Emergency Department Orientation Manual

Huron Perth Healthcare Alliance

Stratford General Hospital Site

GENERAL INTRODUCTION TO THE DEPARTMENT AND SERVICES OFFERED

Stratford General Hospital is a 140 bed, Level "C" hospital providing Medicine, Intensive Care, Surgery, Paediatrics, Obstetrical Care, Palliative Care, Chronic and Rehab Care, Psychiatry, Orthopaedics, Urology, Otolaryngology and Plastic Surgery.

The Emergency Department of the Stratford General Hospital is a 14-bed Emergency Department with approximately 26,000 visits per year. On average we see 70 patients per day however this can fluctuate anywhere between 50 and 150.

Our breakdown of patients by triage level is as follows:

Level	%
Level 1	1 %
Level 2	9 %
Level 3	35%
Level 4	45%
Level 5	10%

The Medical Program Director and Chief of the Department is Dr. Miriam Mann. Dr. Mann is a Royal College trained Emergency physician. She currently works 2/3 clinical load in Emergency and does administrative work 1½ to 2 days per week.

The Emergency Department is staffed predominantly by full time Emergency physicians, 24 hours per day, 365 days per year. Stratford General Hospital's ED physicians also provide ED coverage at other rural hospitals in our area. The majority are CCFP(EM) trained and are all highly skilled emergency physicians. Several physicians also provide "back up" to the ED for ambulance transfers, high patient acuity or excessive volumes.

PHYSICAL SPACE

The Emergency Department is an old department, which consists of a long corridor with rooms off of each side. This layout is not conducive to efficient patient care and patient observation. A new Emergency Department will be built from 2007 – 2009.

SERVICES AVAILABLE

Laboratory staff are on duty 24 hours a day. Most tests are available on a STAT basis.

Medical Imaging staff are in the hospital from 0800 hours to midnight. X-ray is available on callback after midnight for emergencies, however single problems (such as non-displaced wrist and ankle fractures) are requested to come back at 8 o'clock in the morning for imaging. The patient then returns to the Emergency to be seen by the day Emergency physician.

Ultrasound is available Monday – Friday 08:00 – 17:00 hrs. & Saturday 08:00 – 16:00

Nuclear Medicine is available Monday – Friday 0800 – 1700 hrs. Lung scans can usually be done the next day.

SPECIALIST BACKUP

Stratford has excellent Specialist backup offering a variety of services at Stratford General Hospital:

6 Internists	The Internists cover the 5 bed Intensive Care Unit and routinely manage complicated Medical/Surgical patients.
6 General Surgeons	Including 2 with vascular training
5 Obstetrician/Gynecologists	
4 Paediatricians	
4 Anaesthetists	Including one GP Anaesthetist

These services, as well as the Department of Pathology and Laboratory Medicine, provide seamless coverage.

The hospital also has:
1 Plastic Surgeon
2 Otolaryngologists
2 Orthopaedic Surgeons
1 Ophthalmologist
2 Urologists
1 Full-Time Radiologist
3 Psychiatrists

These physicians provide as much on call coverage as they can.

In addition, SGH offers several out-patient programs such as:
Diabetic Teaching Hospital
Out-Patient Rehab
Out-patient Oncology
Out-Patient Physiotherapy

ORTHOPAEDIC CLINICS

Orthopaedic Clinics are available for follow-up of orthopedic problems. There are 2 clinic days per week. ED patients can be booked for follow-up by the ED clerk.

EMERGENCY DEPARTMENT PHYSICAL PLANT (see attached floor plan)

ROOM	USUAL FUNCTION
174	Two-bed room, predominately fractures
176	Paediatrics and Medical problems
178	Trauma room. Also Minor procedures and ENT
179	Minor procedures & Gynecology
180	Ophthalmology room with "slit lamp". Minor assessments and minor procedures.
181	Cardiac arrest room – centrally monitored. Paediatric resuscitation equipment.
182 & 186	Paediatrics and less acute medical problems. Patients must be ambulatory as these stretchers cannot be moved out of these rooms.
183	Cardiac monitoring – both beds are centrally monitored.
185/187 (off the waiting room)	Paediatrics assessment, Migraines, Mental Health and other medical problems that do not require close observation or that require a quiet environment.

PAEDIATRIC RESUSCITATION EQUIPMENT is stored in room 181. Boxes are available with the appropriate size equipment for children in a particular weigh group. These boxes were developed using the Broslow tape. Familiarize yourself with the location and contents of these boxes prior to working in the Emergency Department.

REFERRAL PATTERNS

London is our base hospital for pre-hospital services and is the usual referral centre. When London cannot provide backup "Criticall" is used to locate the closest available bed. Kitchener-Waterloo's new program in invasive cardiology is now frequently used by Stratford to facilitate access to these services.

RESEARCH

Stratford General Hospital is participating in the "Transfer-AMI" trial and enrolling patients for immediate PCI post-thrombolysis.

LIBRARY

Several Emergency textbooks are available in the Emergency Department and are to be left in the Emergency Department. In addition, the hospital library is adjacent to the doctor's lounge. Material must be signed out from this room.

EMERGENCY DEPARTMENT OPERATIONS:

1. **Chart Flow**

   Patients are first seen by the triage nurse and then registered. Once the chart is generated it is placed in a slot for the nurses to pick up and place the patient into a room. Once the patient is placed in a room the nurse will put the patients in appropriate order as per triage level. The chart will be placed in the bottom row of the patient chart rack in order of priority for patients to be seen. Once the physician has seen a patient and orders are written, the chart should be placed in the order slot on the wall opposite the chart rack. While orders are being processed and patient care is under way the chart will be placed in the appropriate room slot that corresponds to the chart. Charts are move to the X-ray slot when patients are in X-ray. When patient care and orders are completed the chart will be paced in the reassessment slot.

2. **ER Charts**

   We have adopted the ePOD (emergency print on demand) Charting System. This is a two-page chart. Page 1 allows for standardized triage questions based on the presenting complaint. In addition there is room for orders, nursing notes, diagnosis and signatures. Page 2 is for physician charting. There are some templates to assist with charting. Many decision rules are included. Discharge diagnosis and plan can be written on Page 2. Health Records requires that a physician's signature be on both pages of the chart. The diagnosis does not need to be written on Page 1 if it is on Page 2 however, please write "see Page 2" in the diagnosis box to avoid confusion for the Health Records coders.

3. **ER Physicians Responsibilities For Chart Completion**

   Charts are completed as above. In addition, the physician must write billing codes in the bottom right-hand corner. The ER physician does not need to write diagnostic codes as this is done by the Health Records coders. It is vitally important that the ER physician charts the time a patient is seen as well as the discharge time if the physician discharges the patient. In addition it is a required element that we collect our "decision to admit" time. This is written in a box on Page 1 of the clinical record. Assessment, admission and discharge times are in small boxes on Page 1 as well.

IMAGING DOCUMENTATION

Emergency physicians are asked to complete a blue X-ray requisition including a brief history for patients where imaging is requested. Physicians enter their interpretation of x-rays into the PACS system. Follow-up of x-ray discrepancies is a quality assurance exercise in our department.

CLINICAL POLICIES

The department has several clinical policies, all are available in the Policies and Procedures Manual.

- Conscious Sedation
- Culture Follow-Up
- Rabies Immunization
- Outpatient Management of Patients Confirmed With DVT/PE
- Blood Alcohol Samples
- Spinal Immobilization
- Elective Blood Transfusion
- WinRho Injections
- Care of Amputated Body Part
- tPA for Acute Stroke
- Wound Care Set-Up

Diagnostic Imaging

- Patient Care Follow-Up
- Anaphylactoid Reactions Secondary to IV Radiocontrast Media

PATIENT CARE INFORMATION

There are many handouts available in the Emergency Department. These are in hanging wall files just before the double doors leading out to the waiting room or are in a Meditech cabinet.
The following handouts are available:

Abdominal Pain
Aerochamber Use
Air Cast Information
Ankle Fracture
Ankle Injury
Burns & Wounds - Minor
C difficile
Cast Application
Cold/Sore Throat
Conscious Sedation
Croup
D&C Discharge Handout
Fever & Respiratory Illness
Fruitlax Recipe
Gastroenteritis
Hand, Foot & Mouth Disease
Head Injury
Immunization Td
Kidney Stone
Leg Strain/Sprain
Mepitel
Parent Counseling
Post-Op Information (General)
Sprains & Bruises
Sutures/Laceration
Uritcaria
Vaginal Bleeding in Early Pregnancy
Vomiting & Diarrhea

COMMUNITY SERVICES

Mental Health/Crisis (Brochure Attached)
Crisis intervention is available in the region. Crisis workers are available for either face to face or telephone contact during the day for telephone contact at night. The crisis workers cover a large region and may not be immediately available to come to the Emergency Department.

Huron Perth Crisis Intervention Program 24 hr/day Available to all residents of Huron & Perth
Stratford: 274-8000 Goderich: 524-1113 Toll Free: 1-888-829-7484
24-hour telephone crisis service
Face to face assessment in all 8 ER's in the district – 7 days/week from 08:00 – 23:00
Brief Crisis Therapy/Short Term Support
Crisis Education

Huron Perth Clinical Intensive Case Management
Time limited support – approximately 3 months
Goal specific Community (in-home) treatment
Registered Nurse Team – 7 days/wk Call 482-3961

Huron Perth Assertive Community Treatment Team
Long term in home treatment – 7 days/wk
Relapse prevention – medication monitoring
Multidisciplinary consultation and treatment Call 482-3961

Huron Perth Community Treatment Order Services
Advocacy – Coordination – Case Management
Education Call 482-3961

CCAC (Community Care Access)
CCAC is available to assist with discharge planning (i.e. placement problems). IV antibiotics and nursing, physiotherapy and OT assessments are available within the community. The ER nurses know how to access these services.

Sexual Assault
The hospital has a sexual assault program. Acute forensic exams are sent to Kitchener as their program is better established to collect the evidence properly. Follow up services are available. Please see the "Sexual Assault" policy.

Public Health
Public Health is on-call 24 hours a day and can provide advise and assistance with communicable diseases, food borne illness, pandemics, rabies and vaccination questions.

Perth Addiction/Choices for Change
Alcohol, Drug and Gambling Centre
Call 519-271-6730

Braces and Assistive Devices
Braces and assistive devices are available through Ontario Home Health. During usual business hours they will often bring braces (e.g. "air casts", "foam walkers") to the Emergency Department.

IMPROVING YOUR IMAGE IN THE ED

By: Dr. Eric Letovsky
June 2000

Your goal: ***to come across as the competent, caring and compassionate physician that you are.***

1. Dress Professionally
   The first 15 seconds of a patient encounter are key to the patient already making a judgement on whether the physician is competent. **You rarely get a second chance to make a good first impression.** Dress smart, look smart, the greater the chance the patient thinks you are dumb.

2. Read the Nursing Notes
   If your first question to the patient is "Why are you here?", the whole ED is going to look terribly inefficient to the patient. Remember, the patient has already told his/her story to at least 2 individuals, and the patient may then think that that nobody communicates to each other in the department. A more appropriate question after introducing yourself is "I understand that you have been experiencing some abdominal pain for a day – could you tell me more about it".

3. Shake hands with the patient and family at the beginning and end of the encounter. This helps establish rapport with the patient.

4. Apologize for the Long Wait
   It is counterproductive to try to argue with a patient who complains he had to wait 2 hours to see you, even if he only waited 50 minutes. It is more productive to acknowledge their frustration and empathize with the wait. This puts you on the same side as the patient and makes you appear as an ally rather than a defender of the system.

5. Sit Down
   The patient wants to be sure you are thorough and complete. Rushing in and out of the room, even if the problem is obvious or apparent what has to be done, gives an appearance that their problem was not taken seriously enough. Sitting down in the patient's room, even briefly, gives the perception of the physician taking more time to listen to the patient's complaints.

6. Don't Ever Berate patients for Using the ED
   You are not the health care police. Saying, "why didn't you go to a family doctor for this problem" sets up an adversarial situation and may make the patient feel chastised. Conversely, helping the patient at the end of the patient encounter find a family physician for subsequent medical problems is appreciated.

7. Recognize and Legitimize Patient's Anxiety and Pain
   The majority of patients who present to an emergency department are in pain. Timely pain management should be a priority as we investigate the etiology. This is where we are perceived as being compassionate or not. Every patient with pain should be asked, "can I get you something for your pain?"

8. Communicate Clearly
   Communicate clearly what will be done and why, and be generous with time estimates of how long things will take. What is obvious to you is not to the patient. Be explicit and detailed about what the patient can expect to have done, including generous time estimates for tests to get done.

9. Involve and Engage the Relatives
   Friends and relatives may have valuable information about the patient that is not forthcoming from the patient. In addition, the patient may not hear, comprehend or understand all the advice you offer; make sure all your directions are understood by all in the room.

10. Final Question – "Do you have any questions for me?"
   You must make the patient feel they have had a chance to talk, and an opportunity to ask any questions they may have for you. This open-ended question affords them this important opportunity.

Emergency Department House Staff Orientation
Stratford General Hospital

Students Section

Welcome to the Stratford General Hospital Emergency Department. We are confident that you will find your experience with us to be stimulating, valuable and enjoyable. You will have an orientation session at 09:00 on the first morning of your rotation or at another time agreed up with Dr. Miriam Mann. There are a few key points you need to be aware of before you begin your clinical experience with us.

Please be sure to read this document before you begin to see patients in the Emergency Department. Review the overview of the Emergency Department in the Orientation Manual.

You will be working with a variety of physicians in the Emergency Department. All members of the Department are willing to teach and have something to offer to trainees.

The Emergency nurses at the Stratford General Hospital are a dedicated and skilled group of professionals. You will find that they are invaluable in assisting you in caring for your patients. It is essential that you read the nurses notes and take most seriously any concern or suggestion they may have about patients you are treating.

There is a kitchenette across from room 180. The Emergency staff keep coffee here for the department. Please make a contribution to the nurses coffee fund if you drink a lot of coffee during your rotation. Sandwiches and ginger ale in the refrigerator are predominately for patient consumption. You can bring food and store it in the refrigerator in the kitchenette. Food is available either in the Cafeteria on weekdays until 3 p.m. or in the lobby coffee shop until 7:30 p.m.

Vending machines are available in the cafeteria.

GENERAL GOALS

During this Emergency Medicine rotation you will develop your skills in the following areas:

Patient Assessment Skills

- Initial evaluation of patients with a wide variety of undifferentiated medical, surgical, psychological and social problems
- Focused assessments based on the "symptom pursuit approach"
- Cost-effective use of laboratory and radiological studies

Patient Management Skills

- Understanding the concept of triage and prioritization of care in the management of multiple patients simultaneously
- Organizational skills and efficiency in maintaining patient flow
- Procedural skills pertaining to Emergency Medicine

Recognition and Management of Emergencies

- Rapid recognition of acute life/limb-threatening illnesses or injuries
- Systematic, prioritized approach to resuscitation and stabilization of medical, surgical and traumatic emergencies

Understanding of Emergency Medicine

- Understanding the role of the Emergency Department in the health care system and how it relates to other hospital and community health services
- Recognition that Emergency Department care is episodic and therefore clear follow-up instructions are important

Professional Behaviours

- Effective communication with patients, colleagues and other health care professionals.
- Ability to establish and maintain effective working relationships with colleagues and other health care professionals
- Acquisition of good documentation habits, with concise recording of pertinent positive and negative findings

These general goals apply to all trainees in this rotation. Emergency Medicine (EM) experience, and insight to EM, is valuable to virtually all physicians regardless of their career path. Each trainee should be aware of the specific objectives of this rotation for their program.

GOLDEN RULES

Listed below are a number of "golden rules" to help you get the most out of this rotation, and to assure that patient safety and quality of care are maintained while you gain your clinical experience.

1. All cases must be discussed with an attending Emergency Physician before the patient leaves the Emergency Department. This may be done either before or after tests are ordered, depending on your level of confidence with whether the tests are indicated. If you are unsure, ask. There is something to be learned about every case, not matter how trivial the complaint may seem.

2. Discuss all cases considered for referral with an attending Emergency Physician prior to calling consultants.

3. Be professional. The importance of honesty, integrity, and a sense of responsibility cannot be overemphasized. Be courteous and respectful with the patients as well as the other members of the health care team. Never be antagonistic.

4. Be punctual. Arriving late for shifts reflects a poor sense of responsibility and an unreliable attitude.

5. Always ensure that your patients are handed over to the attending Emergency Physician before you leave the department. This is important not only at the end of your shift, but also for breaks.

6. Be honest. Please do not try to impress us be being disingenuous about your abilities. You are here to learn, and we are happy to provide you with instruction when you need it.

7. Develop your efficiency. Emergency work-ups should be precise and focused on the primary complaint.

8. Do not lose track of the patients you are taking care of. You may want to make a list of your patients each day and check them off as you finish with them.

9. Be diligent with your charting. The medical record is a legal document. If it is not written, it was not done! Every one of your charts should contain a concise record of the pertinent positive and negative findings, investigation and treatment orders, final diagnosis, discharge and follow-up instructions and time of discharge. Thorough charting is important both for good patient care and to protect you in the event of a future legal action.

10. Be sure to ask female patients about the possibility of pregnancy before ordering x-rays.

11. The interpretation of x-rays must be entered into the PACS system.

12. Collect all sharps from your suture trays and place in the appropriate sharps containers. This reduces the chance for injury to our nurses and housekeeping staff when they remove trays from the rooms.

MEDICAL STUDENT AND RESIDENT RESPONSIBILITIES

Residents may assess patients to the level of their ability. They may also write orders and work up patients to the best of their ability. All patients must be discussed with the Emergency physician on duty before discharge. If there is a question as to what investigations should be ordered the patient should be discussed with the staff Emergency physicians prior to writing orders on the patient. Residents should notify the ER physician if they are going to be assessing a patient triage level 2 or 1.

Medical students must discuss all patients with the ER physician before writing orders. Medical students will assess patients independently. A history and physical will be charted and signed by the medical student. A working diagnosis and provisional plans should be formulated before discussing with the physician. Medical students should notify the physician on duty if they will be seeing patients in triage levels 3,2 and 1. Medical students must identify themselves as "students" and ask for the patient's approval to complete the initial history.

All patients with chest pain are to have the ECQ reviewed by the Emergency physician before a trainee embarks on eliciting a history and physical.

TRIAGE

Emergency patients are triaged according to a five level scale known as "The Canadian Triage and Acuity Scale". Triage Level I patients are resuscitation patients. Triage Level II are emergent patients and so on. The nurses are trained in and skilled in appropriate triage. If you have concerns about the triage level of a patient discuss it with the Emergency physician on duty.

VITAL SIGNS

Vital signs are to be documented on all Emergency Department patients. Normally the nurses will do this, however at times when the department is very busy you may be the first person to assess the patient since triage. In these circumstances you must document the patient's vital signs.

GYNECOLOGY EXAMS

All male staff must have a female staff member present during the entire examination. It is suggested that female physicians also have a nurse assisting. Please remember that this is an examination most women find quite unpleasant.