LACGH Hospitalist Resident Rotation Information

Welcome to LACGH! This document is intended to give more information about what to expect from this rotation and to act as a reference for on call issues.

General Information:

- Our medical ward has 24 regular medical beds (shared between the hospitalist team and surgery, though surgery rarely has more than 1-2 patients at a time).
- We have a level 2 Basic ICU with 4 beds. We cannot keep vented patients at LACGH. We are MRP for all ICU patients. The ICU nurse monitors all the patients on telemetry, and you can see all the tele packs from their large monitor at the nursing station. Typical examples of cases we have in our ICU are: COPD exacerbations requiring BiPAP, DKAs, NSTEMIs, rapid Afib, and septic shock. Residents are allowed and encouraged to follow at least one high acuity patient.
- We have two palliative care suites which are located in the Long Term Care portion of the hospital. They have amenities to allow for families to stay overnight. We are MRP for palliative patients. During Covid, the rules regarding visitors for palliative patients change occasionally so avoid making promises/concrete statements regarding rules for palliative patients before talking with staff.
- We have two negative pressure rooms, one in the ICU and one on the ward: ICU-1 and room 102. We generally try to keep these empty in case we get covid patients requiring aerosolizing forms of respiratory support.

Specialties at LACGH:

- In house:
    - Internal Medicine: Drs. Nicola Matthews and Madelaine Wernham are our two staff internists. IM at LACGH is a consulting service, they do not admit under themselves directly except in very exceptional cases. IM follows all ICU patients. They are very closely involved with the hospitalist team so much of the communication with them is informal and ad hoc and done throughout the day. Dr. Matthews and Dr. Wernham will usually make changes to the orders themselves.
    - General Surgery: Most of the surgeons admit cases they have operated on under themselves (all except Dr. Robertson) and we are typically not involved after a surgery except at their request. You can find out which one is on call by looking at the master call list which is pinned up next to the ward clerk, which includes contact info. For GI bleeds, diverticulitis, and gallstone pancreatitis cases, we are usually MRP.
    - Neurology: We have one neurologist on staff at LACGH, Dr. Matthew Mercier. He is available weekdays during regular business hours and can do inpatient consults on a non-urgent basis. He does not do neurology call, so after hours neurology calls have to go through KGH.
    - Radiology: They can do some basic IVR procedures (PICC lines, difficult joint injections, para/thoracenteses), though getting one on short notice can be difficult. They are only in house during regular business hours.

- We also have many specialties (urology, plastics, respirology, gynecology, hematology) who come to LACGH one or two days a week to do outpatient clinics. If you let them know very early in the day and they have time, sometimes they can do one time non-urgent inpatient consults. They cannot follow patients. Ask staff if the case/question would be appropriate for a physician who is doing a clinic day vs. calling the on call equivalent at KGH.

Daily Workflow:

- Weekdays typically start at 0830. Be in the hospitalist team room around 0820 so we can print lists. You can come in earlier if there is something you want to check/do before team rounds.

- The first event of each day is team rounds. The Hospitalist Team, IM staff, the charge nurse, pharmacy, social work, physiotherapy, occupational therapy, dietician and RT all gather in the Airhart Conference Room (some via Zoom) and discuss each case. Generally these rounds are geared more towards interfacing the medical team with allied health with an emphasis on disposition and discharge, so it's best to give a general medical update to the team, but don't go too much into the weeds. We can go into heavy detail when reviewing the cases during the day.

- Admissions that come in during the day are usually seen during the same day. Depending on how quick we get to them, they may still be in the ED when they are seen or on the ward already.

- If you order tests or imaging during the day, it is expected that you will follow up on them later in the day once they are complete. You can add an addendum to your earlier progress note if you want to document the results.

- There is no specific time when the day is done. Generally each member of the team leaves when their work is finished. Check with the staff before leaving for the day in case there is anything pending. The vast majority of days, work is done by 1800, however if it is very busy and we get a lot of admissions late in the day, you may be asked to see one.

Weekends:

- You will likely be scheduled to work one weekend during the block.

- On the weekend days, start time varies by hospitalist staff. Most will still start around 0830-0900. Check with staff for what time they will be getting to the hospital in the morning.

- There are no group/allied health rounds, we start seeing patients when we get there and leave when we are done. Physiotherapy, OT, Social Work, Pharmacy, and the dietician are not in on weekends. We do have an on call pharmacist over the weekend. They are contactable through switchboard.

- CT scans can be done on the weekend and are read by radiology on the day they are done. XRays are usually not read until Monday.

Covid:

- All new admissions get a covid swab on admission. We see all patients with pending covid swabs in droplet precautions. However, if they have active respiratory symptoms, it is recommended to

see them in airborne precautions. Make sure you know your N95 size, we have them available for use.

- The medical ward is broken down into a “covid/covid pending” wing (rooms 102-110) and a clean wing (114-122). Only patients with a negative swab can go in the clean wing.
- Visitor policies are confusing and change somewhat frequently. In general, avoid making concrete statements about visitors and tell the patient/family member you will ask the staff.
- If you have any questions regarding working and covid, contact either occupational health at LACGH - Currently Kristen Rochon (kristen.rochon@lacgh.napanee.on.ca) OR Shelby Lloyd (Currently Mat Leave 2021) or your staff physician.

MediTech Tips and Tricks:

- You can have multiple (max: 3) instances of MediTech open at once. Most of the computers have dual monitor set-ups so you can have other notes/lab results open while you are writing your note to save you from having to exit your note frequently.
- When writing a note, you can hit the button called “Data Format” and you will be able to insert lab results, vitals, ins/outs, weights etc. directly into the note.

Call:

-Expectations:

- Call is done at home. The hospital will call you on your cell phone directly. An average night usually consists of around 2 to 3 calls until 22:00 and then usually 0-1 overnight.
- As the call is home call and generally light, there are no post-call days.
- Usually residents will do 1-2 days of call per week and one weekend (both days and usually one night) during the block.
- The call schedule is made each Tuesday with the oncoming staff for the week. Which nights you will be on call are very flexible, let your staff know when you are making the schedule if you have nights you cannot be on call.
- You will be first call for both floor issues and new admissions. New admissions are typically seen in the morning unless they are unstable or the emergency department is slammed. Discuss with the staff hospitalist if you get the sense that one of these is happening. See admissions section below.
- We are not supposed to manage patients who are admitted under one of the General Surgeons. Nursing staff sometimes call us out of habit as the Surgeons don’t have many inpatients and often have no admitted patients under themselves. If you get called, ask nursing to call the General Surgeon instead.
    - You can tell if a patient is admitted under a surgeon if their name pops up in the bottom left hand corner of the patient’s box in the MediTech inpatient list.

- If a palliative patient dies expectedly, we do not need to come in to pronounce. We will fill the death certificate out and put in a brief discharge summary in the morning.

-Admissions:

- The ED physician will call and give you a history. I usually log into MediTech and look at their vitals/blood work while getting the history.
- If you think the admission is appropriate (ie: Workup has been appropriate and they sound relatively stable):
    - Some staff want to be called for every admission, some just for sick ones or ones you want to review. Check with staff before you leave which they would prefer.
    - Admission orders are done by the ED physicians. Most non-essential medications will be left for the hospitalist team to order the next day.
- If the admission sounds quite sick and you want to discuss with hospitalist staff:
    - Ensure you tell them that before we accept the patient for admission you would like to discuss with hospitalist staff and will call them back to let them know.
- At rounds the next morning, you will be expected to give a brief overview of the story you got from the ED physician (obviously it will be vague as no one has seen them yet). New admissions from the previous night are divided amongst the team after rounds.

-Admission Special Cases:

- Dialysis: The dialysis clinic in Napanee will not dialyze one of their patients if they are admitted under ANY circumstances. If the admission is almost certainly going to be just 1-2 days and they are not scheduled for dialysis in that time, we may admit here. Otherwise it is much easier for them to be admitted to KGH directly. Discuss any dialysis patient with staff before accepting.

-On-Call Floor Issues:

- For <u>mild</u> floor issues (ie: Tylenol orders, sleeping pills, home medications that weren't ordered by emerg): Feel free to log into MediTech and put in the orders if you feel it is appropriate.
- For <u>sick</u> patients overnight, if you feel comfortable, you can manage the problem remotely. If you feel at all uncomfortable, call your staff.
    - We can do bloodwork, X-rays and ECGs overnight.
    - You can check blood work results on MediTech. As we are a rural hospital, some tests that need to be done at KGH are only sent in regularly scheduled couriers, so the lab tech may request leaving some of them until morning bloodwork.
    - ECGs are tricky overnight. The only physician in house is the ED physician, though unless the patient is in extremis, generally we don't ask them to look at ECGs. Some nurses will feel comfortable enough texting a picture of the ECG with a sticky note over identifying information to a phone, though don't push if they don't feel comfortable.

    - X-rays can be checked via PACS Web Viewer, which is on the remote access interface. Make sure your login for this is working before leaving the hospital.

- For life-threatening floor issues; tell the nurse to call the emergency department. Call the emergency department yourself (ext. 226) and give the emergency department physician a brief history if you know it and ask if they can see the patient now. Then let them know you are calling the hospitalist staff. Make sure the emergency department physician is aware of the problem before calling staff.

- Residents are not expected to come into the hospital overnight. If a patient sounds sick enough that they need to be seen in person, the staff physician will come in. This is to prevent time delays before the staff physician is alerted to the problem and it is dealt with.

-Important extensions to know for call:

- LACGH Main Line: (613)354-3301

- Switchboard: 0 (Switchboard will be answered by an operator from 0700-2100, overnight 0 will bring you to the nursing desk in the Emergency Department).

- Emergency Physician: 226

- Medical Ward Charge Nurse: 812

- ICU nurse: 245

- Ward nurse: 236 (this is the phone beside the ward clerk, a nurse usually sits here during the evenings). Each nurse carries their own portable phone with extensions 806-809. Ask for their ASCOM number if you will need to reach them again.

Remote Access:

- You will need to download the Citrix Receiver, a phone authenticator, and then use the following link (https://cag.lacgh.napanee.on.ca/citrix/storeweb) to access the hospital desktop from home. It is a very similar system to the remote access function at KGH.

- IT services at LACGH should have sent/will send you an email to get this set up. They will have a full set of instructions on how to get it working.

Scheduling:

- Our call schedule is done via MetricAid (https://www.metricaid.com/). Make sure your contact information in your MetricAid profile is complete so people can easily contact you on call.

- Dr. Crystal Gonu will be including information regarding how to submit vacation requests and how to put yourself as first call for your call shifts. She is the primary point of contact for scheduling requests.

Evaluations:

- Evaluations are done by myself (Dr. Robin Britton) with input from the staff you worked with. If concerns are raised, I will contact you directly near the end of the rotation.

- In general, ask staff for feedback on the Friday/Monday before the staff changeover. Staff try to provide feedback in real time, but it can get busy on the hospitalist ward.

- If you have any feedback about ANY aspect of the rotation, I would very much appreciate hearing about it! We are always looking to improve the rotation. You could either let me know in person if I'm around or via email (robin.britton@lacgh.napanee.on.ca). Feedback is 100% confidential. If there is feedback about a particular staff, I will only raise it with them many months after your rotation is finished to ensure source anonymity.

- If there is feedback about me, you can send it to Dr. Crystal Gonu (cgonu@lacgh.napanee.on.ca) or Dr. Pierre Robichaud (probichaud@lacgh.napanee.on.ca) . I have asked them to provide the same feedback latency.