Addington County General Hospital (LACGH) is a fully accredited facility offering 24 hour emergency, surgical, medical, and long-term care convalescent care inpatient services. Special services include a level 2 intensive care unit and two palliative care suites.

Our hospital's emphasis on general medicine and general surgery influences its role in providing core services. Specialists from Kingston regularly hold clinics at the hospital. The range and scope of those clinics continue to expand as our hospital grows.

Our emergency department operates 24 hours a day and sees well in excess of 26,000 patients per year.

LACGH currently operates 52 beds: 24 acute care, 2 palliative care, 4 intensive care and 22 long-term care convalescent care beds which focus on rehabilitation. Our outpatient clinics include: general surgery, internal medicine, gynaecology, urology, and plastic surgery.

The hospital offers a comprehensive range of diagnostic services supported by a well-equipped laboratory and diagnostic imaging department. The hospital employs approximately 330 staff. Medical staff includes family physicians, including those with specialties in emergency medicine and anesthesia, 2 general internists, a team of general surgeons, a team of radiologists, and a number of consulting specialty physicians. Services are supplemented by a large number of caring Volunteers.

Our commitment is to provide high quality health care close to home for the residents of Lennox and Addington and surrounding townships.





Patient Declaration of Values

The Excellent Care for All Act (ECFAA), which came into effect in June 2012, required all hospitals to have a publically available Declaration of Values established through consultation with the public.

To ensure the values in the declaration reflect those of our patients, 52 members of our community were randomly selected to participate in focus group sessions to help us understand what our patients and families expect when they access services at our hospital and help us provide the best possible patient experience.

The five most important values identified through this process were:

RESPECT, ACCESS, CUSTOMER SERVICE, COMPETENCY AND COMMUNICATION.

