

**HOUSE STAFF MANUAL**  
**for the**  
**Hospitals affiliated with the**  
**Kingston Health Sciences Centre**  
**of Southeastern Ontario**  
**For the 2009-2010**  
**Academic Year**

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## **INTRODUCTION**

We hope that the information in this handbook will help you understand the policies, procedures and day-to-day routine of those hospitals affiliated with the Kingston Health Sciences Centre. These include Hotel Dieu Hospital (HDH), Kingston General Hospital (KGH) and St. Mary's of the Lake Hospital (SMOL). Hotel Dieu and Kingston General Hospitals provide primary, secondary and tertiary care while St. Mary's of the Lake Hospital offers rehabilitation, geriatrics, continuing or chronic care and palliative care. Thus, each institution has a distinct mission, but together, they share with Queen's University a commitment to provide an educational environment where students in the health sciences are able to learn and develop clinical skills.

Other manuals or directories located in each patient care unit or in each department can provide you with additional information. These include: Approved list of abbreviations; dictation instructions for medical records; dietary manual; fire instructions; what to do in a disaster; infection control; laboratory manual; radiology manual; and telephone directory. If you cannot find the information you need, please contact the managers/directors in the unit/department where you are working.

## **COMMUNICATION**

<b>Switchboards (automated):</b>	<b>KGH</b>	<b>549-6666</b>
	<b>HDH</b>	<b>544-3400</b>
	<b>SMOL</b>	<b>548-7222</b>
	<b>Queen's</b>	<b>533-6000</b>

- Review the telephone directory for each hospital
- Cardiac Arrest or Fire

<b>KGH</b>	<b>2143</b>
<b>HDH</b>	<b>3333 (Arrest) 4444 (Fire)</b>
<b>SMOL</b>	<b>44 (All Emergencies)</b>

Give name, location and nature of the emergency.  
Refer to the appropriate section of the Emergency Procedures Manual for further directions.

You will be provided with a numeric pager that is unique to you and works through the KGH Switchboard.

## **EMERGENCY RESPONSE CODES**

<b>Fire</b>	<b>Code Red</b>
<b>Evacuation</b>	<b>Code Green</b>
<b>Mass Casualty Reception</b>	<b>Code Orange</b>
<b>Missing Patient</b>	<b>Code Yellow</b>
<b>Infant/Child Abduction</b>	<b>Code Yellow “Infant”</b>
<b>Inmate Escape</b>	<b>Code 11</b>
<b>Bomb Threat</b>	<b>Code Black</b>
<b>Hazardous Spill</b>	<b>Code Brown</b>
<b>Cardiac Arrest</b>	
<b>Adult (&gt; or =17 years of age)</b>	<b>Code Blue</b>
<b>Paediatric (&lt;17 Year of age)</b>	<b>Code Pink</b>
<b>Hotel Dieu dial 3333 and state</b>	<b>“Code Blue or Code Pink and location”</b>
<b>Violent Episode</b>	<b>Code White</b>
<b>Hostage Situation</b>	<b>no code</b>
<b>Medical Emergency</b>	<b>Code 99</b>

### **Responsibility**

**All Students, house staff, medical staff and employees must be familiar with the procedures contained in the institution’s Emergency Procedures Manual. Staff working in specific areas should also be familiar with the emergency sub-plans for those areas.**

**EACH HOSPITAL IS UNIQUE**

Each hospital has a distinct mission and set of corporate values or principles which constitute its management philosophy. Each corporation, nonetheless, shares a commitment to provide optimum quality patient care, to support their employees in this endeavour and to provide facilities and an environment conducive to students who are receiving education in the health sciences.

### **Hotel Dieu Hospital**

Hotel Dieu Hospital's sponsors, the Religious Hospitallers of Saint Joseph, are a congregation of Roman Catholic religious women founded in 1636 in La Fleche, France. The hospital is bound by the Sisters' mission and Roman Catholic medico-moral teachings, which in turn are reflected in our corporate philosophy and beliefs. They have become the standards by which the staff establish and measure the corporate policies, how the hospital is managed and the way health care is delivered. This is centred around the healing ministry of Jesus Christ, who is reflected in every person. Thus, the staff is motivated to strive for the highest levels of excellence in everything they do.

### **Kingston General Hospital**

**The Mission of Kingston General Hospital is to:**

- **Provide a selected range of patient-centred programmes and services primarily to the people of Southeastern Ontario**
- **support the education and development of health care providers, and**
- **advance health care services through related research activities.**

**In achieving this mission, we will:**

- **Deliver quality services in a caring, compassionate and timely manner**
- **build supportive relationships and exercise responsive leadership in our dealings with patients and their families, staff and volunteers, founded on the principles of equity, integrity and respect**
- **establish, maintain and strengthen valued partnerships with each other, our associated institutions and the communities we serve in response to changing needs**
- **pursue excellence and innovation by continuously improving our programmes and services through the effective use of all available resources.**

**The mission will be achieved through the hospital's staff and volunteers, supported by the Governors, Board of Directors and management of Kingston General Hospital.**

## **St. Mary's of the Lake Hospital/Providence Continuing Care Centre**

**The Sisters of Providence of St. Vincent de Paul own and operate Providence Continuing Care Centre which comprises St. Mary's of the Lake Hospital, specializing in rehabilitation, geriatric and continuing care; Providence Manor, a Charitable Home for the Aged in Kingston; and St. Vincent de Paul Hospital, a rehabilitation and continuing care hospital in Brockville. As an integral part of the Roman Catholic Church of Kingston, St. Mary's of the Lake Hospital carries out Christ's healing mission of compassionate caring by adhering to the medico-moral teachings of the Church. There is a commitment to provide a high standard of care, recognizing that the ministry of healing encompasses the physical, emotional, spiritual, social and personal needs of each individual. Within its mission, the hospital provides complex continuing care, geriatric assessment, out-patient and outreach programs, rehabilitation services, palliative care, respite care and a Day Hospital.**

### **GOVERNANCE**

**The Hotel Dieu, Kingston General and St. Mary's of the Lake Hospitals are public hospitals accredited by the Canadian Council on Health Services Accreditation. Each has been approved for undergraduate medical education. As well, the hospitals have been approved by the Royal College of Physicians and Surgeons of Canada for graduate training programs in 34 medical specialties.**

**All three hospitals were established in the 1800s to provide aid and comfort to the poor and sick. At Kingston General, the ultimate responsibility for the hospital rests with the Board of Governors. The Board delegates operation and management responsibility for the hospital to the chief executive officer who is also the president of the corporation.**

**The Religious Hospitallers of Saint Joseph established a Health System to which a majority of their health care facilities report. These facilities can be found in New Brunswick, Nova Scotia, Quebec, Ontario, Dominican Republic, Wisconsin and Illinois. Each facility such as Hotel Dieu in Kingston, has its own Board of Directors which reports to this Health System located in Kingston. Each Board, then, assigns the day-to-day operations to its own chief executive officer.**

**The Sisters of Providence of St. Vincent de Paul delegate authority to the Governing Board of St. Mary's of the Lake Hospital. Day-to-day operations are delegated to the President and Chief Executive Officer.**

**The Medical Advisory Committee (MAC) of KGH and HDH and the Professional Advisory Committee (PAC) at SMOL advises the Boards of Directors and Administration. Medical staff are appointed by this board on the advice of the medical advisory committee. The members of the Attending staff are appointed by the Board of the Hospital and must hold a university appointment. Other specialists, or family practitioners, may hold appointments as members of the associate staff. All appointments are made in accordance with the medical staff planning policy.**

## **ACCIDENTS (Staff/Students)**

Hospital employees, residents and students are required to report injuries while on duty or on-call to their supervisor, department head, or the senior member of staff on duty in the department. An Employee Incident Form must be completed and submitted to Occupational Health & Safety service within 72 hours of the incident. If necessary, the injured person may be referred to the Occupational Health & Safety services or, if after hours, contact the HDH Administrative Supervisor or call through switchboard, or at KGH, the Nursing Coordinator at extension 2310 or pager 178, who will arrange care as necessary. At SMOL a Nursing Supervisor maybe contacted between 1530 hours and 2330 hours at extension 2220 or pager 548-2052.

## **ACCOMMODATION**

### **Kingston General Hospital**

On-call duty rooms (Connell 6) are available to members of the house staff who are required to remain overnight at KGH. “Call-back” sleep rooms for house staff on home call required to stay over are located on Kidd 6. The Connell 6 rooms have been assigned, with the assistance of PAIRO, to the Medical Departments. The Kidd 6 “Call-back” rooms are available on a “first come, first served” basis. All rooms lock from the inside and contain lockers for personal belongings. Personal belongings are to be removed from these rooms when going off duty.

Environmental Services cleans the rooms and changes the linen daily. House staff are required to keep their rooms reasonably tidy. If you require environmental or maintenance services while on-call please call the Departments directly or the *Administrative* Coordinator after regular hours.

## **ADMINISTRATOR ON-CALL**

KGH has an Administrative Coordinator available from 1900 to 0700 hours and on weekends as well as a senior administrative official on-call. Should a problem arise and administrative action be required, please contact the Administrative Coordinator on duty who will either resolve the problem or call the appropriate official on-call. At HDH call through switchboard and at KGH, extension 2310 or pager 178.

SMOL has a Nursing Supervisor available from 1530 hours until 2330 hours as well as from 0700 to 2400 hours on the weekend and holidays. A Senior Administrator is on call for the off-hours and the numbers are posted on each nursing unit, with security and at the switchboard.

## **ADMISSIONS (KGH & HDH Only)**

Admissions are arranged by Patient Records and Registration at the request of the attending physician. Urgent, priority, elective and fixed-date admissions are arranged between 0830 - 1630 hours, Monday through Friday. Emergency patients are admitted on a 24-hour basis at KGH.

**Since there is a waiting list in all disciplines and in all classifications, discretion must be used in distinguishing emergency from urgent, priority, elective and fixed-date admissions.**

**Each service establishes its own admission policies but priorities for admissions are subsequently determined by either the attending staff physicians or the resident, who will then inform the admitting staff. Admitting staff will not set admission priorities for patients. See also section on Pre-Admission Testing.**

**As a courtesy to the referring physician, he/she must be notified after a patient of his/hers has been admitted. Often the referring physician can provide valuable information about the person's family background, current medications, or procedures and tests which have already been carried out on the patient. The referring physicians also appreciate hearing from House staff as to what is the preliminary working diagnosis on the patient. Remember that the referring Physician may not be the patients regular family physician, and both should be kept informed.**

**No patient may be transferred from one bed to another without consulting the Patient Records and Registration. No patient may be transferred from one physician to another physician without orders on the patient's chart or without notifying the Patient Records and Registration.**

#### **Same Day Admission Centre (SDAC)**

**Patients prepared by Pre-Admission Services for surgery at KGH are admitted to the SDAC the day of surgery and admitted to a bed post surgery. The SDAC is open from 0630 - 1500 hours. Elective cesarean sections are not admitted to the SDAC. SDAC is located on Dietary 2.**

#### **Alternate Level Of Care (ALC)**

**A patient classified as requiring ALC is one who does not need acute care treatment but who in fact, occupies an acute care bed. Usually these are patients awaiting placement in a chronic unit, home for the aged, nursing home, rehabilitation facility, other extended care institution, home care program, or who may have their discharge to home delayed for other reasons. As soon as a patient no longer requires acute care, the following order should be written on the physician's order sheet: "DISCHARGE FROM ACUTE CARE".**

**The identification of ALC patients is made usually during discharge planning conferences or rounds and the attending physician or his/her designate must indicate this status on the ALC form to transfer from a non-acute classification. The original copy is placed in the doctor's order section of the patient's medical chart and a copy is sent to the social work department. Patients can be reinstated to acute care status when the attending physician or designate changes the ALC form as a result of the patient experiencing an illness which would require re-hospitalization or if acute treatment is administered. Once the patient's condition has stabilized and ALC has been determined, the attending physician or designate completes a new ALC form.**

**This information has been requested by the Ministry of Health and is used to calculate our growth formula and funding equity formula. (See Social Work)**

As of July, 1997 KGH will charge patients an alternate level of care (ALC) charge. Palliative care patients will not be charged. The Social Work or Accounts Receivable Departments can provide further information.

## **AMBULANCE SERVICE**

Transfer of patients by ambulance must meet medical criteria and each patient's status must be evaluated. Arrangements for ambulance service for transfer of patients from KGH/HDH are to be made through the Admitting Office. Twenty-four hours notice is required by the ambulance service for these bookings.

Ambulance transfers from KGH generally take place at the rear of Etherington Hall and not at the Emergency ramp.

**EXCEPTION:** Arrangements for patients who require IMMEDIATE transfer due to a critical, life-threatening condition, are made DIRECTLY with the ambulance communications centre by calling 544-5555.

## **AMBULATORY CLINICS**

Ambulatory clinics play an integral role in patient care, teaching and research programs. The majority of clinics are located at HDH, with some at KGH and SMOL. These clinics will be introduced to you through your assigned service.

## **ANAESTHESIA**

### **Pre-Anaesthetic Preparation**

Patients scheduled for anaesthesia are seen pre-operatively by a member of the department of anesthesiology. Pre-anaesthetic orders are written at this time. These orders may include pre-medication and/or requests for further laboratory data and they should not be changed without contacting a member of the department of anesthesiology.

Patients who are to receive an anaesthetic must be investigated adequately. A history, physical examination and laboratory data must be documented on the chart prior to the patient coming to the Operating Room. Serum electrolytes should only be ordered where the patient is on diuretics or has a medical condition where blood chemistry might be significantly altered.

Electrocardiograms and chest x-rays are necessary only when medically indicated, irrespective of the patient's age.

Preoperative IV's should be ordered only as necessary to administer necessary medications. Routine IV's are not necessary on elective patients.

Anaesthetics are administered only by attending staff in anesthesiology and by residents in anesthesiology who are under supervision.

## **Post-Anaesthetic Care Unit**

With very few exceptions, patients leaving the operating room are taken to the PACU and are accompanied by an anaesthetist who supervises the care of recovering patients.

## **Acute Pain Service**

The Department of Anesthesiology is available to provide patient controlled analgesia for surgical and medical in-patients. A consult to anaesthesia is required. To access the service between the hours of 0800 and 1700 hours use pager number 530-4404. After 1700 hours use pager 100, Anaesthesia resident. The Acute Pain Service is also available for pre-operative patient assessment. Requests should be made to the Department of Anesthesiology, extension 7827.

## **AUTOLOGOUS PREOPERATIVE BLOOD DONOR PROGRAMME**

The following conditions should be met prior to requesting this service. The surgical procedure should have a high likelihood of requiring blood, and a firm surgical date is needed.

Donations are made at weekly intervals but not within 72 hours prior to surgery. The shelf life of liquid red cells is 35 days. The maximum number units that may be requested is 4.

### **Selection Criteria**

- ◆ general good health;
- ◆ no age limit;
- ◆ minimum weight 100 lbs (45 kg) for donation of 450 ml of blood. For weights between 50 - 100 lbs, consult haematopathologist;
- ◆ haemoglobin > 110 g/l
- ◆ no history of severe cardiac disease, e.g. unstable angina, aortic stenosis;
- ◆ blood pressure - 90-180/50-100;
- ◆ careful assessment of medications;
- ◆ no history of epilepsy;
- ◆ no active infection.

Autologous donation in pediatric patients requires consultation with a haematopathologist. Minimum weight for pediatric patients is 50 lbs (23 kg).

Requests for this service may be made by telephoning KGH, extension 4166, Department of Pathology.

## **AUTOPSIES**

The instructions to obtain consent for autopsy are on the back of the Consent for Autopsy Form. If there are problems obtaining a correct consent, the administrative supervisor/nursing coordinator should be consulted.

## **CAFETERIAS**

**The HDH coffee shop is open from 0715 hours - 1830 hours Monday - Friday. A complete selection of hot and cold beverages, sandwiches and snacks are available throughout the day, with hot entrees and soup from 1100 hours – 1300 hours.**

**The Kingston General Hospital Cafeteria is open at 0700 hours - 1000 hours for breakfast; 1100 hours - 1330 hours for lunch and 1600 hours - 1900 hours for dinner (Monday to Friday). 0800 hours - 1000 hours for breakfast; 1100 hours - 1330 hours for lunch and 1600 hours - 1800 hours for dinner on weekends and Statutory holidays.**

**At SMOL, the cafeteria is open on weekdays from 0630 hours - 1030 hours for breakfast, 1115 hours - 1530 hours for lunch, and 1630 hours - 1800 hours for dinner. At all other times the cafeteria is closed, however vending machines are available to all.**

## **CARDIAC ARREST**

**Cardiac arrest protocols are available in all patient care areas of the hospitals. The procedure to be followed in the case of cardiac arrest is:**

- xI Begin Basic Cardiac Life Support (BCLS) immediately and notify unit nursing staff**

**OR WHEN NO ASSISTANCE IS AVAILABLE**

**AT KGH DIAL THE CARDIAC ARREST LINE EXTENSION 2143.**

**AT HDH DIAL THE CARDIAC ARREST LINE EXTENSION 3333.**

**AT SMOL DIAL THE CARDIAC ARREST LINE EXTENSION 44.**

- xII Notify the Operator advising her/him that there is a code BLUE or code PINK and give the location. Repeat code BLUE or code PINK and location (see also section on Emergency Response Codes).**

**At SMOL, nursing staff and any physicians in the building will respond to Code BLUE.**

**Members of the Cardiac Arrest Team (KGH & HDH), are supplied with pocket pagers. In the event of a cardiac arrest, the switchboard will notify the team via the pagers. In addition, the switchboard operator will announce the cardiac arrest over the public address system by the telephone code BLUE and code PINK. For example: KGH - Code Blue Connell 3,  
HDH - Code Blue, Johnston 5**

**Following management of the arrest, the designated Team Leader (most senior member of the team) must complete the Cardiopulmonary Resuscitation Flowsheet. At KGH the Respiratory Therapist attending the arrest will forward the CPR Flowsheet to the Medical Director. At HDH the CPR Flowsheet is forwarded to the Chief of Emergency Medicine.**

**House staff should familiarize themselves with the cardiac arrest carts (location and equipment) in their area.**

## CLINICAL CLERKS

The last 16 months of the undergraduate medical program (Phase III) consists of experiential learning, often in the hospital setting. During this period, third and fourth year undergraduate medical students work as part of patient care teams alongside residents, attending staff and other healthcare professionals. The clinical clerk is not a licensed physician therefore, certain responsibilities MAY NOT be delegated to these students. The following activities are governed by legislation requiring them to be performed only by “qualified” physicians, i.e. registered with the College of Physicians & Surgeons of Ontario:

- Signing of death certificates
- Writing of prescriptions to be filled outside the hospital.

While clinical clerks are encouraged to assess patients and propose management, all orders must be countersigned by a licensed physician before they are implemented. A clinical clerk is not expected to handle a crisis situation but the clerk has a responsibility to ensure that a resident or attending staff is immediately informed when a crisis arises. Hospital policy prevents undergraduate medical students from obtaining written consent from a patient prior to a procedure.

In most ways a clerk will be treated as other members of the house staff with the privilege to see and treat patients under supervision. He/she will also have the opportunity to attend teaching rounds and conferences and is responsible to the Chief of the Service to whom he/she is assigned regarding all matters pertaining to patient care. His/her clinical experience will be determined by the requirements of the service which can vary.

The resident staff will supervise clinical clerks and medical students and assist in their education. Clerks will receive a similar clinical experience as those provided to residents but clerks should not perform technical procedures independently unless they have been observed to be competent in each skill by a supervising resident or attending physician. The clerk’s history and physical examination must be signed by the clerk with one of the following acceptable notations following signature: CC, MS3 or MS4 (the latter indicating the student’s year of study). The narrative must be reviewed and counter-signed by a qualified member of house staff or the attending physician at the earliest possible opportunity. Such a report will then form an integral part of the patient’s medical record. Case assignments to students are primarily the responsibility of the resident of the service. All student notes should be initialled by their supervising resident. If the supervisor does not agree with the content of the note, he/she should add a note to this effect.

A clinical clerk must not represent him/herself as a doctor or introduce him/herself as a doctor. Patients will usually accept a clinical clerk readily if he/she explains to them that they are a member of the “health care team”, completing the final year of medical education. There are penalties for misusing the title of “doctor” (Act Regulating the Profession of Medicine, Bill 55).

Clinical clerks are expected to wear the hospital identification badge at all times unless the environment dictates otherwise, i.e. operating rooms. Students should adopt a style of dress acknowledging that the hospital is a place of professional business. Students, residents and staff should be dressed and groomed in such a way that they reflect their professional role and

meet the expectations and norms of patients and staff.

### **On-Call System**

Being on-call provides the learning opportunity to be involved in the management of patients presenting to the emergency department as well as ill patients admitted to hospital. If the student is unable to be on call at a particular time, the coordinator and chief resident must be informed. Absence without permission is considered unprofessional. The following regulations apply for on-call scheduling.

- The clerk's night call will normally be one night in four. However, occasionally, clerks may have to work one night in three.
- Normally, in a four-week period, the clerk is only to be on call for one weekend. The clerk will be on call twice in the month consisting of Friday, 5:00 p.m. to Saturday, 8:00 a.m. and Sunday, 8:00 a.m. to Monday, 8:00 a.m. and, on the second occasion, only on Saturday, 8:00 a.m. to Sunday, 8:00 a.m.
- The clerk is not to be on call after 6 pm the night before an examination.
- A clerk who is "post call" and who has been up after midnight will be excused from clinical responsibility by noon the following day after informing the attending physician or senior resident of the clinical team of the clerk's awareness that the previous night's call will affect his/her performance and learning.

### **Absence From Rotations**

Medical students are an integral part of the healthcare team, therefore, consistent with the principles of professional behaviour, student absence from clerkship duties and responsibilities, for reasons other than illness, requires pre-arranged approval. In general, there is no provision for leave from Phase III and a student who misses more than 5 consecutive or non-consecutive working days of Clerkship will be required to make up both the duration and content missed. Coordinators of shorter rotations (2-weeks) may require any absence longer than 48 hours to be made up. The Undergraduate Office Phase III program assistant must be notified of all student absences.

- **ABSENCES SECONDARY TO ILLNESS** - If a student must be absent because of illness, it is their responsibility to notify both the Undergraduate Office as well as their supervising resident or Faculty of the absence. Daily updates are required. If the absence extends longer than 48 hours, the student must provide the Undergraduate office with a physician's note approving the absence.

### **Education and Evaluation**

As part of your involvement in the education and evaluation of clinical clerks, please review the Goals and objectives for the Clerkship specific objectives for your discipline in the Clerkship manual, which is online at <http://meds.queensu.ca/courses/phaseiii>

## **Community Care Access Centre**

**The KFL&A Community Care Access Centre arranges health care and support services for people in their homes, schools and other places in the community outside of hospitals. It also manages admissions to long-term care facilities. It serves the residents of the City of Kingston, Lennox & Addington County and the townships of North Frontenac, Central Frontenac, South Frontenac and Frontenac Islands. It has a regional role managing referrals to other Access Centres throughout Ontario. Its services are funded by the Ontario Ministry of Health and provided by a variety of health-care agencies under contract to the Access Centre.**

**Through the Access Centre, eligible Ontario residents can receive:**  
**Nursing (including intravenous therapy under specific circumstances)**  
**Personal care (bathing, dressing, feeding hygiene care)**  
**Home Support (laundry and house keeping, in rare cases)**  
**Occupational Therapy**  
**Physiotherapy**  
**Nutritional Counselling**  
**Speech therapy**  
**Medical social work**  
**Admission to long-term care facilities**

**Additional services maybe provided when related to the goal of admission to the Access Centre and when a professional service is involved.**

**Ontario drug benefits**  
**Medical supplies and equipment**  
**Diagnostic laboratory services**  
**Medical transportation**

### **Care Manager**

**Care managers are the gate-keepers to home-care services and long-term care facilities. Care managers in local hospitals assess patients' needs and eligibility for Access Centre services and for placement in long-term facilities. They prescribe a plan of care for those patients being discharged from hospital and admitted to community service. Care managers are assigned to each medical service and are located at the Hotel Dieu Hospital, Kingston General Hospital, Lennox & Addington County General Hospital and St. Mary's of the Lake Hospital. A list of the care managers at the Hospitals can be obtained from the Hospital Community Care Access Centre's office.**

**It is important to keep in mind the following when referring a hospital patient to the Community Care Access Centre:**

- 1. Requests for assessment should be made as early as possible following admission. Care managers need time to assess the home situation and to arrange the required services, especially for clients identified with more complex-care needs.**

2. It is critical that there be no uncertainty about what medications the patient should be taking once they go home.

Information about all drugs to be taken at home, including dosages and frequency, must be available to the patient, to the Access Centre care manager and to the family physician.

3. All patients receiving Access Centre services are eligible to receive a drug benefit card that entitles them to prescription drugs listed in Ontario Drugs Benefits Formulary.
4. It must be clear to all concerned who will be responsible for medical supervision at home - the hospital attending or the family physician. Discharging physicians are responsible for the transfer of medical care to the accepting physician.
1. The Access Centre provides special services for palliative care patients, pediatric patients and patients with acquired brain injuries.
2. Extended hours care management provides urgently required assessment and admission for new clients and temporary urgently required adjustment to care plans for existing Access Centre patients.

Extended hours do not cover routine changes in patient care management or routine admissions.

Extended hours are:

Monday - Friday	1630 - 1900 hours
Saturday & Sunday	0900 - 1630 hours
Stat Holidays	0900 - 1630 hours

Extended hours care managers may be reached at (613) 544-1821

## CONSENTS

Informed consent is required for all treatments and a written consent form is required for certain procedures such as surgical procedures, invasive diagnostic procedures and special radiological procedures (emergencies are an exception). If a patient is incapable of giving consent, a substitute decision-maker must be consulted. It is the responsibility of the attending physician; midwife or dentist to ensure that informed consent is obtained. Copies of consent forms are available on all patient care units. Copies of the relevant policies are in the policy manual.

## CONSULTATION

A consultation is defined as a signed request by a physician to see and examine the patient, review the record and write his/her findings and recommendations. When consultations are requested, the patient care unit will notify the consultant requested and his/her resident. It is the responsibility of the clinical clerk or member of the house staff to ensure the consultation is carried out.

**The patient should be aware of all consults, particularly of those for transfer to long-term care facilities including Palliative Care.**

## **CORONER'S CASES**

**Certain deaths must be reported to the Coroner. These are found on the back of the Consent for Autopsy form. Members of the house staff are not permitted to sign death certificates in Coroner's cases.**

## **DEATHS**

**When a patient dies, the resident is responsible for notifying the attending staff physician who may require the house staff or the clinical clerk to notify the next-of-kin and the family physician. A death certificate must be signed by a qualified physician who is responsible for ensuring the completeness, accuracy and legibility of the information recorded on the certificate. Addressographs are not permitted on death certificates.**

**Clinical clerks may not sign death certificates.**

## **DIABETES EDUCATION CENTRE**

**The Diabetes Education Centre is located on Brock 5, HDH, extension 3590.**

**DISASTERS (see Mass Casualty Plan)**

## **DISCHARGE**

**All house staff are advised that they are to notify their patient of impending discharge at least 24 hours in advance and arrange for their patients to leave by the designated discharge time of 1100 hours at HDH and 1200 hours at KGH.**

**Discharge information must be transmitted to the Admitting Department by 1100 hours at HDH and 1200 hours at KGH to ensure that urgent, priority, elective and fixed-date admissions can be admitted for that day.**

**Contacting the referring physician prior to discharge can facilitate discharge planning. It can also help to ensure a smooth transition from the hospital to the community.**

**If the patient is being discharged with an airborne communicable disease, make prior arrangements with Infection Control and the Health Unit.**

### **Patient Discharge Against Advice**

**If a patient wishes to sign himself/herself out of hospital, the resident on the service must be notified. It is very important that a detailed note be placed on the chart by a physician when a patient leaves the institution against a physician's advice and that the discussion/conversation which has transpired between them is documented.**

**The physician must see the patient and tactfully inquire into the reasons for the proposed**

**action, and try to dissuade the patient from leaving. If the patient insists on signing himself/herself out, a physician must witness the patient's signature on a prepared form.**

**If a patient refuses to sign any document and leaves the hospital, the resident should note on the prepared form that the patient refused to sign it, then sign it him/herself. This occurrence should also be noted in the progress notes.**

## **EMERGENCY DEPARTMENTS**

**The Emergency Departments at HDH and KGH are staffed by members of the Attending staff, Department of Emergency Medicine. Detailed manuals containing the operational policies and procedures are located in each respective department and regular users should familiarize themselves with them. Attending staff will advise house staff of their role and responsibilities, although they may vary from department to department. Nonetheless, house staff may not discharge a patient from either Emergency Department without consulting with a member of the attending staff. The time and date of the consultation must be recorded.**

**N.B. HDH Emergency Department is open 0800 hours - 2200 hours daily.**

## **ETHICS CONSULTATION TEAM**

### **Kingston General Hospital**

#### **Ethics Consultation**

**An ethics consultation process is available to patients, families, and hospital staff who are challenged by difficult health care decisions. The Clinical Ethicist is ordinarily available 24 hours a day, seven days a week for informal ethics advice or formal ethics consultation. The Clinical Ethicist may be reached at extension 2216, or pager 530-4376. In the absence of the Clinical Ethicist, a representative(s) of the interdisciplinary Bioethics Committee serves as a resource or contact for ethical consultations. Consultations are reviewed by the Bioethics Committee, which also promotes education about bioethical principles and decision-making, and serves as a hospital resource for development or revision of policies.**

### **Hotel Dieu Hospital**

**This multidisciplinary team is comprised of representatives from the Board of Directors' Ethics and Values Audit Committee and the Departments of Pastoral Care, Medicine and Nursing. Members provide consultative services for physicians, staff, patients and their families when faced with ethical questions regarding treatment and care. The group also evaluates such consultations with the Ethics and Values Audit Committee with a view to policy development. This team conducts literature reviews to ensure the group is kept abreast of current ethical issues. Contact can be made through Nursing Administration between 1500 - 1800 hours and Pastoral Care between 0800 - 1500 hours (pager 038).**

## **St. Mary's of The Lake**

**SMOL has an Ad Hoc Committee of the Ethics Committee of the Governing Board. It is a resource and advisory committee that assists caregivers, patients and families with decision making which has moral/ethical implications. It provides a forum in which patients, families and staff may discuss situations. If there are conflicting points of view it helps the parties achieve an agreeable solution. This committee may be formed at any time by contacting Senior Administration or Pastoral Care or the Chairperson of the Professional Advisory Committee.**

## **EQUIPMENT**

**House staff are responsible for handling hospital equipment with reasonable care and for leaving it in the same condition in which they found it. Minor equipment available in patient care units should be returned to the examining baskets when not in use.**

## **FIRE DRILLS**

### **Kingston General Hospital**

**Regular fire drills are conducted. All staff are required to be familiar with the fire procedures contained in the Emergency Procedure Manual. All staff must be familiar with fire response and participate in fire drills.**

## **HOUSE STAFF ROLE IN HOSPITAL**

**House staff have the privilege and opportunity to develop clinical skills by examining and treating patients under the best professional supervision. Members of house staff are also expected to conduct themselves at all times in a manner that will reflect the highest ideals of the medical profession. Students should also be mindful that hospital staff try to provide the best care within available resources, and should consider this when ordering tests.**

**House staff must keep the attending physician informed about his/her patient's condition and should discuss with this physician any change in the patient's condition or treatment. Such close communication is especially important in the case of critically ill patients, or patients being discharged from the emergency department. All such conversations with the attending physician and subsequent management decisions must be documented in the progress notes. Remember that the attending physician is responsible at all times for the welfare of his/her patients. House staff should also be aware about appropriate attending staff coverage during weekends, holidays or periods of absence of the attending physician from Kingston.**

**No member of the house staff may solicit or accept a fee for professional services performed in his/her capacity as a member of the house staff.**

## **Confidentiality**

**Each member of the house staff is professionally obligated to maintain the confidentiality of patients' medical information by ensuring proper disposal of written information (personal notes) and by avoiding hallway, cafeteria, elevator or street "shop talk".**

**Access to the computer information system requires training, passwords and an agreement to maintain confidentiality of user ID and passwords.**

## **IDENTIFICATION BADGES**

### **HDH, KGH and SMOL**

**All staff, including house staff, must wear their identification badges at all times so that they may be easily identified by patients, visitors and other staff members. They are issued through the HDH Security Department, KGH Security Department or SMOL Human Resources, where staff will take your photograph.**

## **IDENTIBANDS – PATIENTS**

**All patients will be identified with colour coded arm bands as follows: Identification (white), Allergy (orange), Emergency (green). Only KGH and SMOL colour-coded identibands in red for blood products.**

## **INCIDENT REPORTS**

**In the event of an unusual occurrence involving a patient or visitor, an incident report must be completed. Copies of the incident report are located on the nursing units. This form contains a section where the clinical clerk or resident provides a report on the clinical status of the patient. A clinical clerk or resident who completes this section is not admitting participation in or liability for the incident.**

**Medical reports completed by clinical clerks on the incident report are to be countersigned by a resident. Findings should also be documented in the progress notes.**

**If there are concerns about possible legal consequences of an adverse event, please contact the Medical Director, KGH, or the Associate Executive Director (Patient Care), HDH, or the President and Chief Executive Officer, SMOL.**

## **INFECTION PREVENTION AND CONTROL**

**The Infection Control Service is an important component of a patient's health care. The staff collaborate with medical staff and offer a consulting and resource service to other departments and to community agencies. Staff provide education and information on infection prevention and control, and universal/standard infection control precautions. Please refer to the Infection Control Manual, copies of which can be found on the patient care units and in the library.**

### **Communicable Diseases**

**The Public Hospitals Act stipulates that "an attending physician or dentist who knows or suspects that his or her patient is suffering from an infectious disease or condition shall notify infection control and administration."**

**The Health Protection and Promotion Act stipulates that the physician, hospital administrator,**

and laboratory director report to the Medical Officer of Health any patient or outpatient who has or may have a communicable or reportable disease as soon as possible.

The list of reportable communicable diseases is available in the Infection Control Manual. This includes all enteric diseases, Haemophilus influenza B (invasive), measles, meningococcal disease, pertussis, legionellosis, meningitis, tuberculosis, invasive group A strep, and Group B strep Neonatal. Reportable diseases must be reported as soon as they are suspected to the Infection Control Service and the Medical Officer of Health at 549-1232.

Infection Control:	HDH	544-3400 ext 2262
	KGH	549-6666 ext 4015
	SMOL	548- 7222 ext 2260

### **Isolation Precautions**

The Hospitals will provide for isolation of patients as necessary. The admission of a patient with an infectious disease to a suitable isolation room will be arranged by the Admitting Department. Early isolation of suspected patients is preferred to reduce the potential for exposure of other patients and personnel.

### **Universal/Standard Infection Control Precautions**

Universal/standard infection control precautions recommend that health care workers (HCWs) practice specific behaviours and use barriers as appropriate, when contact with the patient's blood and/or body fluids is anticipated. Implementation of these techniques reduces the risk of infection to patients and to the HCW. Gloves are worn when the hands may become contaminated with body substances. Protective eye wear and a mask (or a face shield) are indicated for procedures which generate splashing.

Sharps must be handled with care. The recapping of needles is discouraged. Users must take responsibility for the safe disposal of sharps.

A private room is indicated for patients who have a disease spread by the airborne route or who soil objects in the environment with blood or body substances.

### **Infection with, or Exposure to a Communicable Disease**

Under a regulation of the Public Hospitals Act, the hospital must have a "Communicable Disease Surveillance Program" which applies to "all persons carrying on activities in the hospital." Therefore, it is important that house staff contact Occupational Health & Safety Services if he/she has an infectious illness or has been exposed to a communicable disease, to determine whether absence from work or work restrictions are necessary. As part of the function of infection control, you may be informed that you may have been exposed to someone with an infectious disease. Appropriate follow-up will be arranged through Occupational Health & Safety and/or the Infectious Disease/TB Clinics. Contacts are identified through a review of the patient's record, **THUS IT IS IMPORTANT TO WRITE YOUR NAME LEGIBLY.**

## **Immunization & Immune Status**

**Prior to appointment, each HCW must provide documented evidence of immunity against measles, varicella and rubella. The hospital recommends that all persons provide documented evidence of immunity against hepatitis B. Non-immune individuals will be advised to be vaccinated against measles and rubella. Documented proof of TB exposure status is also required using a 2-step tuberculin test. Hepatitis B vaccine is recommended for persons at high risk, such as house staff, because their duties frequently place them in contact with blood. Members of the house staff who wish to receive one of the above vaccines should contact Occupational Health & Safety Services. The Manager of Occupational Health & Safety will notify those in the high-risk group of the schedule for Hepatitis B vaccine. Although the immunization program for Hepatitis B vaccine is voluntary, a record will be kept of those who decline such vaccine in the event of any subsequent exposure.**

## **Needle Stick or Mucosal Exposure**

**Anyone who is put at risk due to percutaneous or mucous membrane exposure to the blood or body fluids of another person, should report this incident immediately to Occupational Health & Safety Services, Nursing Supervisor at SMOL or the Emergency Department outside of normal business hours. For further information, refer to the Infection Control Manual which is available in each patient care unit.**

<b>Occupation Health:</b>	<b>HDH</b>	<b>544-3400 extension 2264</b>
	<b>KGH</b>	<b>549-6666 extension 4389</b>
	<b>SMOL</b>	<b>548-7222 extension 2260</b>

## **INTENSIVE CARE UNIT (ICU)**

**The ICU (Intensive Care Unit) at KGH is a 21 bed multidisciplinary unit which provides care to critically ill children and adults and critically ill patients who are mechanically ventilated. When a request for admission to the ICU is made, the patient is assessed and the decision for admission rests with the ICU Co-Director. Care in the Intensive Care Unit is provided concurrently by the initial attending staff person in conjunction with the intensivist. All orders are written or co-signed by the ICU medical staff. The attending and house staff of the attending service are expected to review the patient on a daily basis and maintain liaison with the family and intensivists. Before patients who might be expected to require ICU care are accepted in transfer from other facilities, accepting physicians must ensure that there is a bed and sufficient nursing staff in the ICU to accept the patient.**

**At any one time there are 4 to 6 rotating residents assigned to the Intensive Care Unit to care for the adult patients under the supervision of the Adult intensivist. The paediatric patients are cared for by the Paediatric house staff under the supervision of the Paediatric intensivist. Responsibilities of the residents in ICU are described in detail in the ICU House Staff Manual. They include daily clinical evaluation, performance of relevant procedures, discussion with the family or patient, and documentation in the chart. An ICU resident must always be immediately available to the Unit.**

**Questions regarding resident responsibility or assignments may be addressed to Dr. J. Drover,**

**Medical Director.**

**KINGSTON, FRONTENAC, LENNOX AND ADDINGTON HEALTH UNIT (KFL&A)**

**The KFL&A Health Unit provides health protection and health promotion. This is a partial listing. For more information please call the Health Unit at 549-1232.**

**BabyTalk - speak to a public health nurse about pregnancy, infant care and parenting.**

**Home Visits – prenatal and post natal visits.**

**Breastfeeding Buddies - telephone support program for new mothers by breastfeeding mother volunteers.**

**Breastfeeding Drop-Ins - breast feeding expert available.**

**Early Expressions – speech therapy for pre-schoolers.**

**Children Dental Treatment - funding available for children in need.**

**Smoking Cessation - support group and cessation programs.**

**Tobacco Information Line – 531-8946**

**Physical Activity Information – 549-1232 extension 401**

**Sexual Health Clinics – birth control, pregnancy testing, counselling and referrals.**

**Needle Exchange – clean needles exchanges for used needles**

**Methadone Treatment Clinic - daily methadone dispensing, medical care, psycho-social support, counselling and self-help groups for opioid-dependent clients**

**NOTE THAT CERTAIN INFECTIOUS DISEASES ARE REPORTABLE BY LAW. Information on these diseases is available through the health Unit or the Hospital's Infection Control Service.**

## **LABORATORY TEST INFORMATION**

**Please refer to Laboratory Manual available on each patient care unit.**

## **LEAVE OF ABSENCE FOR HOUSE STAFF**

**If you require an extended leave of absence, please have this cleared with your Hospital Director and the Associate Dean, Post Graduate Medical Education.**

## **LIABILITY PROTECTION FOR HOUSE STAFF**

**House staff must acquire their own liability protection through the “Canadian Medical Protective Association”.**

**Residents under taking electives outside of Kingston should confirm liability coverage by contacting the Post Graduate Office of Medicine well in advance of the scheduled elective.**

## LIBRARY FACILITIES

All teaching hospitals (Hotel Dieu, Kingston General, Kingston Psychiatric and St. Mary's of the Lake) provide library facilities. These facilities are staffed by professionally qualified librarians and trained technical personnel.

Each library provides access to MEDLINE and other databases, and training in the use of these databases, a core collection of journals, books and audiovisuals, and interlibrary loan and document delivery services.

Staffed hours vary in each library. After hours use of library facilities is available. Check with each facility for their procedure.

<b>KGH</b>	<b>549-6666 ext. 4076</b>
<b>SMOL</b>	<b>548-7222 ext. 2218</b>
<b>HDH</b>	<b>544-3400 ext. 2479</b>
<b>KPH</b>	<b>546-1101 ext. 5745</b>

Further information about services offered by KGH library and SMOL library is available at <http://www.kgh.kari.net/kgh/research/library/index.htm> and <http://www.canlink.com.pccc> respectively.

## LOCATING & SWITCHBOARD

Switchboard and its "Locating" function operates on a twenty-four hour basis and house staff co-operation is extremely important in order to provide the best possible service. KGH has an in house Motorola Paging System. Each resident will be assigned a KGH numeric pager at the beginning of their residency. This same pager will be carried for the duration of their residency.

To access the paging system from inside the hospital:

- Dial 9 plus 128 plus the 3 digit pager number
- Listen to the prompt
- For numeric pagers, enter the telephone number you want the person to call you at, and press the # sign. Hang up.
- For voice pagers (Clinical Clerks), clearly say the telephone number you want the person to call you at. Hang up.

777 as a prefix before an extension is a code for a stat call

example: 777-2324 requires that you call the 4 digit extension 2324 immediately

To access the paging system from outside the hospital:

- Dial the auto attendant number 549-6666
- When the recording comes on, dial 5000 and wait for the click sound
- Dial the 3 digit pager number and wait for instructions
- After entering your telephone number, press the # sign. Hang up.

It is imperative that everyone informs switchboard of his/her exact location while on duty when beyond the range of paging.

When answering an overhead page, call extension 0 at KGH and extension 75 at HDH.

Any changes to the on-call schedules must be forwarded to Switchboard in writing. On retiring for the night, house staff should advise "Locating" and provide a telephone extension number and room number where he/she can be reached. Residents/Medical Students/Clinical Clerks, please notify Switchboard of change of home phone number, immediately. At SMOL, switchboard can page individuals between 0700 hours and 2015 hours.

## **LOCKERS**

### **H.D.H.**

Lockers may be obtained through Facility Management, Trina Doughty, extension 2018. Lockers are located on Mary Alice 0 near Radiology.

### **K.G.H.**

Lockers may be obtained through the Medical Education Office, Angada 0, Paul Laplante, extension 4384.

Lockers are located on Victory 1, Rooms R & S.

## **MAIL**

Every member of the house staff is assigned a mail box, except for those members in diagnostic radiology and anaesthesia whose mail is delivered directly to their departments. Mail boxes are located on Connell 6 of KGH and in the Sydenham 2 Mail Room at Hotel Dieu.

Mail can be sent to Etherington Hall, Hotel Dieu, Kingston General, St. Mary's of the Lake, Kingston Psychiatric Hospital and Queen's through the internal mail system. All personal mail, magazines, periodicals, advertising material, etc., should be mailed to your home address. House staff are asked to empty their mail boxes at least once a week.

All inter-departmental mail must be in brown envelopes with the originating department clearly indicated.

## **MASS CASUALTY PLAN**

Please refer to the Emergency Procedure manual on each patient care unit and in each department.

## **MEDICAL EDUCATION OFFICE**

This office is located on Angada 0, Room #5-015, KGH and the telephone extension is 4384 or pager number 436. Staff coordinate the administrative functions for medical students, clinical clerks and residents during their hospital clinical experiences. Please notify staff if there are any changes to addresses or telephone numbers.

**MEDICAL RECORDS: see PATIENT RECORDS & REGISTRATION**

### **NATIVE PATIENTS' SERVICES (NPS)**

**NPS facilitates the delivery of ethnoculturally sensitive health care for the Mushkegowuk Cree of James Bay. NPS provides case management to all Cree patients and their caregivers referred to the Kingston Health Services Centre from Weeneebayko General Hospital at Moose Factory and other health facilities on the west coast of James Bay. Case management involves basic counselling, medical and cultural interpretation, patient advocacy and education, admission and discharge planning, liaison and referral services, meals, accommodation and local transportation. Accommodation for patients and their caregivers is provided at Geaganano Residence, 176 Johnson Street.**

**For further information, contact Native Patients Services at Hotel Dieu Hospital, ext. 3070.**

### **NEPHROLOGY**

#### **Haemodialysis and Peritoneal Dialysis**

**Dialysis treatment may be used for the management of acute or chronic renal failure and certain intoxications. Patients who may require dialysis should be referred to the Division of Nephrology at KGH for assessment.**

#### **Kidney Organ Transplant/Multiple Organ Transplant**

**There are always patients on the chronic dialysis program who are waiting for cadaveric kidney transplants. Because of the limited supply of these organs, it is most important that any potentially suitable donors are considered. If there is a patient on a service who might be a suitable donor after death, House staff should obtain the approval of the patient's attending physician and notify the organ donor coordinator through the KGH switchboard.**

**In order to be considered suitable, donors should be free of any significant renal disease, malignancy or severe infection. Before a cadaver transplant can be undertaken, a lymphocyte toxicity cross-match is required. This procedure takes approximately five hours and the Immunology Laboratory prefers to do this during working hours. Early notification of potential donors will be greatly appreciated by members of the Ontario community.**

### **NEWS MEDIA INQUIRIES**

**Any inquiries from the news media concerning the hospital, or those concerning the condition of a patient, must be referred to the Public Relations Office at the appropriate hospital. Departments operate during regular working hours Monday - Friday. After hours, please contact the administrative supervisor who will handle the request.**

## **NURSING**

### **KGH**

**Nursing Services at KGH is decentralized into several clinical divisions or Care Services (Perinatal, Gynaecology, and Paediatric; Cardiac and Surgical; and Emergency and End Stage Renal Diseases; Surgical; Medical and Neurosciences; ICU and Surgical Suite). The units associated within the Care Service are managed by a Director and a Manager who are responsible for the standard of nursing care provided on those units.**

### **SMOL**

**The Nursing Departments function under a decentralized management system. Each nursing unit is managed by a Patient Care Coordinator (SMOL). Unit or ward clerks assist the nursing personnel with clerical duties.**

**Nursing staff collaborate with physicians and other members of the health care team to provide quality patient care. Interdisciplinary rounds are held regularly to exchange information regarding the patient's plan of care.**

**Nursing Supervisors act as a clinical and administrative resource for nursing personnel, and are responsible for effective coordination of patient care activities during evenings, weekends, and holidays, when Patient Care Coordinators are not on site.**

## **NUTRITION SERVICES**

**Staff provide a high quality, nutritional food service to patients and staff. They also provide nutritional consultation and counselling for inpatients and outpatients upon referral.**

## **DIET ORDER GUIDELINES**

**Diet orders are to be clearly written by the physician in the patient's medical chart and must be complete. Non specific diet orders can not be accepted. When a patient's diet changes, all existing diets must be rewritten with each new diet order. An order to "resume previous diet" is not acceptable. Regular diet is the term used to imply that no therapeutic diet is required. The term "DAT" is a nonspecific dietary order which does not have a universal interpretation and is not acceptable. An order may, however be written as "Clear Fluid to Regular Diet", to permit nursing to advance the patient's diet as tolerated. Acceptable house diets include regular, clear fluid, full fluid, pureed, minced, soft, paediatric, maternity, vegetarian, muslim, and kosher. Dietitians are available to provide clarification or assistance in writing diet orders.**

### **Acceptable Diet Terminology at KGH**

- **Regular Diet**
- **Soft Diet**
- **Clear Fluid Diet**
- **Full Fluid Diet**
- **Minced Diet**
- **Pureed Diet**
- **NPO (nothing by mouth)**

- **Pediatric Diet for age includes Formula, Pediatric Strained (baby food), Pediatric Pureed (12months plus), Pediatric Minced (12-24 months), Pediatric Chopped (2 – 4 years), Pediatric (5 years plus)**
- **Maternity Diet**
- **Vegetarian Diet**
- **Kosher, Muslim and No Pork Diet**
- **Long Stay Diet (This is initiated automatically when a patient has been in hospital >14 days.)**
- **Allergy Diets: specify food allergies**
- **Anti-reflux diet**
- **Caffeine-Free Diet (replaces ulcer diet)**
- **Cardiac Diet (130Na, Low fat, Low cholesterol)**
- **Diabetic Diet (5000, 6500, 7500, 8500, 9500 (gestational), 10,000KJ) A modified diabetic diet is available for the diabetic patient too ill to follow a patterned diet.**
- **Dysphagia Diet: Specify desired fluid and solid consistencies ie thick or thin fluid, reg, soft, puree or minced solids, with or without bread.**
- **Encephalopathy – specify 40gm or 60gm hepatic protein restriction**
- **Esophagogastrectomy / Post Fundoplication Diet**
- **Fibre Diets: low residue or high fibre**
- **Fluid Restriction: (500, 750, 1000, 1500 ml)**
- **Gluten Free Diet**
- **High Protein High Kilojoule Diet**
- **Ketogenic Diet (research diet)**
- **Lactose Free or Low Lactose Diet**
- **Low Bacteria Diet**
- **Low Fat Diet**
- **Low Oxalate Diet**
- **MAOI Diet**
- **Dumping Syndrome Diet**
- **Phosphorous Restriction (1000P, 1200P)**
- **Potassium Restricted Diet (40K, 50K, 60K, 80K)**
- **Protein Restricted Diet (60Pro, 80Pro, 100Pro, 120Pro)**
- **Renal Diets- (specify combinations of protein (gms), sodium (mmols), potassium (mmols), phosphorous (mg), fluid(mls) or order the following**
  - Chronic Kidney Disease Diet 50 (includes 50g Pro, 1000P, 130Na)**
  - Chronic Kidney Disease Diet 70 (includes 70g Pro, 1000P, 130Na)**
  - Hemodialysis Diet 60 (includes 60g Pro, 60K, 80Na, 1200P, 1000ml)**
  - Hemodialysis Diet 80 (includes 80g Pro, 60K, 80Na, 1200P, 1000ml)**
  - Peritoneal Dialysis Diet 80 (includes 80g Pro, 130Na, 1200P, 1500ml)**
  - Peritoneal Dialysis Diet 100 (includes 100g Pro, 130Na, 1400P, 1500ml)**
  - Acute Post Renal Transplant Diet (includes 80-100g Pro, 130Na, 1400P)**
  - Acute Renal Failure Diet (includes 40-80g Pro, 60-80K, 60-80Na, 750-1500ml)**
- **Modified Renal Diet – for the renal patient too sick to follow a patterned diet**
- **Salt / Sodium Restricted Diet: includes NSS (No Salt Shaker), or 130, 80, 60, 40 mmol Na.**
- **Six Small Meals**
- **T&A Fluids (Post Tonsillectomy)**

- **Test Diets (include 100 gm fat)**
- **TPN (consult the dietitian)**
- **Tube Feeding – include product and rate (consult the dietitian for specifics)**
- **Weight Reduction Diet (5000, 6500, 7500KJ)**
- **Wet and Dry Diet (Hyperemesis)**

**Each clinical dietitian is responsible for the nutritional care of patients on specific services. Dietitian's names and telephone numbers are listed in the telephone directory. A written consultation should be made to a dietitian if any of the following is required: assessment of nutritional status and/or educational needs; development and implementation of a nutrition care plan; nutritional support via tube feeding or total parenteral nutrition (TPN); or ongoing monitoring and follow-up. The following is a partial list of conditions that place a patient at nutritional risk and hence a nutrition consult would be appropriate:**

- **suspected malnutrition, unplanned weight loss and limited food intake**
- **food allergies/intolerances**
- **starting on tube feeding or TPN**
- **acute/chronic renal disease**
- **newly diagnosed diabetes or initiation of insulin or oral hypoglycaemic agents on previously diagnosed diabetics (Basic guidelines will be provided at KGH with further education provided at Diabetes Education Centre, HDH).**
- **malabsorption/GI disorders**
- **electrolyte abnormalities**
- **high risk pregnancy: Hyperemesis Gravidarum, Gestational Diabetes, Multiple Pregnancy, Adolescent Pregnancy**
- **electrolyte abnormalities**
- **eating disorders**
- **hypoglycemia**
- **hyperlipidaemia**
- **erythroderma, all leg ulcers, all pressure ulcers**

**Patients on therapeutic diets who do not require extensive involvement by a dietitian will be given basic nutritional care by a Dietitian's assistant or food supervisor. In the clinic setting, the appropriate dietitian will be in attendance or on call. In some instances, patients will be contacted to return for an appointment with the dietitian at a later date.**

## **OBSTETRICS AND GYNAECOLOGY**

The service is located at the Kingston General Hospital. Labour and Delivery are located on Connell 5. Antepartum and postpartum patients are located on Kidd/Davies 5 as well as the services' gynaecology patients. The Fetal Assessment Unit and Clinical Investigation Unit are located on Kidd 5, with clinics pertaining to the department being located in Fraser Armstrong Patient Centre level 5, and the Women's Clinic on Douglas 1.

Obstetrical patients arriving in labour will be admitted to the delivery floor, Connell 5. These patients should enter through the Emergency entrance on King Street. Obstetrical patients requiring emergency/urgent assessment will be transported to the assessment unit on Connell 5. Obstetrical patients prior to 20 weeks and gynaecology patients requiring emergency assessment will be reviewed in the Emergency Department.

All other obstetrical patients and gynaecology patients will be admitted through the Admitting Department and transported to the appropriate area.

**OCCUPATIONAL THERAPY – See Rehabilitation Services**

## **ONCOLOGY**

Oncology outpatient services for the Southeastern Ontario Health Sciences Centre are concentrated at the Kingston Regional Cancer Centre operated by Cancer Care Ontario (formerly the Ontario Cancer Treatment and Research Foundation). The Cancer Centre occupies the ground floor of the Burr Wing of the Kingston General Hospital where 160 employees deliver comprehensive cancer services to 2400 new cancer patients each year in addition to regular follow-up patient visits.

The professional staff of the Kingston Regional Cancer Centre comprise the membership of the Queen's, KGH and HDH Departments of Oncology and include radiation oncologists, medical oncologists and basic scientist. Inpatient acute care is provided at KGH on Kidd 6 with separate services for medical and radiation oncology.

The Quinte Thousand Island Lodge on O'Kill Street is a self-care hostel for ambulatory cancer patients undertaking treatment at the Centre. Paediatric cancer patients are followed in the ambulatory clinics at the Centre. Community Outreach Oncology services are provided by Centre staff in Peterborough, Trenton, Brockville and Perth/Smith Falls

The Cancer Centre through its associated Department of Oncology at Queen's operates the Radiation Oncology Residency Training Program and the Medical Physics Residency Program, and the Radiation Therapist Career Program. Basic cancer research is supported in the interdepartmental cancer research laboratories of Queen's University, health services research is conducted in the Radiation Oncology Research Unit and applied cancer research is taking place in the Photodynamic Therapy Unit at KRCC and in the clinical trials at the Centre and host hospitals.

## **OPERATING ROOM (OR)**

All surgical services' house staff are expected to attend the orientation session in the operating

room at the beginning of their experience. Green scrubs are available in the locker rooms of the operating room. Conductive footwear is no longer required in the operating room. However, shoes must be in good repair, and conform to Health and Safety Standards and Workers' Compensation Board Standards (i.e., closed toes). When leaving the O.R. in "greens", a lab coat should be worn over the "greens." If this is not done, the "greens" must be changed before re-entering the O.R.

When booking a patient for surgery, the following information must be provided to the Operating Room Booking Clerk:

- ◆ surname and given names of the patient;
- ◆ CR#;
- ◆ title, e.g. Mr., Mrs., Ms. or Miss;
- ◆ date of birth;
- ◆ name of attending physician;
- ◆ pre-operative diagnosis;
- ◆ procedure to be performed and time required to complete the case;
- ◆ indication as to special requirements, e.g., X-ray, pathology, etc.;
- ◆ patient's room number in the hospital;
- ◆ time of booking;
- ◆ name of the person doing the booking;
- ◆ other pertinent information (i.e., consults required, special equipment)

Once an operative procedure has been determined and booked with the operating room, the following information must appear on the patient's chart:

- ◆ name of the operative procedure and the time and date scheduled;
- ◆ pre-operative medication;
- ◆ pre-operative orders, instructions regarding fluids by mouth, whether it is to be a general or local anaesthetic etc.;
- ◆ a history and physical examination;
- ◆ a witnessed consent form signed by the patient or patient's substitute decider.

House Staff are advised to inform switchboard how long they expect to be in the operating room and provide the name of an alternate resident who may be called in case of an emergency.

## **OPHTHALMOLOGY**

The Department of Ophthalmology has ambulatory clinics at HDH and inpatient beds at KGH. Consultation requests will be expedited if the specific attending staff physician is identified.

### **Eye Bank**

The Eye Bank of Canada welcomes the donation of eyes of patients who die in hospital. Approximately 50 corneal transplants are performed in Kingston annually, although recipients often wait six months or more for corneal grafts mainly due to shortages of donor tissue. Because of the limited supply of these organs, it is most important that any potentially

suitable donors are considered. If there is a patient on a service who might be a suitable donor after death, house staff should obtain the approval of the patient's attending physician.

All donated eyes should be removed. Eyes that are not suitable for corneal transplant can be used for other purposes such as research and scleral grafting. A blood sample must be obtained from the donor when the eyes are enucleated so that HIV (AIDS) and HEPATITIS B testing can be performed prior to surgical use of the cornea. The ophthalmology resident should be contacted when eyes are donated so that arrangements can be made to remove the eyes as soon as possible after death. The body should be placed in a refrigerated room and the eyelids closed completely to prevent corneal exposure.

In the present legal setting in Ontario, eyes may be removed from bodies only upon written permission of the next-of-kin unless the patient has given consent in accordance with section 4 of the Human Tissue Gift Act. This may take the form of the addition of the words "including removal of eyes" on the standard autopsy permission form.

#### **KINGSTON GENERAL HOSPITAL ORGAN AND TISSUE DONATION PROGRAM**

When preservation of life proves impossible, the hospital has a responsibility to help the wider community of patients who might benefit from organ and/or tissue donation, To that end it is the purpose of the organ and Tissue Donation program to:

1. Identify potential donors and inform them and/or their families of their right to donate if they choose.
2. Organize the retrieval of organs and tissues for transplantation purposes.

This purpose shall be facilitated by the Organ Donor Coordinator and by the organ procurement and Transplantation Joint Practice Committee.

If you have questions concerning:

- A potential organ donor, notify the "on-call" ICU Director.
- A potential eye donor, notify the "on-call" ophthalmology resident.
- A potential bone donor, notify the "on-call" orthopaedic resident.
- A potential heart valve donor, notify the "on-call" surgical resident.

Please refer to the Hospital's ORGAN AND TISSUE DONATION GUIDELINES AND PROTOCAOLS MANUAL located on all nursing units.

For MORE information about organ and tissue donation, please call the Donor Coordinator on extension 4012.

#### **PAGERS**

While on duty, house staff should ensure that pocket pagers are turned on at all times. The pagers have a range of at least ten miles which will allow carriers to leave the hospital and still receive messages. New batteries are available at switchboard. Their life span is approximately 160 hours. Since the batteries are drained all the time the pager is on, the pager should be

turned off when not on duty.

House staff are personally responsible for the cost of replacement if a pager is lost or damaged. For more information, see Locating and Switchboard.

## **PALLIATIVE CARE**

Palliative Care Service consists of physicians and a clinical nurse specialist with support of Social Work, Pastoral Care, Pharmacy and Volunteer Services.

They provide a consultative service with the patient and family as the unit of care. This service provides pain and symptom management including “total” pain which is the combination of physical, psychological, social and spiritual factors. Support for the person, focusing on quality of life and support for the family during the person’s illness and in their own bereavement.

The Palliative Care Service can assist in the discharge of patients who choose to die at home, and help to determine the necessary assistance at home. A written referral is necessary and may be handled through the patient care unit.

Palliative care at SMOL occupies 6 beds and focuses on pain and symptom management of the terminally ill patient. All services are client centred and supported by an interdisciplinary team. This program is part of the Continuing Care Medicine Program.

## **PARKING**

### **KGH**

**Only vehicles with appropriate stickers suitably displayed will be permitted to park in KGH and Queen's parking lots.**

**Applications for KGH parking permits are obtained from KGH Security Services, Dietary 1. The parking waiting list is for KGH/Queen's parking lots.**

**There is an underground parking lot at the corner of Stuart Street and University Avenue. Parking at the top of the emergency ramp is for patients and ambulances. On-call physician parking is at the bottom of the ramp (1900 to 0600). Physicians who are on-call and require emergency parking may park in the spaces at the hospital's main entrance. All users of the Main Entrance spaces must sign in at the Security desk in the hospital's main entrance.**

### **HDH**

**There is a commercial parking lot across from the hospital on Brock Street. The maximum daily rate is \$5.00.**

### **SMOL**

**Parking is available in the lot by the Union street entrance. The cost to exit is \$2.00 per day, or \$15.00 per pay period. Further information is available from Financial Services.**

## **PASTORAL CARE**

**Pastoral care staff provide spiritual care and counselling to patients, their families, hospital staff and students. The staff try to give those in the hospital the kind and extent of pastoral care they desire and need. This may include prayer, the sacraments, counselling and general visitation. The department coordinates hospital visitation by the community clergy from all denominations and faiths. Chaplains are on call 24 hours per day and the department is organized to respond to all faiths with specific denominational services available upon request.**

**The chaplain or priest may be called to help a patient or family deal with an impending death, to help them cope with an unfavourable diagnosis, to struggle with an ethical issue surrounding treatment, to take a family to the morgue viewing room, to provide a sacramental ministry or to provide ongoing support.**

**You may reach pastoral care staff by calling the department or the switchboard.**

## **PATIENT RECORDS & REGISTRATION**

**Patient Records and Registration is an amalgamated service for all records and registration functions for Hotel Dieu, Kingston General and St. Mary's of the Lake hospitals.**

**Policies and procedures applicable to the use of an electronic record are available at each facility.**

**Policies and procedures regarding electronic signatures and counter signatures are available at each facility.**

**Incomplete inpatient files will reside for a period of time post discharge at Kingston General for completion by house staff and attending staff.**

**House staff should visit all record office sites to familiarize themselves with report distribution, dictation and chart completion areas.**

**The medical record is an essential component of patient care and must accurately reflect the events, planning and results of each patient contact with the hospital. The attending staff physician is ultimately responsible for the patient's record but each resident and clinical clerk is expected to keep the record updated.**

**The medical record is a legal document and all recordings should be clear, concise, dated as to time and date according to the policy on metric dating system, and legibly signed (IF YOUR NAME IS NOT LEGIBLE, YOU MUST ALSO PRINT YOUR NAME). All changes to a notation should be made by drawing a line through the incorrect entry, marking it "error" and initialing it, followed by the correct entry, dated and signed. Please remember the patient may examine his/her own record therefore, all notation should be as objective as possible.**

### **Patient Care System**

**Hotel Dieu and Kingston General Hospitals share a common Patient Care System through out their outpatient and inpatient areas. Real time interfaces with Lab and Imaging systems allow for on line review of lab results and x-ray reports as soon as the tests are reported eliminating the dependency on paper reports. Training on access to and use of the PCS will be arranged. Daily lists of each services inpatients are available each morning in Patient Records and Registration for rounds and discharge planning.**

### **Obtaining Medical Records**

**Medical records can be released outside of the Patient Records department to treatment areas where the patient is in attendance, e.g. patient care units, emergency, and outpatient areas. Records which are required for rounds must be requested 48 hours in advance. All records, except those needed for admitted patients, must be returned to Patient Records the same day. This enables the Patient Records staff to access the record should it be required for admissions or emergency during the evening or midnight shifts. In no circumstance should a medical record be removed from any area without reporting first to Patient Records.**

### **Release of Patient Information**

**Release of medical information from the medical record is the responsibility of the Patient Records and Registration department. All photocopying of patient information is to be done in Patient Records by an employee of the department.**

**Requests for medical information from other health care facilities should be done by the Patient Record department. Most hospitals release information to Medical Records departments only and many will not send the information without first receiving a signed release from the patient. All information which is to be sent with the patient upon transfer must be coordinated through the Patient Records department, with as much notice as possible.**

**Transfer summaries should be dictated as priorities prior to transfer so that they may be typed and sent with the patient to the receiving institution.**

**Any questions regarding the use or transfer of medical record information should be directed to the Patient Records department correspondence staff.**

### **History and Physical**

**A history and physical examination must be recorded within 24 hours of admission. A brief summary note should be written by the resident if he/she has not recorded the history and physical documentation.**

### **Progress Notes**

**Frequency of progress notes should be dictated by the severity of the patient's illness. Notes should be written more frequently if the patient is acutely ill, if there is a significant change in the patient's status or if a procedure has taken place. A brief note describing the procedure and pertinent findings should be written in the medical record at the time the post operative orders are written. If a patient dies, a final note should be made which is dated carefully and completed by the physician who certified that the patient has expired.**

### **Operative note:**

**Depending upon the preferred practice for the surgeon performing the procedure, the resident may be responsible to dictate a complete operative note within 24 hours after the surgery on the hospital dictation system. Instructions as to the proper use of the system should be obtained from Patient Records.**

### **Discharge Summary Sheet:**

**The Discharge Summary (front) sheet must be completed on the day of discharge. No abbreviations are to be used when completing the summary sheet.**

**When completing the Discharge Summary Sheet, all diagnosis which are relevant to the current hospitalization should be listed in order. This is not necessarily the admitting diagnosis but is the condition which is most responsible for the patient's treatment in hospital.**

**All other diagnoses for which the patient was treated, including complications which have arisen during the course of the hospitalization, must also be listed. Pre-existing conditions, if they have affected the treatment of the patient, should also be documented.**

**It is extremely important that the summary sheets be accurately completed as the Patient Record staff rely on the information provided when assigning diagnostic codes to the inpatient and day surgery admissions. It is these codes which are reported to the national database and help determine such factors as hospital funding, research data and utilization review.**

**The procedural section of the form should contain all operative procedures, with each individually dated. Any invasive procedures which have been carried out should also be included.**

The complete names of physicians to whom the discharge documentation is to be sent, should be clearly documented.

It is important that the summary sheet be completed immediately and the copies forwarded to Patient Records so they can be forwarded to the family physician as soon as possible.

### **Discharge Summary**

The medical record is kept on the inpatient care unit for 48 hours post discharge in order for the deficiencies on the chart to be completed and a Discharge Summary dictated.

A Discharge Summary should be dictated immediately post discharge and should briefly summarize the significant findings and events of the patient's stay, condition on discharge, diagnosis(es), medications and recommendations and arrangements for future care. Total length should not exceed two typewritten pages and preferably should be shorter.

If a patient dies, a Death Summary should be dictated within 24 hours, briefly recounting the findings and events of the patient's stay, diagnoses, and as well the events leading to death.

Physicians are requested to visit the Patient Records office frequently to proof read and sign Discharge Summaries which have been dictated by clinical clerks as these cannot be mailed out until the original copy has been signed.

### **Medical Orders**

Orders are written on the order sheet in the patient's record. The nurse on the patient care unit should be notified when an order is written. All orders must be dated and the time of writing recorded. The admitting diagnosis and allergies **must** be written on the order sheet as part of the patient's admission orders. Care should be taken to write legibly. ALL orders must be signed with the author's name printed under the signature.

After consultation with, and on behalf of a licensed physician, clinical clerks may enter orders on the order sheet. Clerks are required to identify themselves by putting "C.C." after their signature followed by the author's printed names. These orders will be carried out only after they have been counter-signed by a licensed physician. Ordinarily and ideally, the clinical clerks and the physician will see the patient together. The clerk will write the orders and the physician (resident or attending staff physician) will counter-sign these orders.

In the event of an emergency, a physician may validate such orders by telephone in which case they become telephone orders of the physician who must later counter-sign them. The responsibility of securing validation of a clinical clerk's orders rests with the clinical clerk. When orders are written for diagnostic procedures and there is a delay in receiving the results, it is better to follow-up rather than re-order the test.

A chart with new orders should not be replaced in the chart rack. Using the appropriate plastic flag will indicate the request for an order. If orders are numerous or complicated, they should be discussed with the nurse assigned to the patient in order to avoid mistakes. If no order is written, the chart should be returned to the chart rack.

**All previous orders are automatically cancelled on all patients when they return from the operating room. New orders must be written if the physician intends to continue therapy after surgery.**

**Refer also to the following sections: “Clinical Clerks”, “Incident Reports”, “Intensive Care Units” and “Pharmacy”.**

### **How to Use the Dictating Equipment**

**The three hospitals use the same dictating equipment. House Staff are encouraged to attend Patient Records Departments’ brief orientation session. Please call for date and time.**

### **PAYROLL**

**Payday for house staff is every second Friday, and is by direct deposit to an individual’s bank. A pay advice slip is sent to house staff mailboxes on Connell 6, with the exception of house staff in the department of Anaesthesia and department of Diagnostic Radiology which is sent to the respective departments. It should be reviewed promptly for accuracy. Concerns should be directed to Payroll extension 1255.**

### **PEDIATRICS**

**All inpatient pediatric beds are located at the KGH. Pediatric outpatient and adolescent psychiatry facilities are located at the HDH.**

#### **Neonatal Intensive Care Unit (KGH)**

**The neonatal intensive care unit, in conjunction with the perinatal division of the obstetrics service, looks after all infants requiring intensive care delivered to mothers at this hospital, including a large number of high risk antenatal cases from southeastern, central and northern Ontario. This unit treats high-risk neonates who may also be transferred from other health care centres.**

#### **Pediatric Intensive Care Unit - KGH**

**Two pediatric intensive care beds are located in the adult intensive care unit at the KGH.**

## **Pediatric Unit (KGH)**

The pediatric unit is a 24-bed unit and is located on Bawden. The pediatric step down unit is also located on this unit.

## **PHARMACY**

The Pharmacy department is responsible for drug purchasing, preparation, and distribution. All drug orders are reviewed by a pharmacist prior to dispensing. Pharmacy Technicians are responsible for drug distribution, including narcotics, wardstock, and unit dose medications.

Pharmacists are assigned to all programs and areas of service at KGH, HDH and the Cancer Centre. The role of the pharmacist is to identify, resolve, and prevent actual and potential drug-related problems through patient counselling, drug therapy monitoring, and education. House staff should communicate regularly with pharmacists to promote safe and cost-effective drug use. All pharmacists are available by pager.

Pharmacy also supports patient care, education and research through the provision of drug information. This includes patient-specific information and publication of a hospital drug information bulletin and drug formulary.

### **Hours of Service**

#### **KGH**

Monday – Friday                      0730 – 2300 hours

Weekends and

Statutory Holidays                      0730 – 2100 hours

#### **HDH**

Monday – Friday                      0800 - 1600 hours

A pharmacist is available on-call after-hours at both hospitals and can be contacted through the Administrative Coordinator. All hospitals have Night Pharmacy cupboards/carts for after-hours supply of drugs.

#### **SMOL**

The Pharmacy Department at SMOL is staffed Monday to Friday from 0830 hours - 1630 hours. After hours, contact the Nursing Supervisor at extension 2220 or pager 548-2052 for dispensing of drugs or to obtain the name of a pharmacist who can assist with problems.

### **Medication Orders**

All drug orders must be written legibly and include:

- drug name (generic) in full (see Drug Formulary for approved abbreviations)
- dosage in Arabic numbers and metric equivalents (specify exact dosage)
- route(s) of administration
- frequency of administration
- duration of therapy, where applicable

**See Drug Formulary for approved dosage, route and frequency abbreviations. The word “daily” must not be abbreviated.**

**Admission orders must include drug allergies/intolerances or they will not be processed.**

**House staff will be notified by a pharmacist (page or memorandum) when an order is incomplete or there is an error. An incomplete or erroneous order must be rewritten in full.**

**Telephone and verbal orders should only be given in emergencies and must always be received and written in the patient chart by a registered nurse or pharmacist and then co-signed by the physician within 24 hours.**

**All drug orders must include the date, time, and signature of the physician. The physician's name and status should also be printed below the signature. All drug orders written by a clinical clerk must be co-signed.**

### **Drug Selection**

**The Drug Formulary is published annually and is available through out the hospital. The Formulary lists all drugs available in the hospital based upon proven efficacy, safety, and cost effectiveness.**

**The Formulary also contains valuable information on the management of certain diseases or symptoms, comparative drug costs, and other therapeutic guidelines for physicians.**

**Certain Formulary drugs are restricted to specific indications or services. The criteria for use of these drugs can be found in the Formulary.**

**Certain non-Formulary drugs will be interchanged with therapeutically equivalent but less costly alternatives and a list of these is also in the Formulary.**

**Orders for all other non-Formulary drugs in hospital must be approved by an attending staff physician. Patients may use their own supply of a drug only under certain circumstances. Please consult your pharmacist for details.**

### **Adverse Drug Reactions**

**Adverse Drug Reactions (ADR) contribute significantly to patient morbidity and the prevention and reporting of known or suspected ADR is an important part of medical care. An ADR is any response to a drug that is unintended or undesired and occurs at doses normally used.**

**Responsibility for documentation of an ADR is shared by physicians, nurses and pharmacists. All suspected ADRs should be recorded in the patient chart. Any ADR which is potentially serious or unusual should be reported to a pharmacist. The pharmacist will review the reaction and prepare a report to be submitted to Health Canada.**

## **PHLEBOTOMY SERVICES**

**Phlebotomy services are provided to outpatients, in-coming hospital admissions and to patients attending the outpatient procedures unit. This service is provided in the ambulatory clinic areas at the diagnostic centre in the Fraser Armstrong Patient Centre (FAPC) at KGH, and at the Brock I Clinics and the Children's Outpatient Clinic (COPC) at HDH.**

**House staff are not required to provide routine IV or phlebotomy but should do so to maintain their skills in emergencies.**

**PHYSIOTHERAPY – See Rehabilitation Services**

## **PHYSICIAN BEHAVIOUR POLICY**

**See appended policy (pages 39a-d)**

## **POISON CONTROL CENTRE**

**The Centre for Poison Control is located at Children's Hospital for Eastern Ontario in Ottawa at 1-800-267-1373. Poisondex computer reference system is available at KGH Emergency Department.**

## **PRE-ADMISSION SERVICES**

**The Pre-Admission Services program was established to afford the patient a less traumatic entry in the hospital. It offers high quality yet cost-effective patient care. It provides the patient with some education prior to entering hospital thus increasing patient satisfaction and compliance while decreasing patient anxiety.**

**The length of stay in hospital can be reduced by having screening tests performed on an outpatient basis. The duplication of costly tests and unnecessary trauma to patients can be prevented as can cancellation and/or delays in surgery because test results are not available.**

**Screening tests are completed prior to surgery based on the patient's state of health, medications and anaesthetic requirements. The Pre-Admission Services nurse completes a nursing assessment on each patient, coordinates the investigations ordered by physicians and ensures results are available prior to the hospital admission. Pre-operative teaching and discharge planning are integral components of the program.**

## **Blood Transfusions**

**Kingston General Hospital has a Surgical Blood Order Schedule (SBOS) and Blood Bank orders should be made with other diagnostic tests at the time of pre-admission preparation (Registration Form, Section "E). See also Surgical Blood Order Schedule.**

## **PSYCHIATRY**

**Inpatient Psychiatry Services are located at the Hotel Dieu Hospital. Centenary 5 is an adolescent ward for patients' aged 13-17. Johnson 3 is an adult inpatient ward.**

**Children under age 13 requiring admission to hospital are admitted to the paediatrics ward under the care of an attending paediatrician. Child and adolescent psychiatry provides consultation and joint management of these patients.**

**Outpatient psychiatry services are located primarily at the Hotel Dieu Hospital. Child and Adolescent Outpatient services are located on Brock5. Adult outpatient services are located on Johnson 5.**

**The Eating Disorder Clinic is comprised of a multidisciplinary team which is presently situated at the Community Mental Health Clinic at 72 Barrie Street**

**Emergency Psychiatry Services are provided at both the Hotel Dieu and Kingston General Hospital Emergency Departments.**

## **RADIOLOGY**

**Refer to the manual in the Diagnostic Imaging Department. For radiology bookings, please consult the phone directory.**

**If a consultation is required, one must complete a requisition and include appropriate clinical information, and when necessary, the degree of urgency of the examination. The completed requisition must be signed by the attending physician or a designated licensed medical physician and sent to the radiology department. A clinical clerk must have his/her signature countersigned.**

**House staff are encouraged to consult with the attending radiology staff to ensure the appropriateness of examination requests.**

**House staff also need to be fiscally aware of the costs involved when requesting imaging examinations.**

**Patient film bags must be signed out from the Radiology Department for teaching rounds, conference rooms and clinics. The radiology film file represents a part of the patient's medical record and its location must be carefully documented, and treated the same as the patient's record.**

## **REHABILITATION MEDICINE**

**The inpatient rehabilitation unit at SMOL consists of 46 beds staffed by physiatrists and provides comprehensive, interdisciplinary programmes for patients with spinal cord injury (SCI), acquired brain injury (ABI), stroke, and limb amputation. A general rehabilitation service provides care for individuals disabled by severe arthritic conditions, trauma, hip fracture, ect..**

**In general, patents referred to these services must be medically stable, able and willing to participate in 2 to 3 hours of therapies daily, and all acute investigations must be completed.**

**Admission to these programmes is by consultation:**

<b>- Spinal Cord Injury</b>	<b>Dr. Karen Smith</b>	<b>544-1894</b>
<b>- Acquired Brain Injury</b>	<b>Dr. Karen Smith</b>	<b>544-1894</b>
<b>- Stroke</b>	<b>Dr. Stephen Bagg</b>	<b>544-4210</b>
<b>- Amputation</b>	<b>Dr. Matthew Faris</b>	<b>544-2322</b>
<b>- Musculoskeletal &amp; General Rehabilitation</b>	<b>Dr. Gavin Shanks</b>	<b>544-2763</b>

### **Electro Diagnosis**

**Inpatient and outpatient EMG and nerve conduction studies can be booked through the Department of Rehabilitation Medicine by calling 548-7222, ext. 2472.**

## **REHABILITATION SERVICES**

**Occupational Therapy and Physiotherapy Services are consolidated at St. Mary's of the Lake Hospital. Inpatient services and coverage for selected clinics are provided to KGH and HDH on a purchase of service basis. All outpatient services are located at SMOL, except Cardiac Rehabilitation, which is sponsored by SMOL and located at HDH.**

**Occupational Therapy - This service promotes optimal independence in areas of self-care, productivity and leisure. Assessment focuses on motor/sensory, activities of daily living, cognitive/perceptual and psychosocial functioning. At KGH, because of limited staffing, OT provides services on a consult basis, i.e. assessment and short-term (2-3 visits) follow up for adaptive equipment, wheelchair prescription etc. At SMOL, services are provided to rehabilitation, geriatric and chronic care inpatients. Outpatient services include follow up rehabilitation, foot management orthotics, driving assessment and splinting. At HDH, OT services are provided to Psychiatric inpatients and outpatients, and to the Hand Program.**

**Physiotherapy – The goal of this service is to restore maximum function and independence to patients with physical effects of trauma, disease and congenital anomalies, and to provide acute pre and post-surgical care. At KGH, inpatient referrals can be phoned to ext. 2326, or processed through the nursing units. Weekend coverage is provided for post-surgical, acute and urgent care needs. Evening coverage is provided on Wednesdays, Thursdays and Fridays. At SMOL, services are provided to rehabilitation, chronic care and geriatric inpatients. At HDH physiotherapists cover orthopedic and hand clinics and provide limited service to psychiatry inpatients.**

**Outpatient services at SMOL include fee-for-service programs for injured workers and motor vehicle accident clients as well as orthopedic, neurological, vestibular and respiratory rehabilitation.**

**Prosthetics and Orthotics Services are located at SMOL. A full range of prosthetic, orthotic and seating devices are designed and manufactured by highly skilled personnel to meet the needs of clients throughout southeastern Ontario. Services include regularly scheduled clinics for adults and children.**

**Speech/Language Pathology Services are provided to inpatients at SMOL and adult outpatients with acquired speech, language and swallowing problems. Other speech and audiology services are available through HDH.**

**Therapeutic Recreation Services are available at SMOL.**

**All Rehabilitation Services participate in interdisciplinary teams, joint practice committees and discharge planning. Education and prevention of recurrence are important components of rehabilitation programs.**

**Referrals to rehabilitation services must include diagnosis, contraindications, and must be signed by the physician.**

**For further information, contact:**

**General information on all rehabilitation services 548-7222, ext. 2289**

<b>Occupational Therapy -</b>	<b>KGH – 548-2328 (internal ext. 2328)</b> <b>HDH – 544-3400, ext. 2592 or 3373</b> <b>SMOL – 548-7222, ext. 2289 or 2293</b> <b>Driving Assessment Program – 548-2328</b> <b>Foot management – 548-7222, ext. 2287</b>
<b>Physiotherapy -</b>	<b>KGH – 548-2326 (internal ext. 2326)</b> <b>SMOL – 548-7222, ext. 2245</b>
<b>Prosthetics &amp; Orthotics -</b>	<b>SMOL - 548-2331</b>
<b>Speech/Language Pathology</b>	<b>SMOL – 548-7222, ext. 2253</b>

## **SECURITY**

**The KGH and HDH provide a 24 hour/7 days a week security service. Please report to them any unusual incident, matters of patient or staff safety, loss of personal belongings, or other occurrences which you feel may require investigation. Please call them if you need assistance. SMOL has no security between 0700 and 1800, on weekends and holidays.**

### **Security Assistance**

**KGH: 9-128-104**  
**HDH: dial 75**  
**SMOL: pager 548-2053**

**KGH & HDH offer a Security escort to and from your car upon request . You may have to wait to be escorted given the number of requests when you call. SMOL provides security services from 1800 hours - 0700 hours. Security is available to escort people to their car and any unusual incident should be reported to them.**

## **SHUTTLE BUS SERVICE**

**Shuttle bus service is provided to transfer staff from hospital to hospital. There are 2 shuttle buses, one has a continuous route between KGH and HDH the other bus has a continuous route between SMOL to KGH to QUEEN’S to PROVIDENCE MANOR to HDH to KGH to SMOL.**

## **SOCIAL WORK SERVICES**

**Each hospital has a social work department staffed by social workers. Services are directed toward assisting patients and their families to respond to the personal and environmental stresses associated with illness, trauma, and hospitalization. Social work skills are used to assess the patient/family's psychosocial situation, including availability of social support systems, coping skills, and attitudes toward treatment and rehabilitative potential. Intervention includes patient education and counselling concerning life style changes, treatment planning, acute medical crisis, chronic illness, and life style adaptations, uncertainty of health status, vocational rehabilitation, marital and other family concerns. Social workers**

can also inform and assist patients/families in securing appropriate community resources.

Social workers work with patients in the hospital and outpatients in ambulatory clinics, day hospital and emergency departments. Patients requiring placement in long term care facilities are referred to the Discharge Planning Coordinator at KGH at extension 4247. Patients requiring rehabilitative services are assisted at St. Mary's of the Lake at extension 2279. Patients attending ambulatory clinics at HDH can be referred to a social worker who provides consultation to the clinic.

Referrals may be initiated by:

- patients, families or substitute decision makers
- any member of the health care team
- community agencies
- social work case finding

For further information regarding Social Work services please call:

KGH      extension 1229  
HDH      extension 2000  
SMOL     extension 2279

## **SUBPOENAS**

A subpoena is normally delivered by Administration directly to the person named. If a member of the house staff receives a subpoena to appear in court, he/she must notify the attending physician and the appropriate Medical Director at KGH and HDH. If a medical record is subpoenaed, it is the responsibility of Medical Records/Patient Records & Registration to present the chart in court.

## **SURGICAL BLOOD ORDER SCHEDULE**

KGH/HDH established a surgical blood order schedule in consultation with its surgeons. All requests for group, antibody screen and hold or cross matched blood should adhere to this schedule. Blood can be drawn up to six weeks prior to a surgical procedure through the Pre-Admission Services. If more blood is likely to be required than is indicated by the schedule, the referring physician may speak directly to the Blood Bank. Unless such a request is made, the recommendations according to the SBOS will be followed. Please remember that once the routine screening procedures are done, blood can be obtained within 5 or 6 minutes, thus obviating the need in most cases for orders to exceed the SBOS. Only if unexpected antibodies have been identified will the Blood Bank need more advanced warning to obtain compatible blood. See also Pre-Admission Services.

## **TRANSFER OF PATIENTS**

Interhospital transfers are arranged by the Admitting Department when a physician in the receiving institution has accepted care of the patient, and when a bed is confirmed in the receiving institution.

**For KGH or HDH, the Admitting Department will arrange ambulance transfer, if required, when a bed is available. It is the responsibility of the medical staff to contact the receiving physician. If the patient has an airborne communicable disease or resistant organism infection, contact Infection Control. Twenty-four hours notice is required for ambulance bookings.**

**Physicians must write an order for those patients who are ready for rehabilitation and destined for transfer to SMOL. Physicians must also notify the Admitting office that these patients are scheduled for discharge when suitable accommodation is available. Upon discharge, patients must also be transferred to one of the attending staff physicians in the Department of Rehabilitation Medicine.**

**For transfers to the Kingston Psychiatric Hospital, contact the Department of Psychiatry. For continuing care transfers to St. Mary's of the Lake Hospital, the Social Work/Services Department will interview the patient and family and make suitable arrangements for transfer when a bed is available.**

### **In-Hospital Transfer**

**A written order is required when a patient is transferred to another doctor or service. The Admitting Department will arrange the appropriate accommodation on the designated service location. A patient who requires a private room for medical reasons must have a written order which is reviewed daily and re-ordered periodically.**

### **UNIFORMS AND LAUNDRY**

**Standardized white lab coats are provided for residents by departmental requisition, which are to be returned upon termination of the appointment. Clinical clerks who are to wear white jackets are responsible to purchase their own. They will be laundered at no charge but ask the linen room staff to label them appropriately before you deposit them into a laundry hamper. Laundry return time is seven days.**

**Family Medicine Residents are provided with lab coats from HDH Linen, Sydenham I.**

**Green scrub uniforms can be obtained from ScrubEx machines located on Connell 2 and Connell 5. In order to register for ScrubEx please complete the request form (appended) and forward it to Environmental Services Victory 0 #3-026, KGH. Everyone needing scrubs obtains them from Connell 2 and/or Connell 5 machines. Students can only obtain scrubs from the Connell 5 machine. Soiled scrubs should be deposited in a ScrubEx machine (receiver side) to reinstate your credits. At HDH, clean uniforms may be picked up in the Linen Room, Sydenham I, HDH from 1100 hours to 1500 hours.**

**DRY CLEANING can be dropped off at the KGH Tuck Shop, Connell 1. September to June, items dropped off before 1000 hours are ready for pick up the next day. In July and August, items dropped off before 1000 hours are ready for pick up in two days.**

# Kingston General Hospital Scrub Suit Request Form

**PRINT CLEARLY**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Extension \_\_\_\_\_

**Please choose a 4 digit number  
that is easy to remember**

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Please choose one of the following for Department and one for Occupation:			
<u>Occupation</u>	<u>Occupation</u>	<u>Department</u>	<u>Department</u>
<input type="checkbox"/> Anesthetist	<input type="checkbox"/> RN	<input type="checkbox"/> Biomed	<input type="checkbox"/> Periop Services/OR Spec
<input type="checkbox"/> Clinical Assistant	<input type="checkbox"/> Secretary	<input type="checkbox"/> Cath Lab	<input type="checkbox"/> Respirology
<input type="checkbox"/> Engineering	<input type="checkbox"/> Student	<input type="checkbox"/> Emerg	<input type="checkbox"/> Same day admissions
<input type="checkbox"/> Manager	<input type="checkbox"/> Supervisor	<input type="checkbox"/> EVS	<input type="checkbox"/> Security
<input type="checkbox"/> Officer	<input type="checkbox"/> Surgeon	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Student
<input type="checkbox"/> ORTech	<input type="checkbox"/> Technician	<input type="checkbox"/> Medical Imaging	<input type="checkbox"/> Women's clinic
<input type="checkbox"/> Periop Assistant	<input type="checkbox"/> Vendor	<input type="checkbox"/> NICU	
<input type="checkbox"/> Physician		<input type="checkbox"/> OR	
<input type="checkbox"/> Receptionist		<input type="checkbox"/> PACU	
<input type="checkbox"/> Resident		<input type="checkbox"/> Pathology	
<input type="checkbox"/> Respiratory Therapist		<input type="checkbox"/> Perfusion	
Other (specify) _____		Other (specify) _____	

**Sizes:** Choose your appropriate size.

<input type="checkbox"/> Small - Grey	<input type="checkbox"/> 2X-Large -Red
<input type="checkbox"/> Medium-Yellow	<input type="checkbox"/> 3X-Large-White
<input type="checkbox"/> Large-Blue	
<input type="checkbox"/> X-Large-Green	

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**Please print your Access number from the back of your Keyscan card**

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**When completed return form to Environmental Services 3-027 Vic 0 to be activated**

## **VENDING MACHINES**

**At Hotel Dieu, vending machines are located in the Johnson 1 staff lounge and in the Emergency Department. At SMOL, vending machines are located in the cafeteria. At Kingston General, vending machines are located in the old Cafeteria, Watkins Basement, by the OR, Emergency, Burr Wing, Cancer Clinic, Fraser Armstrong Building & Connell O.**

## **VOLUNTEER SERVICES**

**The Volunteer Services of all three hospitals work hard to provide supplemental service which contributes to total patient care and to promote community understanding of the hospitals and their services through the volunteers, who become a member of the hospital's family. Volunteer Services also provides individuals in the community with a way to serve a health care institution and its patients.**

### **Coffee and Gift Shops**

**Volunteers run the Coffee and Gift shops in each hospital and funds raised are donated to the respective hospitals for the purchase of needed equipment. Refreshments and light meals are available in the Coffee Shops, while magazines, small gifts, flowers, sundries and postage stamps can be purchased in the Gift Shops. Each hospital has a Hair Salon, which can be used by both staff and patients.**

**Other volunteers work directly with patients, such as those who spend valuable time in play therapy with pediatric patients, thus reducing the stress of their hospitalization.**

### **Special Care Volunteer Program**

**Special Care Volunteers at KGH and SMOL provide special services to terminally ill patients and their families, as well as visiting with long term patients.**

## **WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEM (WHMIS)**

**As workers in the hospital, members of the house staff must be familiar with hazardous materials in the workplace and know how to protect themselves from the dangers of hazardous materials. Hazardous materials include infectious substances, flammable liquids and gases, radioactive materials and toxic chemicals. For more information on WHMIS call the Occupational Health and Safety Service at extension 4389 at KGH and 2489 at HDH.**

### **Tell Us What You Think**

**Your comments about this handbook will help us to make improvements for future students. Please take a moment and make note of what we should add or delete and comment on the orientation process to the three hospitals. Please forward them to the Medical Education Office at Kingston General Hospital. Thank you for your help.**

**BLOOD  
TRANSFUSION  
INFORMATION  
FOR  
PATIENTS  
AND THEIR  
FAMILY**

**THE  
KINGSTON  
HOSPITALS**



Providence  
Continuing Care  
Centre  
\*  
Sisters of Providence  
of Vincent de Paul

*Revised June 2003*

## What is a Transfusion?

Transfusion of blood or blood products may be part of the treatment recommended for you or your child by your doctor. The purpose of this brochure is to give you information about blood transfusions. This will help you understand the benefits and risks of transfusion. If you want more information after reading through this pamphlet, please talk to your doctor.

## What are Blood and Blood Products?

Blood is made up of different parts.

**Red blood cells** are the best known part of blood. They give the blood its red colour and carry oxygen around the body.

**Platelets** are cells that are sticky. They help the blood to clot and prevent bleeding.

**Plasma** is the liquid in which the cells are carried. Plasma contains many substances used by the body. Some of these can be separated from the plasma and transfused in a concentrated form. Some examples are:

- X albumin that can be used to replace fluid that has been lost
- X immunoglobulins that fight infection
- X special clotting factors

Ask your doctor for more information if you need any of these plasma substances.

## Why is Transfusion Necessary?

Your body must have the right amount of each blood part to be healthy. An injury, disease, surgery, or cancer treatment can cause the loss of so much blood that your body cannot keep all its organs working. A transfusion puts back into your body some of the blood or blood product it needs to help you recover.

## What are the Risks of Not Having a Transfusion?

Transfusion may be needed to prevent damage to vital organs in your body. Your doctor will only propose that you have a transfusion if it is absolutely necessary.

## Informed Consent

Patients, or their substitute deciders, need to understand why a transfusion is necessary. They need to understand the benefits and the risks. After you have read

this pamphlet and had a discussion with your doctor, you should have all the information you need to "consent" to the transfusion. Your doctor will answer any questions you might have.

## What are the Alternatives to Transfusion?

Using an alternative to transfusion of donor blood may be the best option in some cases.

***Autologous Blood Donation:*** This is when you or your child donate your own blood before your surgery and have it stored. It is only recommended in cases where there is a real chance that you or your child will need blood. Although this may seem safer than volunteer blood, there are still some risks involved, the most common of which is bacterial contamination. It may also be possible to save your own blood during surgery and receive it back again. You should talk to your doctor to see if giving your own blood is possible for you or your child.

***Directed Donation:*** Family members sometimes ask if they can donate blood for a relative. This is called "Directed Donation". Directed donations are only available in special circumstances, for example parent to a child under 18 years of age, and require special processing (irradiation). Unfortunately, the blood from a parent may not be suitable for his/her child. Research has also shown that directed donations are no safer than volunteer donor blood. Further discussion with your doctor may be appropriate.

There may be ***other alternatives*** such as:

- X Drugs that stimulate new blood cells to be made.
- X Special surgical techniques that can decrease blood loss.
- X Other fluids that can be used for a short time to replace blood loss.
- X Certain drugs that can help prevent bleeding or help your body make new blood cells.

All these options carry some risks. Please discuss the alternatives with your doctor. This will help you understand and decide which is best for you.

## Where Does the Blood Used at the Hospital Come From?

Blood is collected by the Canadian Blood Services and Hema-Quebec from volunteer donors. These donors are interviewed to make sure they are healthy. They are asked many questions about their lifestyle and medical history.

The blood given by one volunteer is separated into various parts called blood products: red cells, plasma, platelets, and other substances. Each part of blood has a different function. Separating the blood allows patients to receive only the specific part of blood that they need.

## How is the Donated Blood Tested?

Each time blood is donated, it is tested to see if there are any known viruses present which may cause disease. The blood is tested for: Hepatitis B, Hepatitis C, HTLV-1 (human T cell lymphotropic virus Type I), HIV-1 and HIV-2 (human immunodeficiency virus which causes AIDS). In July 2003, blood will also be tested for West Nile Virus. The blood is also tested for syphilis. Blood that is infected is thrown away. The blood is separated into blood products which are shipped to the hospital transfusion laboratory where they are carefully stored.

## Is Transfusion Safe?

No one can guarantee that any treatment is 100 percent safe. Every treatment has risks, some more than others. Blood products and transfusions are, however, safer today than they have ever been because the screening tests are improving all the time.

Going without a needed treatment also has risks.

**Your doctor will only propose that you  
have a transfusion if it is absolutely  
necessary.**

# What are the Risks of Blood Transfusion?

## 1. The Risk of Infection

Although the risk is very small, some diseases can still be passed on to you by blood transfusion. This happens when laboratory tests do not "see" the infection. A donor may carry a virus and not feel sick at the time they give blood.

The infections that cause the most concern are Hepatitis B, Hepatitis C, Human T-Cell Lymphotropic Virus (HTLV), and Human Immunodeficiency virus (HIV).

The risk for each unit of blood transfused is:

HIV (AIDS) -	1 in 4 million
Hepatitis B -	1 in 80,000
Hepatitis C -	1 in 3 million
HTLV II/III -	extremely rare

The more units of blood a person receives, the greater the risk.

Malaria can rarely be found in transfused red blood cells. Donors who have travelled to high risk areas for malaria are excluded from donating blood for 3 years.

Bacteria can sometimes contaminate the blood and give you a fever or chills. This is more likely to happen with platelet transfusions, as platelets are stored at room temperature.

New and unknown infections may occur that we cannot test for.

## 2. Transfusion Reactions

There may be other complications which are not life threatening.

You may:

- X Feel hot or cold or develop a **fever**. This happens more often in people who have had many transfusions or pregnancies.
- X Have an **allergic reaction** and feel itchy or have hives or wheezing.

## 3. Haemolytic Reactions

These happen when the plasma of a person receiving blood destroys the red cells transfused. They are usually prevented by careful blood preparation and administration. The transfusion laboratory will check you or your child=s red blood cell group (A,B,O, and Rhesus) and choose blood that matches. The risk of a severe

haemolytic (incompatible) reaction is approximately 1 in 500,000 units transfused. Other, less severe haemolytic reactions may also occur. This happens because the blood you receive never exactly matches your own. Your body may produce antibodies that fight against the "foreign" blood. The more transfusions you have, the more chance you have of developing antibodies that can destroy the red blood cells.

#### 4. Creutzfeldt-Jacob Disease

You may have heard about Creutzfeldt-Jakob disease. Recently, people who have lived in certain parts of Europe and England for a number of months have been excluded as blood donors just to make the blood as safe as possible. There is no blood test that tells you if a person has Creutzfeldt-Jacob Disease and no treatment for it. At the present time, there is no evidence that this disease can be passed on by blood transfusion.

#### 5. West Nile Virus

The risk varies from season to season and between blood components within different regions of Canada. Speak to your physician about current risks relating to this virus.

# KINGSTON GENERAL HOSPITAL ADMINISTRATIVE POLICY MANUAL

**Subject: Physician Behaviour**

**Number: 11-9**

Prepared/Reviewed by: Medical Advisory Committee

Page: 1 of 69

Original 00.03

Issued by: President & Chief Executive Officer

Issue:

Reviewed:

Revised:

## **Preamble**

An atmosphere which promotes harmonious and co-operative interactions with all members of the acute care hospital community and empowers each team member to deal effectively with disruptive behaviour is necessary to the care and well being of patients and staff. Kingston General Hospital/ Hotel Dieu Hospital expects all personnel working within the institution to foster a team atmosphere that strives for excellence in patient care. Physician obligations to their patients and other patients' care can be best fulfilled within this atmosphere. The mentoring role of physicians for medical students places an added imperative on them to assist the maintenance of a harmonious and cooperative atmosphere.

## **Definition**

Disruptive physician behaviour is any behaviour or course of action by a physician toward a patient(s) or member(s) of the health care team or other staff which would be seen by reasonable people as demeaning or creating an atmosphere of intimidation or unpleasantness. It includes but is not limited to sexual, racial or ethnic harassment or any instance where there is physical or verbal abuse directed towards people or inanimate objects. Verbal abuse may include outbreaks of temper; use of inappropriate language through swearing or cursing; shouting; threatening, intimidating, humiliating or derogatory comments directed at an individual.

## **Policy**

1. A Physician Behaviour Advisory Committee shall be constituted (Appendix A).
2. Inappropriate or disruptive physician behaviour will be addressed in a manner outlined below.

## **Procedure**

### **1. On Site Resolution**

- 1.1 The preferred way of dealing with such behaviour is that it be addressed with the physician by the person identifying the behaviour at the earliest possible time taking into account the particular circumstances.
- 1.2 If the person identifying the disruptive behaviour is unable to confront the physician directly, the person will contact their immediate supervisor who will speak directly with the physician as soon as possible.
- 1.3 The person identifying the behaviour or their supervisor will point out to the physician that

such conduct is unacceptable and request that the physician acknowledge this and apologise to both those who were affected by and those who witnessed the behaviour.

- 1.4 If the person identifying the disruptive behaviour or their supervisor is satisfied that the issue has been adequately addressed and the physician understands and acknowledges that this behaviour is not acceptable and that a suitable apology has occurred, no further steps may be required.

## **2. Referral to Department Head**

- 2.1 If the person identifying the disruptive behaviour or their supervisor is of the view that the behaviour is of a nature that acknowledgement of inappropriateness and apology are insufficient; or the physician has not truly acknowledged the behaviour as unacceptable; or they have knowledge of past similar behaviour, they will report this incident to the physician's department head in writing.
- 2.2 The department head will investigate the incident and document the findings.
- 2.3 If the incident is substantiated, the department head will deal with the physician, offering counselling or directing the physician to specific education programs and provide a plan for the physician to identify the resolution of the unacceptable behaviour. In the case of a resident physician the action needs to involve the specific program director and the Associate Dean of Postgraduate Medical Education.
- 2.4 The department head will ensure that the physician acknowledges to those who were affected by the behaviour is unacceptable and apologises for the behaviour.
- 2.5 The department head will inform the Chief of Staff of the incident and its resolution in writing.

## **3. Repeated or Particularly Serious Inappropriate Behaviour**

When the Chief of Staff is made aware of such behaviour, he or she may refer the matter to the Physician Behaviour Advisory Committee.

## **4. Referral to the President and Chief Executive Officer**

If the physician involved is the Chief of Staff or an officer of the Medical Advisory Committee, the disruptive behaviour will be reported to the President.

Authorizing Signature

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P. A. R. Glynn  
President and Chief Executive Officer

## **Physician Behaviour Advisory Committee**

### **Terms of Reference**

#### **Purpose**

To act as a resource to medical staff in dealing with issues relating to disruptive physician behaviour.

#### **Functions**

1. Promulgate and review policy on dealing with disruptive physician behaviour.
2. Recommend/coordinate appropriate educational programmes where necessary, including workshops, rounds and lectures.
3. Investigate allegations of disruptive physician behaviour that may be referred by the Chief of Staff.
4. Recommend behavioural and/or educational remedies or disciplinary action in response to substantiated disruptive physician behaviour.

#### **Membership**

- Chair - Medical Director
- Three additional physicians: one of whom is or has been a department head; one who is not a department head; and one resident physician in his or her second to fourth post graduate year.
- A non physician
- A representative appointed by the Director of the School of Medicine

#### **Reports to**

- Chief of Staff
- Medical Advisory Committee



## **DEPARTMENTAL COMMITTEES REQUIRING HOUSESTAFF REPRESENTATION:**

\* Residency Training Committees for each Postgraduate Program

### **\*Anesthesiology:**

Appointment, Reappointment and Promotion Committee  
Quality Assurance Committee  
Anesthesiology Departmental Committee

### **\*Diagnostic Radiology:**

Departmental Meeting  
Research Committee

### **\*Emergency Medicine:**

Promotion Committee  
various ad hoc committees

### **\*Medicine:**

HDH/KGH Department of Medicine  
Queen's Department of Medicine  
Reappointment and Promotion Committee (in addition, one representative from each training year,  
i.e. PGY-1 through PGY-3, required to attend 2 meetings  
per year with the Department Head)  
Quality and Utilization Improvement Committee  
IMU Policy & Planning Committee  
Emergency Medicine/Department of Medicine Liaison Committee  
Search Committees  
Social Affairs Committee  
ad hoc committees as requested

### **Obstetrics and Gynaecology:**

Quality Assurance Committee  
Joint Practice Committee

### **\*Ophthalmology:**

### **\*Pathology:**

HDH/KGH Department of Pathology Staff Meeting  
Promotion, Reappointment, Tenure and Continuing Appointments Committee  
Quality Assurance and Utilization Improvement Committee  
Queen's University Department of Pathology Staff Meeting

### **Pediatrics:**

Pediatric Oncology Committee  
Breast Feeding Committee  
Neonatal Developmental Care Committee  
NICU Joint Practice Committee  
Pediatric Joint Practice Committee  
Quality Assurance Committee

### **Psychiatry:**

Psychiatry Advisory Committee  
Appointments and Promotions Committee

### **\*Rehabilitation Medicine:**

### **\*Surgery:**

Core Surgery Committee  
Promotion, Tenure and Reappointment Committee

### **\*Urology:**

Quality Assurance Committee

**HOSPITAL COMMITTEES REQUIRING HOUSESTAFF REPRESENTATION:**

KGH Cardiac Arrest Committee (Must be a Resident in the Department of Medicine)  
KGH Fiscal Advisory Committee  
KGH Joint Occupational Health and Safety Committee  
Medical Advisory Committee  
HDH/KGH Pharmaceuticals and Therapeutics Committee  
HDH/KGH Joint Quality and Utilization Improvement Committee  
Departmental Quality and Utilization Improvement Committee  
Radiology Users Committee  
Medication Safety Working Group

## CONTACT NUMBERS FOR DEPARTMENT HEADS

<b>DEPARTMENT</b>	<b>DEPARTMENT HEAD</b>	<b>CONTACT NUMBER</b>
Anesthesiology	Dr. J. Parlow	549-6666 x4470
Diagnostic Radiology	Dr. A. McCallum (Acting)	549-6666 x4069
Emergency Medicine	Dr. G. Jones	549-6666 x4515
Family Medicine	Dr. G. Brown	533-9300 x73959
Medicine	Dr. J. McCans	533-6327
Obstetrics and Gynecology	Dr. M. McGrath	549-6666 x4079
Oncology	Dr. A. Smith	549-6666 x6830
Ophthalmology	Dr. S. El-Defrawy	544-3400 x2225
Otolaryngology	Dr. A. Tan	549-1543
Pathology and Molecular Medicine	Dr. I. Young	533-6000 x74887
Pediatrics	Dr. J. Smythe (Acting)	549-6666 x6046
Psychiatry	Dr. R. Milev	548-5567 x5823
Physical Medicine and Rehabilitation	Dr. S. Bagg	544-1894
Surgery	Dr. C.D. Mercer	549-6666 x4147
Urology	Dr. J. Wilson	549-6666 x2493

# KINGSTON GENERAL HOSPITAL

## ADMINISTRATIVE POLICY MANUAL

<b>Subject:</b>	<b>Patient Care Orders (formerly “Medical Orders”)</b>	<b>Number:</b>	<b>11-040</b>
Prepared/Reviewed by:	Professional Practice Council; Pharmaceuticals & Therapeutics Committee, Medical Advisory Committee, Operations Committee	Page:	1 of 5
Issued by:	President & Chief Executive Officer	Original	85.02
		Issue:	05.04
		Reviewed:	05.04
		Revised:	

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### **Principle**

The provision of safe and effective patient care in a complex acute care hospital requires that patient care orders are communicated and documented in a clear, accurate and consistent manner. Patient safety is paramount and this policy is designed to provide the necessary framework to ensure that all health care professionals maintain an acceptable standard of practice when giving or receiving patient care orders.

### **Terminology**

1. Patient care orders: written or electronically produced orders for procedures, therapies, medications, diet, consults, monitoring, admission, transfer or discharge that are carried out for registered KGH inpatients or outpatients.
2. Prescriber: a health care professional who can authorize patient care orders within his/her scope of practice as defined by KGH and his/her professional college.
3. Verbal orders: orders communicated verbally when the prescriber and the receiver are both present (i.e., face-to-face)
4. Telephone orders: orders communicated verbally from a prescriber to a receiver over the telephone.
5. Pre-printed orders (“PPO”): standardized orders based upon recognized standards of care and approved research protocols (includes total parenteral nutrition and chemotherapy orders).
6. Medical directives: physician orders enacted to authorize other regulated health care providers to initiate orders for specified patient care groups in accordance with specified conditions and limitations (see Delegated Controlled Acts Manual 3-08).

### **Policy and Procedure**

1. General
  - 1.1 All orders are part of the patient’s record.
  - 1.2 All orders include the date and time written and/or authorized.
  - 1.3 All order forms include the patient’s full name, location and assigned identification number (e.g., CR number).
  - 1.4 All orders include the name, signature (handwritten or electronically authenticated) and professional or training designation (e.g., MD, PGY1, RPh, RN, RPN) of the person(s) writing and/or authorizing the orders.
  - 1.5 Orders are written or electronically produced in a format approved by the Patient Records

Committee of the Medical Advisory Committee. Examples of approved order forms include:

- 1.5.1 Physician's Orders forms - handwritten and pre-printed (see KGH Administrative Policy 11-045)
  - 1.5.2 Emergency Treatment Record
  - 1.5.3 Clinic Record
  - 1.5.4 Anesthetic Record
  - 1.5.5 Discharge Summary sheet (see KGH Administrative Policy 8-100)
2. Admission Orders
    - 2.1 Identified drug, latex and significant food allergies or intolerances are required on admission orders.
      - 2.1.1 Significant food allergies are those that elicit an immediate hypersensitivity reaction or other serious reaction.
      - 2.1.2 If the patient has no known drug allergies or the drug allergy status is unknown, this is indicated (e.g., "no known drug allergies" or "drug allergies not known").
    - 2.2 The patient's weight is required on admission orders for pediatric patients.
  3. "Hold" Orders
    - 3.1 "Hold" orders should include the conditions under which the order may be resumed (e.g. a specific time, date, or clinical parameter such as blood glucose level).
  4. "Reassess" Orders
    - 4.1 Treatment orders that include the statement "Reassess in/on [time and/or date]" should be discontinued at that time or date. A complete new order is required to continue the treatment.
  5. Communication of Orders
    - 5.1 The person writing or authorizing the order flags the chart (e.g., for countersignature or processing).
    - 5.2 The Pharmacy copy of all Physicians' Orders forms is sent to Pharmacy as soon as possible after prescriber authorization.
    - 5.3 The prescriber immediately notifies nursing staff of urgent ("stat") orders
    - 5.4 Orders may be transmitted by facsimile.
    - 5.5 Verbal orders may be given in emergency situations or during procedures where removal of gloves is impractical.
    - 5.6 Telephone orders may be given when the prescriber is not or cannot be physically present.
    - 5.7 Verbal and telephone orders may only be accepted by an authorized health care professional, except:
      - 5.7.1 Registered Practical Nurses may accept verbal and telephone orders for medications only if they administer medications as part of their role.
    - 5.8 The following procedure is followed for verbal or telephone orders:
      - 5.8.1 The patient's identity is verified.
      - 5.8.2 The prescriber states the order in full, their name and professional designation.

- 5.8.3 The person receiving the order writes the order in full on an approved order form and includes their name, signature, professional designation, name of the prescriber **and professional and/or training designation**, and specifies “telephone order” or “verbal order”.
- 5.8.4 The person receiving the order reads back the order to the prescriber in its entirety.
- 5.8.5 The prescriber verbally confirms the accuracy of the order after it has been read back.
- 5.8.6 The prescriber countersigns the order as soon as possible, normally within 24 hours, except:
  - 5.8.6.1 In satellite dialysis clinics, telephone orders are countersigned at the next visit of the prescriber.

## 6. Medication Orders

6.1 The following information is required for all medication orders:

- 6.1.1 full generic or chemical name of the drug
  - 6.1.1.1 brand names should not normally be used
- 6.1.2 dose or dosage range in exact numbers with metric units
- 6.1.3 dosage form(s), where applicable (e.g., topical preparations, liquids, sustained release tablets)
- 6.1.4 route(s) of administration
  - 6.1.4.1 only one route of administration per order is permitted for opioid analgesic orders
- 6.1.5 frequency or rate of medication administration
  - 6.1.5.1 specify rate of administration (e.g., mg/h) for continuous infusions
- 6.1.6 indication for “as needed” (“prn”) orders
- 6.1.7 duration of therapy, total number of doses, or maximum daily dose, where applicable

6.2 Abbreviations, acronyms and symbols should not be used when ordering medications unless the Pharmaceuticals and Therapeutics Committee has approved them. A list of approved abbreviations is maintained in the Formulary (see KGH Administrative Policy 9-40).

6.3 Additional guidelines for the safe prescribing of medications are maintained in the Formulary.

## 7. Leave of Absence (“Pass”) Orders for Medications

- 7.1 Pharmacy dispenses leave of absence (“pass”) medications for patients on authorized temporary leave of absence from the hospital.
- 7.2 Pass medication orders are written in full on a Physician’s Orders form and include:
  - 7.2.1 the anticipated departure and return time of the patient.
  - 7.2.2 the quantity of each controlled substance narcotic to be dispensed.
- 7.3 Pass medication orders should be sent to Pharmacy at least 24 hours before the leave of absence.

## 8. Diet Orders

8.1 Accepted diet orders and terminology are listed in the Formulary.

8.1.1 "Regular diet" is the term used when no therapeutic diet is required.

8.1.1.1 For patients without swallowing impairment, a dietitian or nurse can modify a regular diet order to "soft", "minced", "pureed", "maternity", "vegetarian", "Muslim", "Kosher", "pediatric", or "long stay", according to the patient's preference.

8.2 A complete new diet order is required when a patient is to resume eating following a "NPO" (i.e., nothing by mouth) period.

8.2.1 "Resume previous diet" is not an accepted diet order.

8.3 A complete new diet order is required when a restriction is made to an existing therapeutic diet (e.g., if a 130 mmol sodium restriction is made to a 7500 KJ diabetic diet, then the new order should state "7500 KJ diabetic diet with 130 mmol sodium").

8.4 A diet order may be written as "clear fluid to regular diet" to permit nursing to advance the patient's diet as tolerated.

## 9. Consultant and "Suggest" Orders

9.1 Orders written by a consultant require a countersignature by an attending service resident or staff physician before being processed, except:

9.1.1 Consultant orders written by the Acute Pain Management Service while a patient is under their care (see KGH Administrative Policy 15-125) or Anesthesiology.

9.1.2 Orders written by a consultant for the provision of procedural sedation and analgesia.

9.2 "Suggest" orders written by a pharmacist or dietician require a countersignature by an attending service resident or staff physician before being processed (see KGH Administrative Policies 14-225 and 11-041).

## 10. Clinical Clerk (Senior Medical Student) Orders

10.1 Orders written by clinical clerks require a countersignature by an attending service resident or staff physician before being processed, except:

10.1.1 Where patient safety may be at risk due to the delay, the nurse or pharmacist may contact the attending service resident or staff physician to confirm the order as a verbal or telephone order.

## 11. Procedure (Surgical and Non-surgical) Orders

11.1 Pre-procedure orders must include:

11.1.1 planned date of the procedure, if known

11.1.2 orders/instructions for oral intake prior to the procedure

11.1.3 orders/instructions for medications to be administered or held prior to the procedure

11.2 Pre-procedure orders must be reviewed and revised as necessary by the prescriber when a procedure is cancelled.

11.3 Anesthesiology pre-procedure orders must not be changed without consulting Anesthesiology.

11.4 All orders are automatically stopped when a patient undergoes a procedure requiring

anesthesia in the OR and complete new orders are required after the procedure, except:

- 11.4.1 ICU or NICU patients who have surgical procedures that do not alter their medical management, do not require their orders rewritten on return to the ICU or NICU, but must have their orders reviewed, and this must be stated on the order sheet.

## 12. Intensive Care Unit Orders

12.1 All orders are stopped when a patient is transferred to or from the ICU service and complete new orders must be written or co-signed by the accepting service, except:

- 12.1.1 Acute Pain Management Service and total parenteral nutrition (TPN) orders are continued, unless otherwise stated.

## 13. Emergency Orders

13.1 Emergency (e.g., “Code Blue”) orders may be given by any service of the medical staff in an emergency.

## 14. Vital Signs Orders

14.1 Orders for monitoring of vital signs must include the frequency and, as applicable, the duration of the order or refer to a specific Collaborative Care Plan.

### Cross Reference:

1. KGH Administrative Policy 8-12: Same Day Admission Centre
2. KGH Administrative Policy 8-100: Discharge of Patients
3. KGH Administrative Policy 9-40: Abbreviations – Patient Records
4. KGH Administrative Policy 11-041: “Dietitian Suggests” Orders
5. KGH Administrative Policy 11-45: Pre-Printed Orders
6. KGH Administrative Policy 14-225: “Pharmacist Suggests” Orders
7. KGH Administrative Policy 15-125: Acute Pain Management Service
8. Delegated Controlled Acts Manual 3-08: Approval to Enact Medical Directives

Authorizing Signature

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Joseph A. de Mora  
President and Chief Executive Officer



**TO: All Attending Physicians, Residents, Students, and Health Care Professionals**

**FROM: Joseph de Mora, President and CEO, Kingston General Hospital  
Hugh Graham, Executive Director and CEO, Hotel Dieu Hospital**

**DATE: 2007, June 15**

**RE: RESPONSIBILITY FOR PERSONAL HEALTH INFORMATION**

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This memo is in follow up to the recent health order (1004) from the Information Privacy Commissioner (IPC), that prohibits, to the extent possible without hindering the provision of health care, the removal of identifiable personal health information (PHI) in any form from hospital premises and states that any sensitive data on portable devices must be encrypted.

Please review the following questions carefully.

- Do you maintain office records on your patients in your office or on a personal device?
- Do you have research files that identify participants by name, CR# or health numbers?
- Do you have an electronic database that collects patient PHI?
- Do you email patient information?

If you answer **yes** to any of the above, then according to hospital policy and the Personal Health Information Protection Act (PHIPA), **you** are the responsible custodian of this information.

Your responsibilities as a custodian are:

1. To insure all information is secured against access by unauthorized individuals in your office and during transportation.
2. To maintain records of all information released, to whom, by what method and when.
3. To destroy PHI in a confidential manner.
4. To have office policy and procedure around who can access/release this information.

Should PHI be lost, accessed or disclosed inappropriately, you are liable for investigation by the IPC and any fines/penalties imposed if you are found negligent.

You are also responsible for:

1. Investigating any incident of breach and correcting the cause of the breach.
2. Notifying patients for whom their information has been breached.
3. Communicating the breach to HDH/KGH Privacy Office.

The following hospital policies are available to assist you.

Personal Health Information Protection KGH 09-053/HDH 6040.

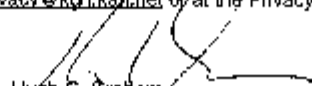
Access to PHI KGH 09-140/HDH 6090.

Disclosure of PHI KGH 09-050/HDH 7000.

Personal Office Files KGH 09-045/HDH 6000.

If you require further information or have questions about your responsibility as a custodian of PH, you may contact the HDH/KGH Privacy Office at [privacy@kgm.kan.net](mailto:privacy@kgm.kan.net) or at the Privacy Office phone number of (613) 549-6066 ext. 2567.

  
Joseph de Mora,  
President and Chief Executive Officer, KGH

  
Hugh C. Graham,  
Executive Director and Chief Executive Officer, HDH