

Orientation Manual for New NH Medical Staff

[facility name here / site name here]

[enter date finalized here]

Version 2

Original document by: *Medical Affairs, Northern Health*



northern health
the northern way of caring

About this Manual

This resource was developed for Northern Health sites in order to provide consistent, comprehensive and local information for Medical Staff (Physicians, Dentists & Midwives) new to Northern Health. We hope that this manual helps Medical Staff working in a new facility and assists Medical Administration and Medical Staff Leaders in facilitating a smooth transition to a new community and practice for their Medical Staff members.

The checklist provided in this manual is meant to guide a new NH Medical Staff members' initial orientation meeting with their Chief of Staff and/or Hospital Administration. This is a high-level, quick reference document for new NH Medical Staff and refers to other important resources for all NH Medical Staff to support their practice.

Acknowledgments

This manual was developed based on orientation manuals from Fort St John Hospital, the University Hospital of Northern BC, and the South Island Division of Family Practice. Medical Affairs would also like to thank Quesnel Health Services (Dr. Helene Smith and Julie Spina) and Bulkley Valley District Hospital (Dr. Daphne Hart and Shelley Becker) for pilot testing this resource.

Prepared By

Document Owner(s)	Role
Sample Entry	
Jane Smith	Administrative Assistant to Site/Facility Chief of Staff
<i>[insert names of people responsible for the document and their roles]</i>	

Version Control

Version	Date	Author	Change Description
Sample Entry			
Version 1	2014-09-30	Kelly Giesbrecht (Consultant, Medical Affairs)	Original document developed by Medical Affairs, Northern Health
Version 2	2016-07-20	Medical Affairs	Manual update
			<i>[add rows as needed]</i>

Table of Contents

Orientation Checklist for Medical Staff Leaders	1
Key Personnel and Contact Information	2
Section 1 - Northern Health Information	3
1.1 Overview of the Canadian Health Care System	3
1.2 Introduction to Northern Health	3
1.3 BC Health Authority Legislative & Regulatory Framework	4
1.4 Medical Affairs, Medical Staff Organization and Medical Staff Leadership Roles	5
1.5 Practice-Related Resources and Information	10
1.6 Quality Improvement and Resources	10
Section 2 - Professional Practice Considerations.....	13
2.1 Protecting Patients' Privacy	13
2.2 Medical Professionalism and a Respectful Workplace.....	13
2.3 Medical Staff and Patient Complaints	14
Section 3 - General Administrative and Facility Information	15
3.1 General Administrative Information	15
3.2 General Facility Information	17
Section 4 - Patient Care Information	20
4.1 Most Responsible Physician (MRP).....	20
4.2 Medication Reconciliation, Admissions, Patient Transfers and Discharge.....	20
4.3 Clinical Notes, Health Records, Chart Completion and Discharge Summaries.....	22
4.5 Operating Room Hours and Procedures	24
4.6 Diagnostic Imaging Services.....	25
4.7 Laboratory Services	26
4.8 Visiting and Specialist Clinics.....	27
Section 5 - Local / Community Information	28

Orientation Checklist for Medical Staff Leaders

An introduction and orientation meeting with your Chief of Staff will be scheduled. Your Chief of Staff will go over this checklist with you to ensure you have everything you need to get started, to ensure you are aware of key facility policies and procedures, and to outline other resources that will support you in your practice. Hospital Administration will arrange for a tour of the facility and for you to meet with the different Departments.

Please contact [\[enter name, role and contact info here\]](#) if you need to have an orientation meeting and/or a facility tour scheduled.

Northern Health Information

- Northern Health Bylaws & Rules (provide copies)
- Introduction to NH Regional and local Leadership (Names and Responsibilities)
- Introduction to Physician Compensation (Names and Responsibilities)
- Healthy Work Environments / Respectful Workplace Interactions
- Medical Staff Complaints Process
- NH Medical Staff Orientation and Education Resources

General Administration

- ID Tag
- IT Access
- NH Email
- Information & Technology Services (ITS) Assistance
- Library / Other Clinical Resources
- Facility Tour / Orientation
- Key Personnel / Contacts

Patient Care Information

- Admitting Procedures
- Documentation Requirements
- Transcription / Dictation
- Health Records / Chart Requirements
- Mail boxes
- Radiology / PACs Access
- Laboratory
- Pharmacy Services
- Emergency Room
- Operating Room
- Mental Health and Addictions
- Home and Community Care
- Visiting and Specialist Clinics
- Telehealth Facilities and Capabilities
- Locum Orientation Responsibilities
- Electronic Health Record/Cerner/PowerChart

Key Personnel and Contact Information

Administration Contacts		
ROLE	NAME	CONTACT INFORMATION
HSDA Chief Operating Officer		
HSDA Medical Director		
Chief of Staff		
Health Services Administrator		
Patient Care Administration		
Regional Medical Advisory Committee (MAC) Representative		
<i>[enter role of other contact]</i>	<i>[enter name of other contact]</i>	<i>[enter contact information]</i>
<i>[add more rows as needed]</i>		
Department Contacts		
DEPARTMENT	NAME	CONTACT INFORMATION
Anaesthesia		
Dentistry		
Emergency		
Family Practice		
Internal Medicine		
Laboratory/Pathology		
Obstetrics/Gynaecology		
Radiology/Medical Imaging		
Paediatrics		
Psychiatry		
Surgery		
Extended		
Pharmacy		
Public Health		
Quality Assurance / Improvement		
Continuing Medical Education		
Northern Health Library		
<i>[enter name of other department]</i>	<i>[enter name of dept. contact]</i>	<i>[enter contact information]</i>
<i>[add more rows as needed]</i>		

Section 1 - Northern Health Information

1.1 Overview of the Canadian Health Care Systemⁱ

The Canada Health Act outlines our national principles for healthcare, including: universality, accessibility, portability, comprehensiveness and public administration. The federal government delivers services directly to Inuit and First Nations living on reserves and to members of the Canadian Armed Forces, in addition to co-financing provincial healthcare programs.

The provinces and territories in Canada are responsible for organizing, delivering and funding (with contributions from the federal government) healthcare services. Each province or territory determines which hospital and physician services will be funded, so funded services can vary across the country. Some provinces, such as British Columbia (BC), have regionalized healthcare. This means that designated regions (called Health Authorities) within BC are responsible for the healthcare needs of its residents. The Health Authorities own the hospitals, fund long-term and home care, and are responsible for quality and efficiency.

For more information about Canada's health care system, refer to the following resources:

- Online Course - Orientation to the Canadian Health Care System, Culture and Context
 - <http://www.iehpcanada.utoronto.ca/>
- Health Canada - Canada's Health Care System:
 - <http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2011-hcs-sss/index-eng.php>
- Health Canada - Canada Health Act:
 - <http://www.hc-sc.gc.ca/hcs-sss/medi-assur/cha-lcs/index-eng.php>

1.2 Introduction to Northern Health

Northern Health provides regionalized acute care, public health, home and community care, and mental health and addictions services to approximately 350,000 people dispersed throughout our region. Northern Health is divided into three Health Service Delivery Areas (HSDAs) with administrative centres located in each HSDA: Northeast (Fort St John), Northern Interior (Prince George), and Northwest (Terrace). Service delivery in the region covers approximately the top two-thirds of BC and includes many rural, remote, and First Nations communities. Northern Health is governed by a 10 member Board of Directors with representation from throughout the region.ⁱⁱ

The vision, mission, and values statements of Northern Health are part of our Strategic Plan 2016-2021. Northern Health's slogan is *the northern way of caring* and the mission statement for Northern Health is "through the efforts of dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners." Our vision is that Northern Health "leads the way in promoting health and providing health services for Northern and rural populations." Our strategic directions include strategic priorities as well as enabling priorities which support the realization of the mission and valuesⁱⁱⁱ:

- Healthy People in Healthy Communities
- Coordinated and Accessible Services
- Quality
- Our People
- Communications, Technology, and Infrastructure

For more information about Northern Health's Strategic Plan, visit the NH website <https://northernhealth.ca/AboutUs/Mission,VisionStrategicPlan.aspx>

1.3 BC Health Authority Legislative & Regulatory Framework¹

The structure and governance of Northern Health's medical staff is determined by the requirements of different acts, regulations, bylaws and rules^{iv}. The requirements begin with the legislation outlining requirements for bylaws, bylaws then outline the need for rules, and finally rules indicate the need for, or potential to, develop policies. Northern Health commonly refers to these policies as Decision-Support Tools (DSTs). The *Bylaws* must be approved by the Minister before they are in effect^v.

Legislation

The *Hospital Act*^{vi} focuses on requirements for hospitals and private hospitals, including the requirement for bylaws. The *Hospital Act Regulation*^{vii} outlines:

- How responsibilities for overseeing hospital administration are to be allocated (the Board, designated representative, designated administrators, medical staff);
- The appointment, licensing and permitting of medical staff (practitioners) and their responsibilities;
- Some conditions for the admission and discharge of patients; and,
- The preparation and destruction of health records, among other aspects of hospital administration.

Bylaws

Health authorities are required by the *Hospital Act* and the *Hospital Act Regulations* to have bylaws for the medical staff. The *Northern Health Medical Staff Bylaws* (December 2012):

"...describe the relationship and the responsibilities between the Board of Directors and individual members of the medical staff acting collectively as the medical staff organization. Bylaws set out the conditions under which members of the medical staff serve the facilities and programs operated by the Northern Health Authority, provide patient care, and offer medical, dental and midwifery advice to the Board of Directors. The Board's obligation to patient care includes supporting the medical staff through the provision of adequate and appropriate resources."^{viii}

Rules

The *Bylaws* require that rules be developed, outlining NH medical staff's obligations to patient care within Northern Health's domain. These rules apply to all medical staff practicing in Northern Health's facilities.^{ix} In concert with the bylaws, the *Northern Health Medical Staff Rules* address the following:

- Membership and appointment;
- Complaints, discipline and appeal processes;
- Organization of the medical staff;
- Medical staff committees;
- Officers of the medical staff association;
- Postgraduate training programs and clinical trainees; and,
- Responsibility for patient care

Policies

As indicated in the *Northern Health Medical Staff Rules*, clinical departments may develop their own policies governing aspects of medical staff practice. In the event of a conflict or contradiction,

¹ Excerpt from "Medical Affairs 101 Report" prepared by NH Medical Affairs on August 31, 2013. The report is currently under review.

policies are subsidiary to the rules.^x Other Northern Health policies (DSTs) are divided into different sections and both the administrative and clinical aspects outlined in both the *Bylaws* and *Rules*.

The *NH Medical Staff Bylaws* and *NH Medical Staff Rules* are available at (scroll to the bottom of the page):
<https://physicians.northernhealth.ca/PhysicianResources/CredentialingandPrivileging.aspx#9568303-appointment>

1.4 Medical Affairs, Medical Staff Organization and Medical Staff Leadership Roles

NH Medical Affairs

The NH Medical Affairs department is responsible for overseeing the recruitment, appointment and leadership of medical staff in NH's facilities. Medical Affairs works closely with our Medical Staff Leaders and other NH programs and departments (such as finance, risk management and quality improvement) in related medical administration activities. The NH *Bylaws* and *Rules* discussed in the previous section provide the context for the following activities:

Recruitment and Retention²

The NH Physician Recruitment Team works closely with Medical Directors, Chiefs of Staff, and Deputy Chiefs of Staff to identify vacancies and urgent priorities for medical staff in their regions. Physician Recruitment advertises vacant positions, helps to identify potential candidates, coordinates site visits for interested candidates, and facilitates the relocation of successful candidates to their new communities.

Credentialing and Privileging³

The Credentialing and Privileging Office is responsible for the overall administrative management for practitioners (Physicians, Dentists, and Midwives) applying for medical staff membership or to renew their membership with Northern Health. The credentialing and privileging of practitioners for facilities across the north is done in accordance with the *Northern Health Medical Staff Bylaws* and *Medical Staff Rules*.

- Important information about practitioner Credentialing and Privileging, including information on appointments and reappointments is available on the physician website at: <https://physicians.northernhealth.ca/PhysicianResources/CredentialingandPrivileging.aspx>

Annual Reappointment Process

Once a year practitioners who provide medical services within a Northern Health owned and operated facility must complete an annual reappointment. All Active and Provisional (Categories of Medical Staff can be reviewed in Article 6 of the Northern Health Medical Staff Bylaws) physicians must meet with their department head, Chief of Staff or Medical Director for an annual meeting.

- The goal of the annual meeting is to review and ensure that information on the reappointment application is correct (privileges, demographics, contact and professional information) and to engage physicians with questions on professional development and careers plans.
- Important information about the reappointment process, including frequently asked questions, timelines and deadlines is available online at:
<https://physicians.northernhealth.ca/PhysicianResources/CredentialingandPrivileging.aspx#9568290-reappointment>

² See *Medical Staff Recruitment to Practice Process* for more information at:

<http://physicians.northernhealth.ca/PhysicianResources/OrientationEducation.aspx#5520104-education-for-medical-staff-leaders>

³ Credentialing and Privileging: <https://physicians.northernhealth.ca/PhysicianResources/CredentialingandPrivileging.aspx>

[Physician Compensation and Contracts](#)

Medical Affairs works closely with NH Physician Compensation to make sure physicians and other medical staff get paid. Together they oversee budget allocations from the BC Ministry of Health and administer different types of physician and medical staff contracts.

- Additional information on physician compensation, can be found online on the physician website at:
<https://physicians.northernhealth.ca/PhysicianResources/Compensation.aspx>

[Medical Affairs Contact Information](#)

Contact information for Medical Affairs is available on the physician website on the [Contact Us](#) page: <https://physicians.northernhealth.ca/ContactUs.aspx>

[Medical Staff Organization](#)

Articles 2.1 and 2.2 of the *Northern Health Authority Medical Staff Bylaws*^{iv} outline the purpose and functions of the Medical Staff organization. The Medical Staff Organization:

- serves in an advisory capacity to the Board of Directors;
- is accountable for the quality of medical provided in Northern Health's facilities and programs;
- participates in activities such as quality improvement, risk assessment and management, resource utilization, education and research, and program development and evaluation; and,
- promotes a high level of professional performance of all Northern Health practitioners.

The Medical Staff Organization functions include (Article 2.2 of the *Bylaws*):

1. "makes recommendations regarding the standards of medical care delivery in Northern Health";
2. participates in interdisciplinary structures and processes to improve the quality and safety of health care services";
3. contributes, collectively and individually, to continual improvement of professional standards; and, makes recommendations to the Board of Directors and CEO;
4. contributes to quality assurance in clinical practice;
5. advises on the quality of medical care;
6. makes recommendations on the appointment of medical staff including granting and maintenance of privileges based on regular review and evaluation of medical staff members' performance;
7. makes recommendations about medical staff human resource needs;
8. supervises and ensures compliance with Medical Staff Bylaws, Rules and policies;
9. exercises discipline as delegated by the Board of Directors; and,
10. assists in planning goals to meet Northern Health's communities' needs.

[NH Medical Staff Leadership Roles⁴](#)

The *Bylaws* outline how the departments will be structured and the *Rules* describe how medical staff will be organized. Not all regions or facilities will have Departments or Divisions in all areas (for example, the University Hospital of Northern BC has an Internal Medicine Department, whereas a smaller more rural facility may not). The Medical Staff is structured by HSDA and includes HSDA Medical Advisory Committees (MAC), HSDA Medical Directors, and HSDA Facility Chiefs of Staff.

⁴ Excerpt from "Medical Affairs 101 Report" prepared by NH Medical Affairs on August 31, 2013. The report is currently under review.

Where applicable, there may also be Deputy Chiefs of Staff and Facility Department Heads.^{xi} The Northern Health Medical Advisory Committee (NHMAC) advises the NH Board of Directors on the organization of the medical staff into departments, divisions and sections based on professional resources of the medical staff at the HSDA level.^{xii} Medical Directors appoint facility Chiefs of Staff (COS) and Deputy COS, as well as Department and Division Heads (where applicable).^{xiii}

Vice President Medicine

The Vice President Medicine is the senior medical administrator for Northern health, appointed by and reporting to Northern Health's Chief Executive Officer. The VP Medicine is responsible for the coordination and direction of the activities of the medical staff. The Medical Directors report and are accountable to the VP Medicine.

Chief Medical Information Officer

The Chief Medical Information Officer is responsible for managing Northern Health's informatics platforms and oversees all clinical information technology (IT) staff and systems. They are responsible for overseeing the effective design, implementation and use of health care technology within the health authority. The Chief Medical Information Officer works closely with the Medical Director team. This role reports to the VP Planning and Quality.

Medical Directors

Medical Directors are appointed by the Vice President Medicine and are the medical administrators for regions within Northern Health. They are responsible for the coordination and direction of the activities of the medical staff within that HSDA or region.^{xiv}

Chiefs of Staff

Each Northern Health facility or community cluster has a Chief of Staff (COS). They are the physician responsible for "ensuring the compliance of members with the Bylaws, Rules and policies with respect to their practice in the facility."^{xv} They oversee the quality of medical care provided in the facility by medical staff that may belong to different departments. They are accountable and report to the HSDA Medical Director.^{xvi}

Deputy Chiefs of Staff

The Deputy Chief of Staff supports the administrative functions of the Chief of Staff (COS) in larger facilities, or those Chiefs of Staff who are responsible for more than one facility. This role provides an opportunity for succession planning and is intended to be flexible in order to meet facility and Chief of Staff specific needs.

Departments

Medical staff members are assigned to one primary department and may be appointed to additional departments depending on their practice by the Board of Directors as per the NHMAC's recommendation. Each department has a department head and may have an assistant department head. Departments are responsible for reviewing their membership requirements and recommending a medical staff resource plan to the NHMAC on an annual basis.^{xvii}

Department Heads

Department Heads are accountable, report, and make recommendations to the Medical Director. They are appointed by the Board on the recommendation of the

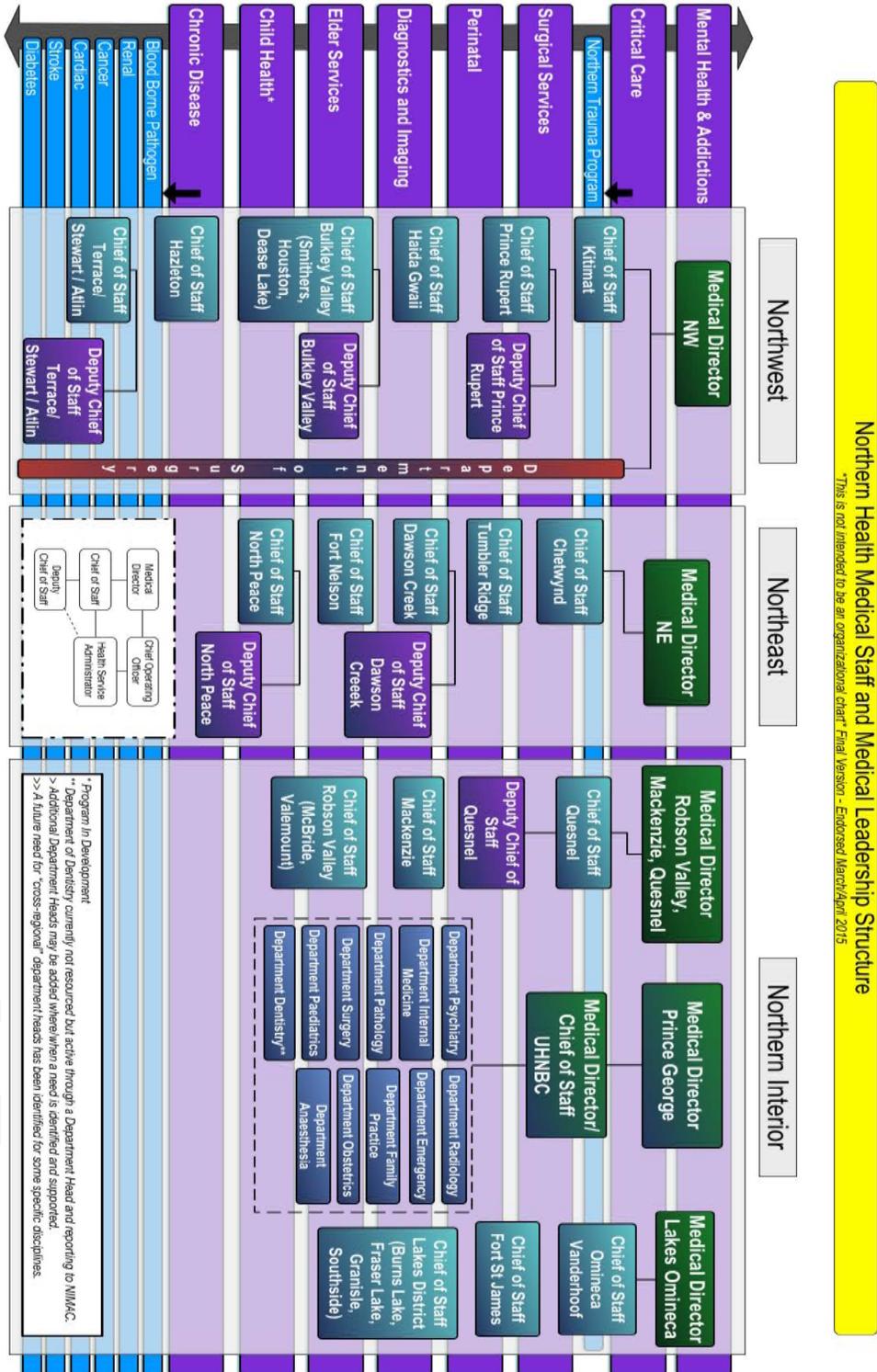
department to NHMAC.^{xviii} Department Heads are also responsible for working with Senior Medical Administration, Medical Directors, Chiefs of Staff and, where applicable, Deputy Chiefs of Staff to ensure the well-being of medical staff.

Division Heads

Division Heads are appointed by the Medical Directors based on recommendations from the Department Head and division/section membership. They are accountable to the Department Head and are responsible for the overall operation and functioning of their division and sections.^{xix}

Template

Diagram 1: Northern Health Medical Staff and Medical Leadership Structure



1.5 Practice-Related Resources and Information

College of Physicians and Surgeons of British Columbia

The College of Physicians and Surgeons (the College) is responsible for: regulating the practice of medicine under provincial laws; the protection and safety of patients; and, ensuring that physicians meet expected standards of practice and conduct in British Columbia. All physicians practicing medicine in British Columbia must be registered with the College.

For more information about the College and how it can support you in your practice, refer to their website at: <https://www.cpsbc.ca/>.

Physician Health Program

The Physician Health Program in British Columbia supports BC physicians, medical residents, medical students and their immediate families with any personal and/or professional problems. To learn more about the services the Physician Health Program offers, refer to their website at: <http://www.physicianhealth.com/node/43>.

Northern Health's Physicians' Website

If you are looking for career opportunities within Northern Health, resources to support your practice, education opportunities, or generally just want to know what is happening within Northern Health go to the NH Physician's Website: <http://physicians.northernhealth.ca>. You can find a wide range of physician resources, news feeds, information about CME, as well as various orientation and education materials developed for NH physicians and other medical staff.

1.6 Quality Improvement and Resources

Northern Health's 2016-2021 Strategic Plan commits to establish a culture of continuous quality improvement. Northern Health introduced our [Quality Framework](#) and the Northern Health Medical Advisory Committee (NHMAC) endorsed it in spring 2015. The NH Quality Framework provides staff, management and physicians with an introduction to the concept of quality and how quality improvement processes support NH's strategic priorities.

The goal of the Physician Quality Strategy is to accompany the NH Quality Framework to provide detail on how Physician Services will align with this direction and collaborate with the NH Quality and Innovation team and other key stakeholders to:

- a) Support physicians and their teams to make the improvements they want to see in our health care system; and
- b) Engage physicians in NH quality improvement initiatives to support our strategic plan and improve patient care.

Additional Resources

- [NH Quality Framework](#)
- Principles in Quality Improvement Workshop for Physicians workshop. For more information contact: Bailee.Poitras@northernhealth.ca
- [Resources Available to You for Quality Improvement](#)
- [Research in Northern Health](#)
- [Dr. Mike Evans - Quality Improvement in Healthcare](#) YouTube video

NH supports physicians, staff and administration to build a culture of continuous quality improvement to achieve changes that will improve patient outcomes and the efficiency of our services. Physicians and teams have opportunities to reflect on practice, to trial ideas and make changes to improve patient care outcomes.

Northern Health and the government of BC have many opportunities for physicians to support leadership development and quality improvement training. There are also many funding incentives available for physicians who are interested in this development.

[Principles of Quality Improvement Workshop](#) is a course developed by NH Quality Improvement and the UHNBC Physicians Initiative Committee, which offers CME/CPD accreditation and 3.5 Mainpro-M1 credits. The workshop will provide an opportunity for physicians to learn:

- The relationship between quality improvement and quality assurance;
- The opportunities available to you to support quality improvement in your region;
- Practical tools and resources you can use in your practice or in your facility to make improvements; and;
- How to bring ideas for improvement forward to support system change.
 - For more information, please contact Candice Manahan, Executive Lead Physician Quality Improvement: Candice.Manahan@northernhealth.ca

Mentorship

The [Rural Physician Mentoring Program](#) is offered through the University of British Columbia Faculty of Medicine. This program is for physicians who are relocating to rural BC and practicing medicine in this setting for the first time. The goal of the program “is to facilitate the transition to rural practice for physicians that are new to rural practice environment and increase rural retention.”^{xx} Physicians who currently practice in BC, and have rural experience, can serve as mentors in this program.

- For more information on how to become a mentor, please visit the UBC Rural Physician Mentoring Program <http://ubccpd.ca/rural-mentoring-program>

Northern Continuing Medical Education (NCME)

The [NCME](#) under the direction of the NH Medical Advisory Committee, assists physicians in staying current with the latest knowledge, advances and changes to the delivery of care for their practice.

- New physicians are entitled to RCME funds once they complete their residency requirement of nine (9) months out of the calendar year.
- Physicians are allotted funding depending on their location:

GENERAL PRACITIONERS	Up to 2 years	In the 3rd & 4th year	Over 4 years
'A' communities	\$1,320.00	\$3,520.00	\$5,720.00
'B' communities	\$ 440.00	\$2,640.00	\$4,840.00
'C' communities	\$ 0.	\$2,200.00	\$4,400.00
'D' communities	\$ 0.	\$1,100.00	\$2,200.00
SPECIALISTS	Up to 2 years	In the 3rd & 4th year	Over 4 years
'A' communities	\$1,800.00	\$4,800.00	\$7,800.00
'B' communities	\$ 600.00	\$3,600.00	\$6,600.00
'C' communities	\$ 0.	\$3,000.00	\$6,000.00
'D' communities	\$ 0.	\$1,500.00	\$3,000.00

Definition of A, B, C and D Communities:

- 'A' Communities - communities 20 or greater isolation points
 - 'B' Communities - communities with 15 to 19.99 isolation points
 - 'C' Communities - communities with 6 to 14.99 isolation points
 - 'D' Communities - communities with 0.5 to 5.99 isolation points
- For more information on the NCME program, as well as to access event calendars and learning and leadership opportunities, please visit the [NCME page](#) on the physician website: <https://physicians.northernhealth.ca/NCME.aspx>

[Rural Programs and Incentives](#): To encourage physicians to practice in rural areas, various programs and incentives are offered by Northern Health and the government of British Columbia.

- <http://physicians.northernhealth.ca/PracticeHere/RuralProgramsIncentives.aspx>

The [Rural Coordination Centre of BC](#) is also a good resource for rural physicians.

- <http://www.rccbc.ca/physicians>

[Practice Support Program](#) provides training and support through [Practice Coaching](#) and various other training and quality improvement tools and resources. Coaches meet with physicians and their staff to identify and implement changes related to office and/or clinical practice and provide ongoing support to sustain any improvement that result.

- For more information, please [contact the Practice Support Coach in your community](#).

Northern Health Medical Affairs developed a range of [orientation and education resources](#) (including this manual) for medical staff. You can find high-level summaries, online training modules and links to other resources for Medical Staff and Medical Staff Leaders.

- <http://physicians.northernhealth.ca/PhysicianResources/OrientationEducation.aspx>.

These and other resources can be found on the [Northern Health Physicians' Website](#) at <http://physicians.northernhealth.ca>, including a wide range of [Clinical Resources](#).

- <http://physicians.northernhealth.ca/PhysicianResources/ClinicalResources.aspx>

Section 2 - Professional Practice Considerations

Please refer to the following links to documents for more information regarding the expectations and responsibilities for the professional practice considerations covered in this section:

- [NH Rules and Bylaws Summary for New NH Medical Staff](#)
- [NH Medical Staff Bylaws](#)
- [NH Medical Staff Rules](#)

2.1 Protecting Patients' Privacy⁵

Although physicians have had a longstanding professional and ethical duty to maintain the confidentiality of their patients' information, in the current practice environment there are also legislative obligations and expectations to protect patients' privacy. The Canadian Medical Protective Association (CMPA) has developed an eLearning activity on privacy and confidentiality which covers which physicians can review to become familiar with maintaining patient personal health information and confidentiality in a doctor-patient relationship.

The CMPA recommends three things for physicians to keep their privacy obligations:

1. Become familiar with the relevant laws and the requirements of Colleges (see resources).
2. Ask questions and seek clarification as these laws and requirements can be complex.
3. Take the steps necessary to comply with these obligations to provide quality care.

To learn more about how you can ensure your patients' privacy is protected, here are some key resources, legislation for BC, and NH policies:

- [BC Physician Privacy Toolkit](#)
 - Prepared by: Doctors of BC (BCMA), College of Physicians and Surgeons, and the Office of the Information and Privacy Commissioner of BC and includes many resources such as:
 - Ten Principles for Protecting Patient Information in Physician Practices
 - Ten Steps to Help Physicians Comply with the Personal Information Protection Act
- [Freedom of Information and Privacy Act, British Columbia](#)
- [\(NH\) Saving Patient Information and Risks to Privacy](#)

2.2 Medical Professionalism and a Respectful Workplace⁶

Medical professionalism means that a physician will place the interests of patients above their own, even when it is difficult. Professionalism is the basis of medicine's contract with society, and is defined as: "*appropriate behaviour with patients, colleagues, providers and administrators*". Lack of professionalism "can have a detrimental impact on patient safety and team-based care."

The core elements of professionalism have not changed over time; however, the context in which medicine is practiced has shifted from a 'traditional model' of independent practice to more integrated, team-based models of healthcare service delivery. This shift - along with changing expectations from society and patients, increased access to health information, technological advances, and funding and human resources constraints - means that medical teams are practicing in a complex and constantly changing environment.

As with patient privacy, several organizations and associations outline principles, standards, guidelines and expectations regarding professionalism. Here are some important resources:

⁵ CMPA Privacy and Confidentiality Overview: https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Privacy_and_Confidentiality/privacy_and_confidentiality-e.html

⁶ Please refer to the *Addressing Workplace Practice and Conduct* found at: <http://physicians.northernhealth.ca/PhysicianResources/OrientationEducation.aspx#5520104-education-for-medical-staff-leaders>.

- *Medical Professionalism in the New Millennium: A Physician Charter*
 - ABIM Foundation, ACP Foundation, European Federation of Internal Medicine. (2004). [Medical Professionalism in the New Millennium: A Physician Charter](#).
- Doctors of BC
 - BC Medical Association (BCMA; Doctors of BC). (September 2013). [Medical Professionalism in British Columbia - Working Together: An Exploration of Professional Relationships in Medicine. A Policy Paper by BC's Physicians](#).
- Canadian Medical Association
 - Canadian Medical Association. (2005). [Medical Professionalism](#). CMA Policy.
- Canadian Medical Protective Association
 - Canadian Medical Protective Association (CMPA). [Professionalism in Practice](#).
- There are also a number of provincial and Northern Health policies to consider:
 - [BC Human Rights Code](#)
 - [WorkSafeBC Bullying and Harassment](#)
 - [Patient Care Quality Review Board Act](#)
 - [NH Medical Affairs. \(September 2013\). NH Complaints Regarding the Conduct or Professional Practice of Members of the NH Medical Staff - Decision Support Tool](#).
 - [NH Organization Development. \(August 2009\). Respect in the Workplace - Decision Support Tool](#).
 - [NH Human Resources. \(October 2005\). Discipline- Decision Support Tool](#).

2.3 Medical Staff and Patient Complaints⁷

The College of Physicians and Surgeons indicates that complaints can be filed for “inappropriate treatment or care of a medical condition [or] inappropriate or unprofessional conduct.”^{xxi} The *NH Medical Staff Complaints* policy (DST) addresses two types of complaints: a) patient complaints, and b) staff complaints. The purpose of this policy is to prevent problems, to facilitate an expeditious and effective resolution of a complaint, and to understand, identify and correct systematic problems to inform change.

*Medical Staff Complaints, Discipline and Appeal Process Toolkit*⁸

The *NH Medical Staff Complaints* policy (DST) outlines four different stages of intervention (if necessary) for Medical Leadership to address and resolve patient and staff complaints regarding Medical Staff. The different steps in the process, levels of intervention, and linkages to the Discipline and Appeal processes, are outlined in the *Medical Staff Complaints, Discipline and Appeal Process Toolkit*.

Discipline and Appeal

There are three conditions which are grounds for cancellation, suspension restriction, or the non-renewal of privileges:

- Unprofessional or unethical conduct;
- Violation of the requirements set out in the Legislation, Bylaws, Rules and Policies of the Ministry of Health; or,
- Finding of professional negligence by a court of law.

⁷ Please refer to the *NH Medical Staff Complaints Policy (Complaints Regarding the Conduct or Professional Practice of Members of NH Medical Staff)* <https://ournh.northernhealth.ca/PoliciesProcedures/DST%20Published%20Policies/3-1-1-010.pdf>

⁸ Please refer to the *Medical Staff Complaints, Discipline and Appeal Process Toolkit* <https://physicians.northernhealth.ca/Portals/8/CredentialingAndPrivileging/Toolkit-NH-Medical-Staff-Complaints-Discipline-and-Appeal-Processes-2016.pdf>

Section 3 - General Administrative and Facility Information

3.1 General Administrative Information

Medical Administration

The [enter facility name] Medical Administration Offices are located on the [##] floor in the [enter building name here] building located at [enter building address here]. The Chief of Staff is [enter COS name here] (250-###-####), and their Assistant is [enter Assistant's name here] (250-###-####). Regular office hours are [enter office hours and days here]. The medical staff administrative contacts are:

Medical Administration Contacts			
NAME	ROLE	PHONE	EMAIL
	Chief of Staff		
	Administrative Assistant		
[enter name here]	[enter role]	[enter phone number]	[enter email]
[add rows as needed]			

Administration Offices

The Administration Offices are located on the [##] floor in the [enter building name here] building located at [enter building address here]. The Chief Operating Officer for the [enter HSDA name here] is [enter COO name here] (250-###-####), and their Assistant is [enter Assistant's name here] (250-###-####).

Patient Care Administration offices are located on the [##] floor at [enter building name here].

Patient Care Medical Administration Contacts			
NAME	ROLE	PHONE	EMAIL
	Director of Patient Care		
	Health Services Administrator		
[enter name here]	[enter role]	[enter phone number]	[enter email]

ID Tags

It is Northern Health's policy that all employees and physicians wear their photo ID tag when on duty. ID tags are available from the [enter department, office or contact for ID tags and when they are open]. If you lose your ID tag, [enter instructions on what do to if you lose your id tag].

Photo ID's have a bar code on the back that allows you access to specific areas. You will need to swipe your ID card to enter:

- list all areas for which ID tag access is needed
- list all areas for which ID tag access is needed

Access Codes

Facility Access Codes	
ROOM / AREA	How to Access / Who to Contact for Codes
Dictation Room	
Health Records	
ICU	
Laboratory	
Physicians' Lounge	
Physicians' Mailroom	
Operating Room	
Sleep Room	
[enter name here]	[enter role]

Northern Health Email and SharePoint

You were provided with a NH email address, username and password. We highly recommend checking your NH email account on a regular basis for important information. We also recommend taking advantage of the NH SharePoint (<http://ournh.northernhealth.ca> - you will need to login) where you can find the NH clinical and clinical administration policies referred to throughout this document, as well as more NH related information. Please ensure that patient identifiers are not used in email and confidential email is not sent outside of the Northern Health email system. This means you should be using your Northern Health email for all patient related correspondence, NOT an unsecured email account such as Gmail or Hotmail.

Electronic Medical Records and Systems

Medical Staff use a number of electronic medical records, systems and databases. Orientation and training for systems used at [enter facility name here] are available.

CERNER

Cerner is an electronic patient registration program. To get set up on this system, contact [enter name here]. For training and orientation, contact [enter name here].

Health Records Dictation System

[enter facility name here] uses the [enter name here] dictation system. [enter contact and phone number here] will arrange your orientation and training. Physicians will be given a user name and a password and a Dictation Access Code.

PACS

PACS is a picture archive communication system and is how physicians view radiology/medical imaging studies. To get set up on this system, contact [enter name here]. For training and orientation, contact [enter name here].

PowerChart

PowerChart is the electronic information system used by [enter facility name here]. To get set up on this system contact [enter contact and phone number here].

[enter any other systems here]

NH Information and Technology Services (ITS)

The NH Physician Engagement Lead acts as an ombudsman for physicians and ITS. Two NH staff members are available to help you address and resolve any ITS issues. They work with all ITS departments (Network, Telecom, Clinical, etc), track all physicians tickets moving through the ITS (Helpdesk) queues, and work to improve processes and services.

- Gerry Boyarchuk, Physician Engagement Lead - Gerry.Boyarchuk@northernhealth.ca
- Andrea Graydon, Physician Engagement Contractor - Andrea.Graydon@northernhealth.ca

Library Access

Northern Health Library Services are available to NH staff, physicians, residents, and affiliated students at all sites throughout the region. To search the catalogue, online journals or connect with Library Staff, go to: <http://library.northernhealth.ca/>.

3.2 General Facility Information

Map of Facility

[If you have a map of your facility, include it by attaching it to the end of the orientation manual as an appendix when converting to PDF. If you do not have a map of the facility, perhaps include a note directing the reader to where they can find this information/ to a helpful contact person.]

Hospital Units

Hospital Units		
NAME	LOCATION	CONTACT INFORMATION
Emergency		
Maternity		
[enter name here]	[enter location]	[enter relevant contact info]
Ambulatory Care		
[enter name here]	[enter location]	[enter relevant contact info]
[enter name here]	[enter location]	[enter relevant contact info]
[enter name here]	[enter location]	[enter relevant contact info]

Community Services and Facilities

Community Services and Facilities		
NAME	LOCATION	CONTACT INFORMATION
Home and Community Care		
Mental Health and Addictions		
[enter name here]	[enter location]	[enter relevant contact info]
[enter name here]	[enter location]	[enter relevant contact info]

Emergency Codes

Emergency Codes	
Code Red	Fire Threat
Code Blue	Cardiac Arrest, Team Required
Code Orange	External Disaster, Full Disaster Mode Response
Code Black	Bomb Threat, Gun Threat
Code Trauma	Incoming Major Trauma Patient, Team Required
Code Green	Evacuation Order
Code White	Aggressive Behaviour, Team Required
Code Yellow	Missing Patient
Code Brown	Toxic Substance Spill, Team Required
Code Pink	Obstetrical Emergency
Code Silver	Hostage Incident
Code Grey	Extreme Weather Conditions
Building Button Down	External Air Quality Threat

Mailboxes & Office Space

The Physician's mailroom is located on the [##] floor. It is a secure mailroom. For the access code contact [enter name and number here]. If you are not practicing at a clinic, please provide correct redirection for your mail. Mailboxes are available for both full-time and locum physicians. Should you have a question regarding your mailbox, contact [enter contact name here] at 250-###-####.

Parking

You have been issued a parking pass. This pass must be displayed on the dash of your vehicle at all times. The staff parking lot is located at [enter location here]. There is an area designated for physicians [enter location here]. Bicycle racks are available at [enter location here] and motorcycle parking can be found [enter location here].

If you are providing long-term locum coverage or joining the medical staff on a full-time or part-time basis, you will need to purchase a parking pass. These can be obtained through [contact name and information here]. If you have a parking issue/question, contact [enter contact name here] at 250-###-####.

Cafeteria/Lounge

The Cafeteria is open [enter hours] daily; however, you will need to swipe your ID tag for access after [####] hours. Doors will be locked until [####] hours the following morning. Microwaves are available at [enter location]. Vending machine are located [enter location here].

- Breakfast is available from [#### to ####] hours.
- Lunch is available from [#### to ####] hours.
- Dinner is available from [#### to ####] hours.

The Physician's Lounge is located on the [enter location]. You will need to swipe your photo ID card to gain access to this area.

Change Rooms/Showers/ Lockers

Change rooms, showers and lockers are located on the [enter location]. You will need to swipe your photo ID card to gain access to this area.

Doctors' Sleep Rooms

There are [enter #] doctors' sleep rooms available for ER Physicians. They are located [enter location information/directions]. You will need an access code. Please contact [enter name and number] for assistance.

Section 4 - Patient Care Information

Please refer to the following documents for more information regarding the expectations and responsibilities for patient care:

- [NH Rules and Bylaws Summary for New NH Medical Staff](#)
- [NH Medical Staff Bylaws](#)
- [NH Medical Staff Rules](#)

4.1 Most Responsible Physician (MRP)

The Most Responsible Physician (MRP) is “a physician who is responsible for the care and treatment of the patient for the majority of the visit to the health care facility”.^{xxii} Any change in the status of the MRP must be documented clearly in the patient record and communicated between family physician and consultant. Time and date of change of status of MRP must be clear. All hospital patients are required to have an attached MRP. This is in accordance with the decisions of the Local Medical Advisory Committee about MRPs.^{xxiii}

Rounds

Rounds must be done daily by MRP for acute care patients and at least [#] times per week for Alternative Level of Care (ALC) patients. Rounds must be completed by [####] hours.

Notice of Absence

If you are planning to be away, either on vacation or a leave, you must notify [enter contact, switchboard and other areas that should be notified of a physician's absence]. [enter process for notification of absence as required by your facility] Physicians must call [enter number] or go to [enter department] to complete a “Notice of Absence” form. This form should include the dates that you will be away, and who will be covering for you in your absence (see *Transfer of Responsibility* below). Specific handover dates and times and handover summary are to be documented in the patient record.

4.2 Medication Reconciliation, Admissions, Patient Transfers and Discharge

Medication Reconciliation

Acute and chronic medication reconciliation must be reviewed and signed off by the admitting physicians as part of the admission criteria. There are NH policies regarding medication reconciliation for admission, discharge, repatriation and internal transfer of patients.

- You can find them on the internal NH website here (you must be able to login to NH to access these): <https://ournh.northernhealth.ca/PoliciesProcedures/DST%20Published%20Policies/1-5-2-010.pdf>.

Admissions

Patients will be admitted to a facility for investigation only upon the order of a Physician or Midwife medical staff member. The admitting member shall provide a provisional diagnosis and document the patient's condition and circumstances regarding the admission. The admitting member must note special precautions regarding the care of the patient on the patient's health record.^{xxiv}

[enter facility admissions protocols below; these are examples from another facility's orientation manual]

[Facility Admissions Protocol](#)

Admissions are to be arranged through the RN on duty. Patients will not be admitted without an admission diagnosis and orders. History and Physical Examination reports must be dictated (preferred) or written within [##] hours of admission. The admitting physician will be the Most Responsible Physician until [####] if he/she is not the family physician.

Consultations are required prior to admitting patients to Surgery and Medicine [or enter other department and directions here regarding consultations]. Consultations are also required for ICU and PSCU (paediatrics). Patients admitted to step-down require a consultation if they are to stay in the unit more than [##] hours.

Facility Admissions from Emergency

There is a Doctor of the Day. A designated Family Physician will see any patient admitted to hospital that day. The responsibility for the patient rests with the Emergency Physician until there is a verbal transfer of care. In other words, you must speak to the family doctor directly regarding any admitted patient. The Admitting ER physician is responsible for care of the patient until [####] hours.

Patient Transfers

Efficient and effective communication between physicians when a patient is transferred between hospitals or other health care facilities, including long-term care homes, is integral to ensuring quality patient care and patient safety. In the absence of a typed discharge summary, a transfer document is to accompany every patient transferred between facilities outlining the relevant diagnoses, investigations and treatment plan for the receiving facility. Transfer documents can be found [enter information here] or by contacting [enter contact information here].

Any physician accepting a patient who is a transfer back to [enter facility name here] must see the patient on the same day. Physicians who accept these patients must ensure that a bed is available for the patient. Unattached patients will be the responsibility of the [enter role here, for example ER Doctor or Unattached Dr. of the Day] at the time of arrival. The [enter designate identified above here] will be the Most Responsible Physician (MRP) throughout the admission.

BC Patient Transfer Network

The new process for patient transfer for Northern health is through the BC Patient Transfer Network (BCPTN) one number to call 1-866-233-2337. Patient transfers are based on the level of acuity. Physicians also have access to an Emergency Transfer Physicians (ETP) through this number to consult on cases or provide more information on the transfer.

Discharge Planning and Discharge Orders

Discharge planning shall begin at time of admission and all patients should have their discharge order written by 12:00 noon on the day of discharge. Patients shall be discharged only on order of the member or delegate involved in the care of the patient.^{xxv}

[enter facility discharge protocol information below; these are examples from another facility's orientation manual]

Facility Discharge Protocol

The Most Responsible Physician gives the discharge order must document on the order sheet which physician is responsible for completing a discharge summary. If there is no other

physician designated to complete the discharge summary on the order sheet, the discharging physician will be held responsible for the completion of the discharge summary.

A discharge plan must be clearly written in the hospital record prior to discharge. This will include accurate transcription of acute and chronic medications, clear guidelines for follow up, adequate disclosure of discharge plan with patient, and, if needed, discussion with support services. Indications for acute follow up must be discussed with all patients and documented in the patient record.

4.3 Clinical Notes, Health Records, Chart Completion and Discharge Summaries

Clinical Notes

Clinical notes must be clear and concise and reflect the bedside consultation accurately. This must include all written special investigation requests (labs, radiology, referrals, prescriptions, progress notes, etc.). Recording of time of assessment, evaluation and discharge plan should be clearly documented. All signatures must be followed by your MSP billing number.

Health Records

The attending member involved in a patient's care shall be responsible for the medical component of the health record that shall include the following items:

- Admission history
- Progress notes
- Operative notes
- Prenatal record (where applicable)
- Discharge summary

All health records must be completed according to NH's record policies as formally accepted by NHMAC and the NH Board. After 30 days, unsigned health records are deemed to be authorized by the attending member. Health records are the property of NH and are not to be removed from the facility.

Members must complete outstanding health records within (5) working days of return from a leave of absence given by written notification to NH. A patient's health record, including discharge summaries, should be completed at the time of discharge. As outlined in the Medical Staff Bylaws, in all cases, the health record must be completed within 14 days of discharge from the facility. If a patient's health record is not completed at the time of discharge, the following policy applies:

- The member shall be notified of incomplete charts every (2) weeks; and,
- Failure to comply with completion of health records within a reasonable timeframe will result in the suspension of admitting privileges.

If you are a locum, please ensure your charts are completed prior to your departure. Health Records will send you a notice requesting you to complete any outstanding charts.

Please refer to the *NH Chart Completion Policy* for more information:

<https://ournh.northernhealth.ca/PoliciesProcedures/DST%20Published%20Policies/6-6-1-100.pdf>

Accessing Health Records / Chart Room

The health records / chart room is open from [enter hours open here] hours daily. Should you wish to access your outstanding charts outside of these hours, the chart room is accessible by [swipe card or access code]. If you need the access code, contact [enter contact here].

Health Records Contact			
NAME	ROLE	PHONE NUMBER	EMAIL
[enter name here]	[enter role]	[enter phone number]	[enter email]
[add rows as needed]			

Death Certificates

Death certificates are to be completed upon death of a patient or no later than [##] hours after death.

4.4 Consultation Protocol and Advice Calls

Medical Consultations

Medical consultations shall occur:

- At the request of the attending member;
- In accordance with the “Mandatory Consultation policy”; or,
- Whenever requested by the Department Head, HSDA Medical Director or Senior Medical Administrator.

The consultant shall examine the patient, record findings and make recommendations on the consultation record.^{xxvi}

[enter facility consultation protocols below; these are examples from another facility's orientation manual]

Facility Consultation Protocol

All requests for consultation must be communicated via a detailed written request. If urgent, time sensitive consultations are requested, a verbal request directly with the specialist needs to occur. A multipurpose record is available to document the request for consultation.

There are three categories for consultation:

- Consultation only
 - Single consultation requested and the referring physician remains MRP.
- Consult and take over
 - Consultant becomes the MRP. Referring physician continues to provide GP support.
- Consult and follow
 - The referring physician remains MRP and consultant provides specialized support service.

The written request must clearly record the date and time of the request. In order to ensure quality patient care, the attending physician must document the request on the Physicians Orders when requesting a consultation as well as complete a multipurpose record indicating if the consult is: consult only, consult and take over or consult and follow.

Specialists require a verbal request as well. This is the only way to ensure that they receive the information in a timely and complete manner. When the specialist has completed his or her assessment and recommendations and is no longer going to be the most responsible physician, a second notation must be written on the Physicians Orders to indicate the family doctor is now the most responsible physician and the family physician must be notified by the specialists. This is in accordance with the decisions of the Local Medical Advisory Committee about MRPs.

Advice Calls

Generally, it is not possible to diagnose and treat without seeing the patient. Physicians outside of the hospital, referring patients for specialist care, must contact the specialist directly.

4.5 Operating Room Hours and Procedures

Operating Room Hours

Monday to Friday ####-#### (Surgical time ####-####)

Operating Room Procedures

[enter facility operating room procedures below; these are examples from another facility's orientation manual]

Booking

- Booking cards must be filled out correctly or they will be returned for proper completion. Cases will not be booked until proper documentation is received in OR Bookings.
- The Booking Cards must include the following legible information:
 - Date
 - Diagnosis
 - Surgery to be performed
 - Whether elective or urgent
 - Whether inpatient, same day surgery or day care procedure
 - Time needed to perform surgery (must take into account prep time)
 - Signature
 - Signed Consent (o abbreviations for the procedure are accepted)
 - Assessment tools need to be attached
 - Estimated Length of Stay (This should be a standard and will assist in Discharge planning)
 - History and Physical
- The OR is booked [##] days in advance. [enter any other OR booking instructions or important information here]

Assists

The Assist Rotation is done in advance on a three month rotation. If the Assist will not be available to do their day they are responsible to trade with someone else and communicate this to OR Bookings. The rotation usually accommodates one assist day per month.

C-Section Baby Physician

All Physicians wanting to be Baby Doctor for C-Sections must be NRP Certified.

Pre-Anesthetic Clinic

Hours of Operation: Monday through Friday from ####-#### hours.

All patients going through the OR need to be seen in this clinic, ideally a couple of weeks prior to the booked surgery. This gives adequate time to sort out the need for and collection of any lab or VRE/MRSA screening testing that needs to be done before hand but also gives us time to get results back. All patients are seen by the Anesthetist as well as the PAC nurse.

Anesthetist Schedule

This list is drawn up by the appointed [enter role here, for example: GP anesthetist or Anesthetic Liaison]. Anesthetists are responsible for providing coverage for the Operating Room, Endoscopy Suite, Pre-Anesthetic Clinic as well as on call emergency Anesthetic call.

Surgeons and Anesthetists must notify the OR Booking office at least [#] weeks in advance of any planned absences.

Elective vs. Emergency Surgery

- Elective Surgery
 - Requirement for surgery that has been assessed by the surgeon with the recommendation for a specific procedure but there is no definitive timeline for completion.
- Semi-Urgent Surgery
 - Requires surgery within 7 working days.
- Urgent Surgery
 - Requires surgery within 24 hours to 14 days.
- Emergent Surgery
 - Life, limb or threatened organ may depend on immediate surgical intervention. The emergency status is determined to be minutes to less than 24 hours.

Add-on cases to the regular list are booked in consultation with the [OR Clinical Coordinator]. [enter any other instructions or important information re: add-on cases here]

4.6 Diagnostic Imaging Services

DI Service	Days of Operation	Hours of Operation	Contact Info
X-Ray OP	Monday - Friday	####-####	
X-Ray ER/IP	7 days/week & on call	####-####	
Mammography	Monday - Friday	####-####	
Ultrasound	Monday - Friday	####-####	
CT	Monday - Friday	####-####	
Nuclear Medicine	Monday - Friday	####-####	
Sole Technologist	Evenings, Weekends, Holidays	####-####	
On Call		####-####	
[add, remove and edit services as needed]	[enter days of operation here]	[enter hours of operation here]	

[enter facility diagnostic imaging services information and procedures below; these are examples from another facility's orientation manual]

Requisitions

- Complete appropriate requisitions. The history section must be completed. Walk-ins are accepted for routine x-ray. Other procedures require appointments that are only provided in conjunction with a completed requisition.
- All requisitions must have legible patient demographics (name, date of birth, PHN number if available) as well as a **signature followed by MSP number** or legibly printed name. Clinical information must be adequate and provided only by physicians.
- Completed requisitions must be submitted to [enter name/department and contact information].

CT and Ultrasound

- Unscheduled/emergency CT or US examinations will only be performed following direct consultation with the Radiologist.

Results

- Viewing of images is available remotely via "PACS" and requires an access code (see PACS Administrator in DI Department) [enter name and contact information].
- Locate & listen features are available within the "Crescendo" dictation system (see Health Records). Transcribed reports are delivered to physician mail boxes in the [enter location here] or automatically faxed to Medical Clinics.

4.7 Laboratory Services

Laboratory Service	Days of Operation	Hours of Operation
Walk-In Outpatients	Monday - Friday	####-####
ER Collections	7 days/week & on call	####-####
Technologist On Call	Monday - Friday	####-####
Technologist On Call	Saturday - Sunday	####-####
CT	Monday - Friday	####-####
Nuclear Medicine	Monday - Friday	####-####
[add, remove and edit services as needed]	[enter days of operation here]	[enter hours of operation here]

[enter facility laboratory services information and procedures below; these are examples from another facility's orientation manual]

In-House Tests

- Routine Chemistry, Hematology, Reticulocyte counts, D-Dimers, INR, APTT, BNP (inpatient or ER - can only be ordered every 15 days) and ESR.
- Transfusion Medicine including ABO/Rh typing, Antibody Screens, Cross match
- *Positive antibody screens are sent to CBS for Antibody Identification. Physician must sign for all uncrossmatched units of blood.*
- Immunochemistry tests: TSH, free T3, T4, LH, FSH, Prolactin, Estradiol, BHCG, Ferritin, PSA, B12, Folate.
- Cardiac tests to include: CKMB, Troponin

- Post-Vasectomy sperm analysis, Semen AI wash, complete semen analysis
- [add/remove information here as needed, this is an example from another facility]

Laboratory Requisitions

- Appropriate requisitions must be completed; identifying specific tests (do not order panels). Legibility is imperative so we are not calling the office to figure out what tests you have requested.
- All requisitions **must** have legible patient demographics (name, date of birth, PHN number if available) as well as a signature followed by MSP number or legibly printed name.

Results

- Viewing of Lab results is available through Power Chart. Cerner is to be considered the source of truth as results are not filed in the paper chart.
- Results of tests performed anywhere within Northern Health will be in Power Chart. Results performed elsewhere within the province are delivered to physician mailboxes [enter location here].

Turnaround Time

- All routine in house testing is performed the same day as collection.
- STAT orders are completed within an hour (please contact lab to access a list of all stat tests); ASAP orders may be up to 2hrs.
- Chest Pain - requests for Troponin/ECG as an outpatient - Patients requiring further assessment of chest pain by means of Troponin/ECG must be sent directly to ER by attending physician. Please notify ER by telephone prior to the arrival of the patient.

4.8 Visiting and Specialist Clinics

Visiting Clinic / Specialty	Times Per Year	Clinic Hours
Dermatology		
Neurology		
Nephrology		
Orthopedics		
Ophthalmology		
Otorhinolaryngology		
Pediatrics		
Pediatric Cardiology		
Podiatry		
Rheumatology		
[add, remove and edit visiting clinics as needed]	[enter days of operation here]	[enter hours of operation here]

[enter visiting clinic information and procedures below; these are examples from another facility's orientation manual]

Referral Process

- Send detailed referral to Visiting Clinics with the following patient information: Name, Address, Telephone Number, Health Insurance Number and name of parents if a child. All referrals are to

be accompanied with any pertinent medical information, diagnostic results, i.e. all Pediatric Cardiology referrals should have an accompanying ECG.

Appointments

- Visiting Specialists Clerks will book appointments on a first come, first served basis unless it is an urgent requests. Patients are not booked without a referral.
- Urgent requests can be made over the telephone and must be followed immediately with the request for referral.

Section 5 - Local / Community Information

*Optional. If you don't want to include this information, just delete this section.

[enter any local / community information here; you could provide links to a community/town website, add any maps or other attachments once you've converted the manual to PDF]

DON'T FORGET TO REFRESH/UPDATE THE TABLE OF CONTENTS ONCE YOU ARE DONE EDITING!

References

- ⁱ Sutherland, J.M. (July 2013). An Overview of the Canadian Health Care System. Presentation. UBC Centre for Health Services and Policy Research: Vancouver, BC. Accessed on July 15, 2016 at <http://healthcarefunding.ca/files/2013/07/Canadian-Health-Care-System-Overview.pdf>.
- ⁱⁱ Northern Health. (2014). Northern Health Quick Facts. Website. Accessed on July 15, 2016 at: <http://www.northernhealth.ca/AboutUs/QuickFacts.aspx>.
- ⁱⁱⁱ Northern Health. (2014). Northern Health Mission, Vision & Strategic Plan. Website. Accessed on July 15, 2016 at: <http://www.northernhealth.ca/AboutUs/Mission,VisionStrategicPlan.aspx>.
- ^{iv} Northern Health. (2004). *Medical Staff Bylaws*. Northern Health: Prince George, BC. Preamble, page 2.
- ^v Northern Health. (December 2012). *Northern Health Medical Staff Rules*. Northern Health: Prince George, BC. Page 4.
- ^{vi} Government of British Columbia. (July 6, 2016). *Hospital Act*. Queen's Printer: Victoria, BC. Accessed on July 15, 2016 at: http://www.bclaws.ca/civix/document/id/complete/statreg/96200_01#section2
- ^{vii} Government of British Columbia. (June 01, 2009). *Hospital Act Regulations*. Queen's Printer: Victoria, BC. Accessed on July 15, 2016 at: http://www.bclaws.ca/civix/document/id/complete/statreg/121_97
- ^{viii} Northern Health. (2004). *Medical Staff Bylaws*. Northern Health: Prince George, BC. Preamble, page 2.
- ^{ix} Northern Health. (December 2012). *Northern Health Medical Staff Rules*. Northern Health: Prince George, BC. Preamble, page 5.
- ^x Northern Health. (December 2012). *Northern Health Medical Staff Rules*. Northern Health: Prince George, BC. Preamble, page 5.
- ^{xi} Northern Health. (December 2012). *Northern Health Medical Staff Rules*. Northern Health: Prince George, BC. Article 4.0, page 21-27.
- ^{xii} Northern Health. (2004). *Medical Staff Bylaws*. Northern Health: Prince George, BC. Article 7, page 21; Northern Health. (December 2012). *Northern Health Medical Staff Rules*. Northern Health: Prince George, BC. Article 4.1, page 21.
- ^{xiii} Northern Health. (December 2012). *Northern Health Medical Staff Rules*. Northern Health: Prince George, BC. Article 4.7 & 4.8, page 26-27.
- ^{xiv} Northern Health. (December 2012). *Northern Health Medical Staff Rules*. Northern Health: Prince George, BC. Article 1 Definitions, page 8.
- ^{xv} Northern Health. (December 2012). *Northern Health Medical Staff Rules*. Northern Health: Prince George, BC. Article 4.8, page 26.
- ^{xvi} Ibid.
- ^{xvii} Northern Health. (2004). *Medical Staff Bylaws*. Northern Health: Prince George, BC. Article 7, page 21.
- ^{xviii} Northern Health. (December 2012). *Northern Health Medical Staff Rules*. Northern Health: Prince George, BC. Article 4.4, page 24.
- ^{xix} Northern Health. (December 2012). *Northern Health Medical Staff Rules*. Northern Health: Prince George, BC. Article 4.7, page 26.
- ^{xx} UBC Faculty of Medicine. (2014). *Rural Physician Mentoring Program*. Website. Accessed on July 15, 2016 at <http://ubccpd.ca/rural-mentoring-program>.
- ^{xxi} College of Physicians and Surgeons. (2016). *Reasons for Complaints*. Website. Accessed on July 15, 2016 at: <https://www.cpsbc.ca/for-public/file-complaint>.
- ^{xxii} Northern Health. (March 2014). *Chart Completion Decision Support Tool*. Accessed on July 15, 2016 at: <https://ournh.northernhealth.ca/PoliciesProcedures/DST%20Published%20Policies/6-6-1-100.pdf>.
- ^{xxiii} Northern Health. (May 2011). *Fort St John Hospital Orientation Manual*.
- ^{xxiv} Northern Health. (February 2014). *NH Rules and Bylaws Summary for New NH Medical Staff*. Accessed on July 15, 2016 at: <http://physicians.northernhealth.ca/PhysicianResources/OrientationEducation.aspx>.
- ^{xxv} Northern Health. (February 2014). *NH Rules and Bylaws Summary for New NH Medical Staff*. Accessed on July 15, 2016 at: <http://physicians.northernhealth.ca/PhysicianResources/OrientationEducation.aspx>.
- ^{xxvi} Northern Health. (February 2014). *NH Rules and Bylaws Summary for New NH Medical Staff*. Accessed on July 15, 2016 at: <http://physicians.northernhealth.ca/PhysicianResources/OrientationEducation.aspx>.