Tacoma Emergency Care Physicians
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Tacoma General Emergency | Allenmore Emergency | Covington Free Standing Emergency

New Employee Orientation Guidelines – 2015

This document is designed to serve as a guide for orientation purposes.
Job expectations, including general organization policy, is provided in the Employee Handbook.

Contents

Introduction

Types of Employees

These descriptions are intended to assist new and existing practitioners in their role as emergency health care providers. Nothing in these guidelines are intended to dictate policy or create standards of care for TECP and/or its practitioners. Every patient is unique and each practitioner must use his or her own independent, clinical judgment in the care and treatment of patients who present to the Emergency Department.

Board of Directors

The TECP Board of Directors (BOD) is comprised of physicians who have become shareholders. The BOD is nominated and elected in November, with a one-year term running from January 1 to December 31.

Physicians (Shareholders)

Defined as a physician who is a full-time employee, who has met the eligibility requirements and has been nominated and voted into ownership, by the existing group of shareholders.

Physicians (Non-Shareholders)

Defined as either full-time or part-time physicians who have not yet become shareholders.

Mid-Level Providers

Can consist of Nurse Practioners and/or Physician Assistants

Introduction and Description

To plan for the effective use of midlevel providers (MLPs). To provide safe, efficient care delivered to patients at Tacoma General (TG), Allenmore (AH) and Covington (COV) emergency departments.

TECP currently utilizes MLP staff as:

- Fully independent, seeing primarily low acuity patients, with very occasional physician consultation.
- Independent practice with physician supervision and rare consultation for low acuity ESI 4 and 5 patients in a Fast Track model.
- As physician extenders, which could include RME, procedures, consultation, patient updates and other patient care activities in concert with the physician.
- Co-Management Model, seeing a variety of patient complaints and acuity/levels with frequent consultation with a physician depending on patient care needs. Patients seen by the MLP are often selected by the attending who is ultimately responsible for the care provided to all patients.

Conditions Requiring Mandatory Physician Consultation

It is the desire of TECP to promote frequent conversations between physicians and midlevel providers. Constant and consistent communication assists in promoting patient safety, efficiency, and facilitates a collaborative working environment. In the course of caring for patients on a day-to-day basis, the MLPs will encounter patients requiring a physician's assistance and/or guidance. It is expected that the MLP and physician on shift will communicate frequently, regarding clinical questions, care management and overall department flow and ways to optimize utilization.

Mandatory Consultations Include, but are not limited to:

- ESI 1 or 2
- Unstable VS

- HR >110 or <50
- SBP <100 or >220/120
- RR >24 or <8
- Pulse ox <95% (unless baseline)
- Abdominal pain >50 yrs old
- Altered mental status
- Active / uncontrolled bleeding
- Anaphylaxis
- Chest pain >35 yrs old
- CVA / TIA
- Joint dislocation (other than digits)
- Falls associated with near syncope / syncope
- Open fractures
- Pregnancy with abdominal pain or bleeding
- Post-Surgical complications
- Procedural sedation
- SOB with abnormal vital signs
- Telemetry indicated
- Unexpected (non-follow up) return visit
- Pediatrics <12 mo, or <3 yr with fever

Business Managers

Assist the Board of Directors in reaching the goals and objectives of TECP. Prepare reports, manage projects and assist with business decisions. Provide assistance and/or guidance to the employees, in regards to payroll, benefits, chart completions and perform various human resource activities. Responsible for day-to-day tasks, meeting organization and note-taking. It is typical that as the needs change, the role responds to those needs.

TECP Committees

- Best Practice Committee
- Business Committee
- Clinical Operations Committee
- Human Resources Committee
- Quality Committee

New Hire Expectations

- Provide outstanding patient care
- Uphold standards of professional conduct
- Be punctual, engaged, and actively advance clinical knowledge
- Complete charts on-time (24 hours for admitted patients, 48 hours for all other charts)
- Participate in best practice initiatives and quality review
- Participate in respective monthly and committee meetings
- "AIDET"
    - Acknowledge
        - Call patient by name
        - Make eye contact
        - Greet visitors and/or family
    - Introduce
        - Provide your name, title, role, skills & experience
    - Duration
        - Explain process/next steps
        - Provide time frame
    - Explanation
        - Treatment plan
        - Procedures
        - Expected course
    - Thank you
        - Provide an opportunity for questions

- Thanks & goodbye!

Third-Party Vendors & Their Role

- PSR: Business Management
  - Scheduling
  - Payroll
  - Recruiting
  - IT
  - Employee Benefits Assistance
- EGO (Emergency Groups Office): Billing
- MedPro: Medical Malpractice Insurance
- Wells Fargo: Broker for Employee Benefits (Health, Dental, Life and AD&D)
- Northwestern Mutual: Broker for Short Term Disability Insurance
- Cornerstone Advisors, Inc.: Financial Advisors (PSP)
- Northwest Plan Services: Record Keeper (PSP)

Emergency Department Staff

Charge RN

- Responsible for patient flow
- Assigns nursing roles
- Notifies of expected patients
- Assists with patient placement

ED Pharmacists

- Available 24/7 in person at TG only (available by phone at AH and COV)
- All dosing questions, drug-drug interactions or medication concerns
- Will administer code meds, RSI meds, go to floor codes with you
- Can mix and compound meds (including push dose pressors)

Emergency Services Technician (EST)

- EKG
- Wound irrigation/care
- Draw blood
- Procedural set up and assist
- Room patients
- Vital signs
- Splinting

Emergency Service Representative

- Call for records at another facility
- Make consulting pages/calls
- Enter down time orders
- Also assists in placement of admitted patients

Social Work Services

- Available 24/7
- Detox /shelters
- Home situation assessments
- Community resources, cab vouchers etc.
- Mental health assessments (calling the CDMHP)

Care Management

- Assist with outpatient resources/ assessments and can make follow up arrangements.
- Case management does NOT dictate who can and should be admitted.
- Develop care management plans (Q file)
- Project access
- SNF placement

Scribes (Physicians Only)

- First month paid for by TECP
- Cost: $20/hr.
- Can have no direct patient contact

Admitting Services

MultiCare Inpatient Specialists (MIS)

- Employed by MultiCare, divided into rounders and admirers
- Available for admissions 24/7 at Allenmore and Tacoma General
- Have ICU privileges but for uncomplicated patients only (i.e. not on multiple pressers or primary respiratory failure)

Tacoma Family Medicine (TFM)

- Resident services, call to TFM returned by FP PGY-2
- Ask for attending who is covering for name to place in admit orders
- Also admits for Puyallup tribe patients or Indian Health Service (IHS)
- (Attending or record is different for TFM vs. IHS *** ask resident to confirm)

Cedar Medical Group

- Private community providers with MHS privileges
- Will see discharged patients for non-emergent general surgery follow up (i.e. biliary colic, hernias, etc)

Acute Care Surgical Services (ACSS)

- Will admit primary or as consultant (see daily on-call list)
- General surgery, not trauma
- For no doc surgery cases
- If already established pt with a community surgeon, they have right of first refusal
- 24 hour coverage for general surgery
- Medically complicated patient may require MIS consult
- PA/NPs on service may come to assess patient first, however your call goes to the attending

Trauma Surgery

- Alternates days with St. Joseph's Hospital

Orthopedic Surgery

- On call 24/7, will often see cases in AM or outpatient follow up, available for bedside consultation if required, admission to their service
- Primarily for medically uncomplicated <65yrs

- Age >65, Geriatric Fracture Program Admit to MIS

Cardiology

- Cardiology: Almost all patients consult Cardiac Study Center (CDC)
- CSC will admit the following patients primarily:
    - STEMI
    - Primary NSTEMI
    - Direct admits to Cath Lab
    - ICU management required
    - Complex life-threatening arrhythmia
    - Chest pain with recent stent
- Who they won't admit: Afib RVR, chest pain with recent normal angiography or NM stress test
    - Ok to call for expedited outpatient follow up (1-2 days)

OB/GYN (OB access clinic)

Algorithm for admits <20 weeks below:

- OB/GYN patients
- <20 Weeks, with OB/GYN issue
    - Needing outpatient consult or admission with no GYN follow up <20 weeks ie, SAB/threatened AB, ectopic à "NO Doc GYN"
- 20 Weeks
    - OB Inpatient or consultant: "no doc OB" usually MOGA/OB access takes these patients in follow up
    - There is an OB fellow or ask the ESR to figure out who to call. When in doubt speak to fellow or attending
- Always can call labor and delivery and say, "I need help right now!". They can send someone within 3-5 minutes if it is a precipitous delivery or some other crisis (seizing term patient, etc.)

Pulmonology/Critical Care

- If unsure, ask MIS – available 24/7
- Intubated other than overdose
- Sepsis on pressors (see Critical care sepsis order set)
- Return of spontaneous circulation but still critically ill

Pediatrics

- Consults usually coordinated via the Mary Bridge ED attending

Consulting Services

- General Surgery
- Acute Care Surgical Service
- Trauma Surgery (Trauma Trust)
- Vascular Surgery (sometimes admits)
- Cardiothoracic Surgery (sometimes admits)
- Cardiology (sometimes admits)
- Pulmonary Critical Care
- Hematology Oncology
- Orthopedic Surgery
- Plastic Surgery
- ENT
- Gastroenterology
- Ophthalmology
- Neurosurgery
- Neurology
- Pediatrics (and pediatric specialty services)

- OB/GYN (for non-established patients or "no doc")
- Infectious Disease
- Anesthesia
- Podiatry

Clinical Orientation - Topics to Cover

Special Situations

Transferred to Harborview Medical Center (HMC) in Seattle

- Globe ruptures
- Complex facial fractures
- Complex facial / dental infection, Ludwig's angina
- Burns

Other Clinical Situations

- Psych patients and holds
- SANE program
- Needle stick/occupational health follow-up

Rapid Medical Evaluations (RME's)

- Patients in waiting room
- End of shift care (starting new patients)
- Charting via .rme phrase in Epic
- Brief note + initial orders
- Sign-out all RME patients to on-coming providers

Work Flow(s)

- Cary ASCOM provider phone assigned
- Goal room to provider time < 20 minutes
- Nursing can order initial workup (NISOs) from triage
- Sign up for patients as you are going in to see them (within 5 minutes)
- Introduce yourself to patient using "AIDET"
- Patients turned yellow on track board for reassessment when evaluation complete
- Turn patients anticipated admit when admission suspected likely
- Use comments tab to update care plan/requests
- Huddle with staff/nursing frequently
- Call medical director on call with any problems/questions

EKG

- Paper copy, write "NO STEMI', time, and sign name
- Trace Master View (TMV) must clear inbox (ask scribe to help you)

Chronic Pain

- TECP and MHS policy on managing chronic pain
- Care management directed care plans (Q file) for certain patients

- Review WA prescription monitoring program results prior to prescribing narcotics (Under ED information exchange / care manager notes tab in Epic)

Code Blue (Mentor to introduce overhead pages and the different types)

- Physician must respond to the code blue, MLP if not busy may accompany and assist in the resuscitation
- Tell someone you are leaving
- Pharmacist will come with you, draw up meds
- EST will bring GlideScope
- Enter consultation note into Epic and forward to business manager for billing
- Note should be a 'consult note' in EPIC "called to bedside, active CPR in progress…"
- Turn over care to whoever is attending of record
- Call Critical Care, as needed.

Death in the ED

- Physician to lead discussion with family regarding autopsy/process (ie. RN will call Medical Examiner [ME], if young/suspicious ME may accept, if not then family can request autopsy but at family's expense
- Paperwork needs to be filled out regarding autopsy prior to MHS releasing body)
- Make attempt to contact Primary Care Provider (PCP)
- .dot phrase for death in ED
- ED physician may need to fill out death certificate (business manager can assist with this)

Code STEMI/Chest Pain

- Best practice guideline for chest pain evaluation
- Currently have ultra-sensitive troponins
- Rule out is via 2 negative results 3 hours apart
- Can also use single negative TNI after 8 hours constant symptoms
- TG has ETT (treadmill) available with MIS consultation in the ED
- AH/COV outpatient ETT available

Order Sets

- Some Expected to Use
  - Pneumonia
  - COPD
  - CHF
  - Transitional Care (admission)
  - TIA/Stroke
- Some Convenient to Use
  - Transfusion
  - DKA
  - Code STEMI
  - Chest Pain
  - Heparin

Critical Care

- Must use group critical care dot phrase and adequately document a level 5 history and exam including past medical, family, social history and ROS
- Must demonstrate reassessments and bedside critical care involvement not including procedures

Observation Care

- Must use group ED observational care dot phrase in chart and adequately document a level 5 history and exam, including past medical, family and social history and ROS

- Must demonstrate reassessments over a period of 4 hours and demonstrate how time was a key diagnostic tool in the evaluation of the patient to determine if admission is necessary
- Must document time patient was first seen, when observation became in play, and the time observation ended and the result of that observation period

Admissions

- Confirm PCP (TFM/HIS/all others).
- Ask ESR to page respective services ("MIS" or 'TFM")
    - Use ASCOM, if you can
- Discuss case, confirm appropriate bed status (Med/surg, PCU, or ICU)
- Complete ED transition order set
- EDADMIT note
- Click "admit" on disposition tab (turns patient green)
- Group Health patients are a separate workflow. MHS does not have the contract to admit GH patients thus, if stable, they are transferred. As the ESR to get the GH transfer doc. He or she will talk to you and then find a bed and accepting physician. When you document the transfer, document the name of both the doc you talked to at the transfer center and the name of the doc they accept on behalf of.

Hospital Specific Guidelines

Overview of Facilities

Tacoma General (TG)

- 49 beds, double and triple coverage (31 Main ED, 18 ED3)
- 45K + visits, all adult
- Level 2 trauma facility alternating every other day with St. Joes for Trauma
- Cath Lab/Neuro IR 24/7/365
- Regional Tertiary Referral Center

Care Teams

Fast Track 11a-11p

- MLP
- ESI 4+5

ED3 (ESI 3) 12p-8p

- Physician (usually)
- 8 Rooms, 2 Nurses
- Dischargeable ESI 3

Rapid Access, Care and Evaluation (RACE)

- MLP or Physician
- Deployable Team
- Provider + RN + Tech + Phlebotomy

Results Pending

- Workup in Progress
- Likely Discharge
- Waiting on Results Only

Codes

STEMI

- Phone consultation with cardiology
- Cardiology activates Cath Lab
- Can activate on pre-hospital EC

Neuro

- Called by EMS in pre-hospital
- EMS Arrival in CT scanner
- Initial NIHSS in CT

Step 4 Trauma

- Activated trauma patient
- Sign in required
- Special note writer required

Code Blue

- Physician + tech + pharmacy

Equipment

- In department CT scanner
- Radiology, CT, US, MRI available 24/7
- Supply carts
    - Laceration
    - Pelvic Exam
    - ENT/Nasal Hemorrhage
    - Imminent Delivery
    - Splinting /Casting
    - Transvenous Pacer
    - Difficult Airway
    - Central Line
    - Neurosurgery

Covington

- Free Standing ED (16K)
- Admissions require transfer
- 19 beds
- adjacent UCC
- 30% peds

Arrivals

- Vast majority come from walk-ins which can range from very low acuity to level 1 trauma, heart attacks and strokes
- Ambulances are limited by what can be brought to a stand-alone emergency department and many rigs are currently diverted to Valley or Auburn.

Social work and case managers

- Available by phone at Auburn and will come in if asked.

Specialty Consultation

- Our list is the same as the Auburn on call list but most have no obligation to come in.

Admissions

- Use the transfer center to find a bed and connect you and the accepting physician(s) on a recorded line.
- EMTALA paperwork needs to be filled out.
- Most patients will be transported by ambulance though certain exceptions can be made for very reliable patients/families with stable conditions
- Most patients go to Auburn, though patient preference, bed availability and specialty resources may require transfer to other MultiCare hospitals or out of network.
    - Strokes: TG
    - AAA: TG

    - MI: Auburn
    - OB: The hospital that the patient has been followed at, if no-doc then TG or Auburn
    - Trauma: Harborview
    - Burn: Harborview
    - Complex Ophthalmology: Harborview
- If there is an accepting physician at TG and the patient is ill, but there is no bed in the TG hospital, the patient can be transferred to the TG ED to board.

Resources Available at Covington

- IR will perform most procedures 24/7 on site
- Onsite often same day appointments with podiatry and for stress testing
- tPA

Resources Not Available at Covington

- Upper extremity venous duplex imaging
- Arterial duplex imaging.

Fast Track

- Covington runs fast track out of 4 rooms, from 5-11pm

Code Blue

- Until the hospital is built, there is no expectation that the providers will enter the attached health care facility to start care.

Allenmore

- 20 beds (12 ED North)
- 23K visits
- No Cath Lab, OB or trauma back up
- Peds-7%
- ED North, MLP shift

Orientation Shifts - Topics to Cover

- Show how to use PACS & Ascoms (how to page MIS etc.)
- Access TECP Care Tools
    - TECP Educational Website and Other Online Resources
- Med Room
- Go over transfer paperwork/AMA and consent form
- Expected patient communications & RMEs
- Discharge orders
- .dot phrases and preference lists for Computerized Physician Order Entry (CPOE)
- Imaging differences: CT pulmonary (for PE) vs. CTA chest/abd/pelvis
- Defibrillator
- Discuss trauma transfers
- In-basket (EPIC)
- Supply Carts

Chart Review(s) & Audits

- New Hire

- 72 hour
- Expired

Education Curriculum

Physicians

- State Required/ABEM CME

Education Lectures

- Non-Accredited CME Lectures
    - Recorded lectures, and any applicable handouts, will be available via TECP Educational Website (www.tecpedu.net)
- Occurrence
    - Monthly MLP Meetings (first Wednesday of each month)
        - Selected Physician Shareholder Lecture
    - Monthly Academic Meetings (second Wednesday of each month)
        - Selected Physician Lecture

Online Resources

- TECP Educational Website (www.tecpedu.net)
    - Password for Protected Sections: tecp1972

Mid-Level Provider (MLP)

Textbook/Reading Requirements

- *An Introduction to Clinical Emergency Medicine - Second Edition*
  Edited by S.V. Mahadevan and Gus M. Garmel - Cambridge Medicine
- To obtain a textbook, contact the Business Manager(s)
- Will be distributed separately and/or posted on TECP educational website

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- Occurrence
    - Monthly MLP Meetings (first Wednesday of each month)
        - Selected Physician Shareholder Lecture
    - Monthly Academic Meetings (second Wednesday of each month)
        - Attendance is Optional
        - Selected Physician Lecture

Orientation Workshops

Level I

- ACLS
- PALS
- Suture
- Splinting
- Wound Care
- lumbar Puncture
- Dental Blocks
- Arthrocentesis
- Slit Lamp Exam
- Finger Reductions

- RACE
- Consultation/Case Presentations

Level II and Level III

- ATLS
- Central Venous Access
- Arterial Lines
- Airway Management
- Basic Ultrasound

Mentor Program

- Dictation Instructions
- Dragon Instructions
- Downtime Procedures
- Access to Web Tools
- Surge Protocol/Disaster Activation
- MeQuims
- For More Information, see New Employee Policy

Scheduling

- First 2 months are a little difficult for scheduling changes as everyone is new
- Switches allowed but to new hires only
- Once out of orientation, may switch with anyone
- Email scheduling@tecp.org with any schedule changes so Tangier may be adjusted.
- Keep track of all email communications.
- Holiday schedule
- 7 minor holidays, 2 major (Christmas and Thanksgiving flip flops)
- Prioritize holidays this fall
- For More Information, see Scheduling Policy

TECP Committee Participation

Regular and punctual attendance is required of all employees. Prompt and regular attendance contributes directly to quality service and enhances productivity, efficiency and morale. If it is necessary to be absent from a committee meeting, notify the committee chair and the Business Manager(s) in advance. Employees are expected to attend designated work-related meetings, committee and in-service education programs.

Employee Evaluations

Employee evaluations are scheduled during the third and ninth month of the first year employment, and annually each year following.

These evaluations are designed to be a forum to discuss the strengths and weaknesses of an employee's performance/practice and to identify areas for improvement. The evaluation may cover the full spectrum of performance in the ED, to include the clinical practice of emergency medicine, emergency department flow issues, patient satisfaction, medical staff relations, emergency department staff interactions, etc.

3-Month Evaluations are created to provide a focused time on how the relationship between TECP and the employee is going, concerns and opportunities for improvement.

9-Month Evaluations are created to provide a focused time to discuss the future of the employee with TECP. For physicians, this specifically relates to their upcoming shareholder nomination, which occurs after one (1) year of full-time employment with TECP.

Annual Evaluations are conducted during the employees' birth month.

Evaluations are conducted by the Human Resources Committee. Each committee member is systematically assigned to evaluations, by the Business Manage