



How you want to be treated.

## **Providence Health Care (PHC) Medical Staff Orientation Program:**

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# ***Medical Staff Orientation Manual***

## **How We Do Business at PHC**

*Prepared by Medical Affairs, PHC  
in collaboration with Leaders and Staff from across the Organization*

*Please refer to the PHC Medical Staff website for copies of important documents such  
as PHC Medical Staff Rules, Bylaws, and Medical-Staff-related policies*  
<http://phcmedicalstaff.ca>

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## How We Do Business at PHC

### Surgery

**Dr. John (Jock) Reid**  
Department Head,  
Physician Program Director, and  
Surgeon-in-Chief  
[jreid@providencehealth.bc.ca](mailto:jreid@providencehealth.bc.ca)

**Barb Langlois**  
Program Director  
[blanglois@providencehealth.bc.ca](mailto:blanglois@providencehealth.bc.ca)

The Surgical Program at Providence Health Care provides services that span the complete continuum of care. St. Paul's Hospital provides high-acuity, tertiary level surgical services in a 14-room operating suite, while Mount Saint Joseph Hospital (MSJ) provides community-level surgical services in 4 operating rooms and 3 procedure rooms. Services at MSJ are general surgery, ophthalmology, otolaryngology, plastic surgery and urology. Services at St. Paul's include general surgery, gynecology and urogynecology, otolaryngology, orthopedics, plastic surgery, cardiac surgery, urology, renal and vascular surgery. These sites function as a single Surgical Program and many surgeons operate at both sites.

Care is provided to Surgical patients on in patient care units and with access to outpatient clinics.

### Contact Information

#### Surgical Suite

**SPH: Cathy Martin:** Patient Care Manager,  
OR/PACU/SDC  
Email: [cmartin@providencehealth.bc.ca](mailto:cmartin@providencehealth.bc.ca)

**MSJ: Jinder Sandhu:** Patient Care Manager,  
OR/PACU/SDC/ Breast Center/DTPR  
Email: [tsandhu@providencehealth.bc.ca](mailto:tsandhu@providencehealth.bc.ca)

#### OR Booking, Pre-Admission Clinic, Outpatient Department:

**Jeanette Kuper:** Manager, OR Booking Pre-Admission,  
Surgical OPD  
Email: [jeanette.kuper@vch.ca](mailto:jeanette.kuper@vch.ca)



## Pathology and Laboratory Medicine

**Dr. Daniel Holmes**  
Department Head  
Phone: 604-806-8897

[dtholmes@providencehealth.bc.ca](mailto:dtholmes@providencehealth.bc.ca)

**Taslim Hassam**  
Acting Operations Manager  
Phone: 604-806-8102

[Taslim.Hassam@vch.ca](mailto:Taslim.Hassam@vch.ca)

### ***St. Paul's Hospital***

The laboratory is located on the second floor of the Providence Wing. It is staffed 24 hours each day and employs over 200 technical staff. Pathologists are available for consultation. The laboratory comprises six main disciplines as described below.

- **Chemistry:** Routine and specialized. Specialized testing includes unique lipid, protein and endocrine testing for the province
- **Hematology:** Routine and specialized. Specialized testing includes complex coagulation for the Region, bone marrow testing, and immunophenotyping for HIV and other disorders
- **Microbiology:** Routine and specialized testing including: bacteriology, mycobacteriology, mycology, anti-fungal susceptibility testing, molecular diagnostics, and diagnostic support for Infection Prevention and Control
- **Virology:** Service includes viral loads, viral serology, and molecular diagnostics for quantitative and qualitative assays
- **Transfusion Medicine:** Cross-matching, antibody investigation, provision of blood and blood products, including products for the Hemophilia program
- **Anatomic Pathology:** Histology, including renal, cardiac, pulmonary, breast, GI specimens; electron microscopy; non-gynecological cytology; autopsy



Inpatient Service: Laboratory orders (excluding surgical pathology) and all results are transmitted via the SCM/Patient Care Information System (PCIS).

Outpatient Service: Blood and other laboratory specimens are collected in the outpatient area at the laboratory. Hours of operation are 07:00 to 18:00, Mon-Fri, and 10:00 to 15:00 on weekends (closed on statutory holidays).

**Laboratory Results/Inquiries: For results and information, call 1-877-747-2522.**

### ***Mount Saint Joseph Hospital***

The laboratory performs stat and routine Chemistry, Hematology, and Coagulation, and provides blood/blood products for transfusion. The more specialized tests, including Surgical Pathology, are referred to the St. Paul's Hospital Laboratory. The laboratory is staffed 24 hours each day.

Inpatient service: Laboratory orders (excluding surgical pathology) and all results are transmitted via the SCM/Patient Care Information System (PCIS).

Outpatient Service: Blood and other laboratory specimens are collected in the outpatient area located at the laboratory. Hours of operation are 08:00 to 17:00, Mon-Fri. The MSJ outpatient service is closed on weekends and on statutory holidays.

**Laboratory Results/Inquiries: For results and information, call 1-877-747-2522.**

### ***Resources***

[www.providencelaboratory.com](http://www.providencelaboratory.com)

<http://phc-connect/programs/pathology/Pages/default.aspx>

## Radiology

**Dr. Jonathan Leipsic**  
**Interim Department Head**

Phone: 604-806-8026  
dmurphy@providencehealth.bc.ca

**Jennifer Elliott**  
**Operations Director**

Phone: 604-806-8156  
[jennifer.elliott@vch.ca](mailto:jennifer.elliott@vch.ca)

### **Modalities and Main Desk Contacts:**

#### **Mount Saint Joseph Hospital**

Ultrasound  
General X-Ray  
Fluoroscopy  
CT Scan  
Mammography  
Phone: 604-877-8323

#### **St. Paul's Hospital**

Ultrasound  
General X-Ray  
Fluoroscopy  
CT Scan  
MRI  
Nuclear Medicine  
Angiography/Interventional  
Phone: 604-806-8006

### **Site Coordinator – SPH**

Sheila Boyd

Phone: 604-806-8040 / E-mail: [sboyd@providencehealth.bc.ca](mailto:sboyd@providencehealth.bc.ca)

### **Site Coordinator – MSJ**

Brent Czettisch

Phone: 604-877-8304 / E-mail: [brent.czettisch@vch.ca](mailto:brent.czettisch@vch.ca)

**Hours of Operation:** 08:00 – 16:00

### **Ordering Imaging Services**

PHC discourages the use of verbal orders; please complete necessary orders in SCM for required exams with any pertinent information. Notification of isolation precautions is a **MUST** to help prevent the spread of infection. Please indicate on all requisitions. Include a pager number where you can be reached in case the Imaging Department needs to contact you.

### **Accessing Images and Reports**

Please refer to the section entitled, “Access Health Information Systems (HIS): Radiology PACS” for more information about accessing images and reports.

### **PHC Medical Imaging Services**

#### **1. General Radiography**

General Radiography is the commonly used imaging specialty of directing medical x-rays (ionizing radiation) to image and diagnose diseases. It is a modality of Diagnostic Imaging that includes plain radiography (x-rays), fluoroscopy (live motion x-ray) and mammography.

Examples of radiography examinations:

- Abdomen x-ray
- Bone x-ray
- Chest x-ray
- Barium studies
- Breast Imaging

## 2. Interventional Radiology & Angiography

Angiography is the real-time x-ray imaging of arteries or veins following injection of contrast material (a liquid that shows up on the image during the test) delivered through a thin catheter into the blood vessel (artery or veins). This shows the inside of the blood vessel and is used to locate blockages and other blood vessel problems.

Examples of common angiographic and interventional radiology procedures:

- Balloon angioplasty
- Biliary drainage
- Carotid stenting
- Central venous access
- Coronary angiograms
- Embolization
- Gastrostomy tube
- Hemodialysis access maintenance
- Needle biopsy
- Nerve root block
- Stent
- Stent-graft
- Thrombolysis

**Contact: Ravinder Jhaver**

General Radiology & Angiography Supervisor

E-mail: [rjhaver@providencehealth.bc.ca](mailto:rjhaver@providencehealth.bc.ca)

Phone: 604-682-2344, Ext. 66762

Location: St. Paul's Hospital, Vancouver, BC

## 3. Ultrasound

Ultrasound is a medical imaging technique that uses high frequency sound waves to generate images of the inside of the body.

**Contact: Jacinta Sheridan**

Ultrasound Supervisor

E-mail: [jsheridan@providencehealth.bc.ca](mailto:jsheridan@providencehealth.bc.ca)

Phone: 604-806-9336

Location: St. Paul's Hospital, Vancouver, BC

## 4. Computed Tomography (CT)

The speed and detail of CT has increased so dramatically that we can now do CT Angiography on any area of the body including the heart, in seconds. CT Angiography looks at blood flow, for example down the legs or in the brain. The acquired images are then reconstructed into multiplanar images following the scan. This gives the Radiologist and Doctor or Surgeon even more detailed information from which to determine a report and diagnosis. CT has reduced the number of more invasive tests (like Interventional Angiography) required for some cases. Many procedures require the use of a contrast medium or "dye" to highlight the vessels in the body and to make certain structures stand out more clearly against their surroundings.

Some Typical Procedures are:

- Head CT
- Chest CT
- Abdomen and Pelvis CT
- Bone CT
- CT Colonography
- CT Angiography
- Cardiac and coronary vessels
- Stroke work up
- Trauma procedures

**Contact: James Latham**  
CT Supervisor  
E-mail: [jlatham@providencehealth.bc.ca](mailto:jlatham@providencehealth.bc.ca)  
Phone: 604-682-2344, Ext. 63171  
Location: St. Paul's Hospital, Vancouver, BC

## 5. Magnetic Resonance Imaging (MRI)

MRI does not rely on the type of radiation (i.e. ionizing radiation) used for an x-ray or Computed Tomography (CT) scan. The MRI examination requires specialized equipment that uses a powerful, constant magnetic field, rapidly changing local magnetic fields, radiofrequency energy, and body part specific imaging devices, including a powerful computer to create very clear pictures of internal body structures.

MRI has become the preferred procedure for diagnosing a large number of potential problems in many different parts of the body. In general, MRI creates pictures that can show differences between healthy and unhealthy tissue.

**Contact: Eve Provencher**  
MRI Supervisor  
[eprovencher@providencehealth.bc.ca](mailto:eprovencher@providencehealth.bc.ca)  
Phone: 604-682-2344, Ext. 62891  
Location: St. Paul's Hospital, Vancouver, BC

## 6. Nuclear Medicine

Nuclear Medicine is a specialty of medicine that uses radioactive materials to diagnose and treat diseases. A process often referred to as functional imaging, a diagnostic examination involves administration of a radioactive material, or radiopharmaceutical, via intravenous injection, inhalation or ingestion. Depending on the body organ being tested, imaging occurs immediately or up to several days post administration of the radiopharmaceutical. There are rarely any side effects.

Examples of nuclear medicine examinations include:

- Bone Scan
- Brain Scan
- Gastric Studies
- Heart Scan (MIBI or MPI scan)
- Lung Scan
- Renal Studies (Renogram)
- Thyroid Uptake and Scan
- Tumor Imaging
- White Blood Cell Scan

**Contact: Sukhi Maheem**  
Nuclear Medicine Supervisor and Site Radiation Safety Officer  
E-mail: [smaheem3@providencehealth.bc.ca](mailto:smaheem3@providencehealth.bc.ca)  
Phone: 604-806-8079  
Location: St. Paul's Hospital, Vancouver, BC

## Pharmacy – Prescribing Medications at PHC

**Luciana Frighetto**  
**PHC Pharmacy Director**

Phone: 604-875-4111, Ext. 67606  
[lfrighetto@providencehealth.bc.ca](mailto:lfrighetto@providencehealth.bc.ca)

**Dr. Stephen Shalansky**  
**Clinical Coordinator, PHC Pharmacy Acute Care**

Phone: 604-806-8719  
[sshalansky@providencehealth.bc.ca](mailto:sshalansky@providencehealth.bc.ca)

**Winnie Ma**  
**Distribution Coordinator, PHC Pharmacy Acute Care**

Phone: Local 62179  
[wma@providencehealth.bc.ca](mailto:wma@providencehealth.bc.ca)

### ***Background***

The Pharmacy Department processes prescription orders from approved prescribers for patients within PHC sites and provides medications for administration.

The medications available at PHC include formulary drugs approved by the PHC Pharmacy and Therapeutics Committee. . A listing of the available formulary medications can be found on the [PHC Intranet](#)

Prior to prescribing any medication, the prescriber should ask the patient about any drug allergies or contraindications, and document accordingly in the Allergies section of the electronic healthcare record. This will allow all subsequent prescribers to be aware of any drugs to avoid. Pharmacy requires an updated allergy status upon each admission.

Wherever possible, prescribers are encouraged to use PowerPlans and order sentences in Cerner. PHC discourages the use of verbal orders for medications, and encourages that prescribers enter all orders directly within the individual patient's electronic health care record per institutional guidelines.

Prescribers should avoid any [unapproved abbreviations](#) for the medication or administration instructions (refer to link).

Prescribers are encouraged to review guidelines for treatment of common conditions treated at PHC, by reviewing the locally developed guidelines available on the PHC Intranet (under Pharmacotherapeutic Guidelines).

### ***Use of Patients' Own Medications***

If the Pharmacy is unable to provide the product, or if the patient provides written release of PHC for use of their own medications, patients' own medications can be used upon receipt of a prescriber's order. Patients' own medications will need to be identified and relabeled for inpatient use by the pharmacist.

### **Medication Reconciliation**

Medication Reconciliation has been shown to reduce medication errors and has been designated as a Required Organizational Practice by Accreditation Canada.

Medication reconciliation on admission has been implemented in which the Best Possible Medication History (BPMH) is taken prior to entering admission medication orders.

Pharmacy BPMH staff are available to support BPMH documentation for patients in SPH and MSJ Emergency Departments, upon a prescriber's electronic order.

Hours of ED BPMH Service: SPH ED Mon-Sun 09-24hr; MSJ ED Mon-Sun 13-21hr. Hours may be subjected to change. Please check with BPMH team in the ED for the latest operational hours.

Medication reconciliation on transfer should be performed for patients when there is a change in level of care and post-operatively. Medication reconciliation at discharge is required to ensure accurate and complete transfer of medication information occurs at all interfaces of care.

The most responsible provider should ensure BPMH and medication reconciliation (admission, transfer and discharge) are all completed for each patient.

PHC Pharmacy does not routinely provide medications for use outside of the hospital. Upon discharge, the most responsible prescriber completes Discharge Med Rec to reconcile any differences between prior to admission therapy and discharge therapy, and electronically generates prescriptions to be faxed or brought to a community pharmacy. Changes in medication therapy should be communicated with the patient verbally and using the Patient Discharge Handout.

### **Pharmacist Consultation**

Please call the Pharmacy prior to prescribing any unfamiliar medication to receive information on the proper dosing and administration instructions. Clinical pharmacists monitor the patients' drug therapy throughout PHC, with the frequency of assessment varying across PHC areas based on the complexity and frequency of change in drug therapy. Medication orders are verified by a pharmacist prior to being dispensed and documented on the Medication Administration Record. After hours, medications are provided to nursing staff by a pharmacy technician or obtained from an automated dispensing cabinet. For urgent consultations overnight, the on-call pharmacist can be reached by contacting pharmacy or Switchboard.

### **Resources**

Please visit the "[Pharmacy Services](#)" webpage accessible through the PHC intranet for more information on the following topics:

- Bulletins
- Clinical Pharmacist Schedule
- Formulary Drug Listing
- Links
- Medication Policies
- Medication Reconciliation
- Medication Safety
- Parenteral Drug Therapy Manual
- Pharmacotherapeutic Guidelines
- Pharmacy and Therapeutics Committee

[http://phconnect/programs\\_services/pharmacy/page\\_1201.htm](http://phconnect/programs_services/pharmacy/page_1201.htm)

**Contacts:**

Please contact the Pharmacy at any time to consult with a pharmacist about specific patient needs.

**St. Paul's Hospital Pharmacy**

Phone: 604-682-2344 x62173

Fax: 604-806-8154

Hours of Operation: 24 hours/7 days a week

**Mount St. Joseph Hospital Pharmacy**

Phone: 604-877-8515

Fax: 604-877-8113

Hours of Operation: 07:00-19:00 Mon-Fri,  
10:00-18:00 Sat/Sun

**Holy Family Hospital Pharmacy**

Phone: 604-322-2640

Fax: 604-322-2652

Hours of Operation: 08:00-18:00 Mon-Fri, 11:00-15:00 Sat/Sun

## **Health Information Management (HIM)**

### ***Background***

In August 2009 Health Information Management began to consolidate across the Lower Mainland (LM HIM). The Department has moved to a functional organization providing Records Management and Registration, Transcription Services, and Coding and Data Support for Providence Health Care, Fraser Health, Provincial Health Services Authority, and Vancouver Coastal Health.

To date, we are continuing to work through the consolidation process. Our long-term goal is to improve the planning and delivery of health services through standardization, quality data and spread of best practices in health information management. LM HIM is committed to engage with its stakeholders as the consolidation moves forward.

With a \$54 million budget, LM HIM currently employs nearly 1140 staff who are physically located at 35 different sites throughout the Lower Mainland. In addition to Directors, Managers and Leaders, staff include clerks, transcriptionists, coders, and information systems specialists. Our goal is to support patient care by maintaining health records and registration data and its integrity.

### ***Providence Health Care – Health Information Management***

PHC HIM employs over 100 staff located at St. Paul's (Burrard, Howe, and Cambie), Mount Saint Joseph's, and Holy Family Hospitals. Each area within PHC HIM is described in further detail below.

#### ***1. Records Management***

The Records Management area creates, assembles, and stores patient health records. It also provides records to caregivers and ensures quality and confidentiality of documentation in compliance with legislation, hospital bylaws and Ministry of Health (MOH) guidelines. A nationally recognized industry leader for our extensive adoption of records scanning systems, we scan approximately 22,000 pages each day, and since April 2006, have supported patient care by providing caregivers with secure online access to over 350,000 documents per month. This enables over 3,000 physicians, nurses and allied health staff to access the information they need where and when they need it.

Playing a key role in Quality Assurance, our technicians review all inpatient and surgical cases to ensure that minimum documentation requirements are met. In addition to supporting PHC caregivers, we provide extensive support to others with legitimate needs to access our patient's records such as family physicians, other Emergency Departments, insurance agencies and patients themselves. We assess all health record information requests in compliance with the Freedom of Information and Protection of Privacy Act (FOIPPA) and corporate policies, and provide records where appropriate. In 2009, we processed approximately 18,000 requests for patient information.

## ***What Physicians at PHC Need to Know About Records Management***

### **Q: How do I get access to SCM and Cerner?**

**A:** SCM is PHC's legacy health record. This is where you can find critical patient-related reports, patient information (e.g., lab results, transcribed reports, radiology results, etc.), as well as the patient's historical scanned records. As such, it is important that you register for SCM access as soon as possible. Please see the section entitled, "Access Health Information Systems" for more information. All new users are required to complete SCM training.

Cerner is PHC's Clinical Information System. This is used to register patient encounters, place medication orders, create clinical documentation and store patient health information etc. To request access to Cerner, please click here:

<https://surveys.vch.ca/Survey.aspx?s=89d0c6eb750c45e19f29aff53f04925d>

In addition, you will also be asked to schedule and complete any mandatory online and in-class training modules before access is granted.

### **Q: What do physicians need to document?**

**A:** The Professional Practice Committee and the Medical Advisory Committee have established documentation standards. Key requirements include:

- All assessments and interventions for all registered patients must be recorded in the PHC patient record, either in paper or electronic format.
- All intervention related entries must include the name of the intervention, the associated diagnosis, the physician's name, professional designation, date and time.
- All inpatient visits must have an associated Discharge Summary and all operative procedures must have an associated Procedure Report.

### **Q: What do physicians need to dictate?**

**A:** It is the responsibility of the discharging physician to ensure there is a dictated Discharge Summary for all inpatients<sup>1</sup> and the content must include:

- Most Responsible Diagnosis
- Pre-admit Diagnoses
- Post-admit Diagnoses
- Secondary Diagnoses
- Code Status
- Treatment/Course in Hospital and Operative Interventions
- Other Interventions
- Flagged Interventions
- Names of Relevant Specialists
- Allergies
- Medications on Discharge
- Post Discharge Follow-up
- Discharge Disposition
- Treatment/Course in Hospital

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<sup>1</sup> For overnight stays of 1 day, a procedure report can serve as the discharge summary in cases where an operation or procedure was performed. For medical cases, a comprehensive ER report and/or consultation can serve as the discharge summary.

It is the responsibility of the operating physician to ensure there is a dictated Procedure Report for all procedures and the content must include:

- Pre-Operative Diagnosis
- Post-Operative Diagnosis
- Name of the Operation Performed
- Procedure and Findings

**Q: When should dictation be done?**

**A:** As soon as possible. According to PHC Medical Staff Bylaws, a discharge summary should be dictated within 72 hours of discharge.

**Q: Are physicians notified about incomplete dictation?**

**A:** If the record is not completed within in 48 hours of discharge, an Incomplete Record Notice will be sent to all physicians on a weekly basis via email and medical leadership will be included as appropriate. Providers will be given 14 calendar days to complete. Failure to comply, will result in receiving a Suspension Pending notice, allowing another 7 days for completion. If records remain incomplete after 7 days, a Suspension Letter will be issued on behalf of Medical Administration which will result in suspending physician privilege at the site. Please note if physicians are receiving multiple notifications, they will only receive the most severe.

**Q: Can I still care for patients in hospital while suspended?**

**A:** No, physicians are not permitted to admit or treat patients until their charts have been completed. They are to notify their Department Head to designate a replacement for on-call and in-patient responsibilities. For Departments of Medicine, Surgery and Pediatrics, the Division Head is to be notified. A Letter of Suspension is mailed to the physician, and copies are forwarded to the Department Head, Division Heads of Medicine, Surgery and Pediatrics, and Medical Affairs (and subsequently filed in their personnel file). Once charts have been completed and verified by HIM, the physician is reinstated and Cerner is updated within the next business day.

**Q: What can I do if I wish to dispute the information in the notice, or there is an error in my contact information?**

**A:** Please contact Rosanna Flewitt, Records Management Supervisor, during regular office hours, Monday to Friday (except Statutory Holidays) from 7:00 am to 3:00 pm at 604-806-8578.

**Q: How do I request patient charts and how do I view them online?**

**A:** PHC started the implementation of Cerner in November 2019. All acute, surgical daycare, and emergency encounters are viewable in Cerner. Ambulatory care clinics are going live in phases so may or may not have moved to Cerner at this time.

All electronic/scanned records from April 2006 – November 2019 are available online via Sunrise Clinical Manager (SCM), PHC's legacy patient care information system.

For older paper records, call HIM (Chart Request Desk, Ext. 63993)

**A:** PHC started the implementation of Cerner in November 2019. All acute, surgical daycare, and emergency are in Cerner. Ambulatory care clinics are going live in phases so may or may not have moved to Cerner at this time.

All electronic/scanned records from April 2006 – November 2019 are available online via Sunrise Clinical Manager (SCM), PHC's legacy patient care information system.

For older paper records, call HIM (Chart Request Desk, Ext. 63993

## **2. Registration Standards and Data Quality (RSDQ)**

Formerly known as Client Registration and Information Services (CRIS), the registration standards group provides support to the registration staff by providing registration guidelines and rules to ensure positive identification of the client and collection of appropriate information for legal/financial and PHC purposes. Various functions of RSDQ include:

1. **Data Quality:** To ensure that the Registration System remains the system of truth, the Data Quality Team investigates and resolves any issues or discrepancies found with data between Health Records, Finance, and Administrative Decision Support and various other downstream systems.
2. **User Readiness:** Provide training and user support to hospital staff with the registration and scheduling applications for the clinical information system. Provide view-only access to hospital staff, and administer access and provisioning to allied health and clerical users.
3. **Business Analysis/Project Work:** Work with various leaders throughout PHC to improve business processes related to registration, scheduling and MOH guidelines.

**For ALL PHC physicians, please contact Data Quality for the following scenarios:**

1. You have a client that you want to be linked with as the Family Physician for viewing on your SCM patient list
2. You are no longer the family physician for a client
3. You have a new Address, Phone, Fax number that needs to be updated

### **Data Quality Contact Information:**

Phone: 604-806-8106 / Fax: 604-806-9136

E-mail: [cris@providencehealth.bc.ca](mailto:cris@providencehealth.bc.ca)

## **3. Transcription Services**

Our Medical Transcriptionist professionals have led the way in utilizing speech recognition technology in the region. Speech recognition is being used for all medical specialties and report types. We transcribe dictated reports for over 400 care providers for inpatient and outpatient areas and provide transcribed copies to caregivers and records management. Physicians dictate 124,000 reports/year for a total of 8,100 hours and approximately 850 faxed reports are sent out per day. For reports to get done quickly, physicians should identify themselves, the patient name and the report type at the beginning of the dictation.

### ***What Physicians at PHC Need to Know About Transcription Services***

#### **Q: How do I get activated for dictation?**

**A:** To get activated for dictation, physicians must first register for SCM. Please see the section entitled, "Access to Health Information System" for information about how you register for SCM and undergo training. After completion of SCM training, physicians can contact transcription (Phone: 604-806-9696) for activation of their dictation ID. Physicians will then be able to dictate.

**Q: Can residents share an attending doctor's ID number?**

**A:** No.

**Q: How and when can I get a "STAT" transcription done?**

**A:** Please be aware that requesting an urgent report means that other work in the queue will be delayed, so please ask for this only when absolutely necessary. When it is identified that there is an urgent need for a report to be transcribed, the following should occur:

- Once a physician has completed entering all required information at the beginning of dictation, they should enter "6" on the telephone keypad. They will hear a voice prompt stating, "dictation marked as priority"
- Begin dictation as normal, but state clearly at the beginning of the dictation that the report is a priority and any special requirements for distribution
- Report will be transcribed as a priority by transcription and distributed. Priority service is available Mon – Fri from 6:00 am to 10:00 pm, and Sat and Sun from 8:00 am to 4:00 pm. Priority service is not available on Statutory Holidays

**Q: What can physicians do to reduce transcriptionist errors?**

- Plan what to say in advance
- Speak clearly, especially when dictating laboratory results
- Dictate a separate report for addendums
- Always playback once during dictation to ensure the system is recording

***4. Coding and Data Support***

Our Coding and Data Support area comprises 11 Health Records Coders, who are experienced, skilled professionals certified by the Canadian College of Health Information Management (CCHIM). These Coders are governed by coding standards put in place by the Canadian Institute for Health Information (CIHI) as well as the MOH and the World Health Organization (WHO). Coders use their wide knowledge of anatomy, physiology and disease processes to review all records and assign codes for various procedures and diagnoses that can then be used for planning, research, funding, quality assessment and improvement purposes. These statistics are used at the hospital level as well as for provincial and national purposes.

***What Physicians at PHC Need to Know About Coding and Data Support***

**Q: What is the significance of coded data? How is my documentation relevant?**

**A:** Physician documentation is the main source of coded data, with additional review of records from Nursing, Allied Health, Laboratory, Radiology, etc. Coders rely 100% on physician documentation to make the determination as to what is the most responsible diagnosis and significant co-morbidity conditions that contribute to the treatment and length of stay of their patients. As a result, it is vital that physicians clearly document all relevant information in order for the clinical reality of the patient to be reflected in the coded data. In turn, this coded data is essential for research, funding allocation, planning, policies, quality improvement, benchmarking, statistical reports, workload measurement, and most importantly, for patient care purposes.

**Q: How do I obtain data on my patients?**

**A:** Through the “Public Folders” on Microsoft Outlook, go to “All Public Folders”, then “PHC”, and finally “Health Records Services”. The “Statistics and Data Request Form” is located in the folder called “Statistics and Data Request Form”.

**Q: What data is available to me?**

**A:** Data is available online! Go to the PHC intranet homepage available on PHC terminals. Click on the “Business Services” tab and then click on the “Commitment to Excellence”. Finally, click on the “Data” icon. Physicians can access extensive data on patients and hospital performance based on coded CIHI data, workload measurement, incident databases and financials.

## Information Access and Privacy

**Janet Scott**  
**Leader, Information Access & Privacy**  
Phone: 604-806-8336  
[jscott@providencehealth.bc.ca](mailto:jscott@providencehealth.bc.ca)

PHC complies with the BC Freedom of Information and Protection of Privacy Act (FIPPA), and has a responsibility for protecting all personal information in its custody and control. All Staff, including medical staff, is expected to comply with **PHC Information Privacy & Confidentiality Policy (CPF0300)** (and other related policies) in the process of carrying out their duties.

Following are some tips for ensuring patient/resident personal information is protected.

### ***Protecting Personal Information at Work***

- Ensure only authorized personal have access to the personal information
- Ensure all offices and areas containing personal information have secured storage (locking filing cabinets/drawers, etc.) and that the Personal Information is secured in these when not being used and at the end of each day. Practice a “clean-desk” policy
- Ensure doors to offices/rooms containing personal information have working security devices (e.g., deadbolt locks) and that the devices are engaged when out of the office
- Use care when discarding or destroying any Personal Information - make sure it is permanently destroyed or placed in a locked confidential shredding bin
- Protect patient census lists and destroy by placing in a shredding bin. Do not remove from the hospital unless absolutely necessary
- Disclose personal information only to those who need to know
- When attending to patients on the hospital wards, close wallarooms and log off of computers each time you step away

### ***Protect Personal Information Stored on Computers and Other Mobile Storage Devices***

- Your electronic user ID is equivalent to your legal signature and you are accountable for any actions using it. Your access may be monitored
- Don't share your user ID/password and log out of systems/applications when you step away
- Don't store personal information on the hard drives of desktop computers, laptops or on other electronic devices (e.g., BlackBerry's, USB devices) unless absolutely necessary
- Personal information stored on mobile electronic devices must be encrypted & password protected. Refer to document “Data Encryption Guidelines”
- Store personal information on a network server so if there is a theft, or the device is damaged, the personal information is not accessible or compromised
- Use complex passwords – minimum of 8 characters long and a combination of upper and lowercase letters, numbers and symbols

### **Verbal Conversations**

Please remember to respect the privacy of our patients and residents by not discussing personal and sensitive information in public places (e.g., elevators, hallways, outside patient rooms, cafeterias, etc.). Conduct those private conversations in an appropriate location.

### **Protect Personal Information Outside of Office**

- Taking personal information off-site is discouraged, but in the rare case when it may be required, minimize the amount you take, whether in hard copy or electronic format
- If you must take personal information with you, protect it from loss and disclosure to unauthorized individuals:
  - Don't leave unattended unless absolutely necessary
  - If you must leave it unattended, ensure it is in a secure location
    - ❖ NOTE: a locked car/trunk is not secure
- At home, store personal information in a locked drawer or cabinet when not being used
- Personal computers should have effective Internet security measures such as anti-virus software and firewalls

### **Managing Privacy Breaches (CPF1600)**

All staff and physicians must immediately report the actual or potential theft, loss or disclosure of Personal Information or other confidential or sensitive information, regardless of its format (e.g., verbal, written, electronic).

If you become aware of a breach:

- Immediately notify Information Access & Privacy Office and your Department Head
- Immediately notify the Service Desk if a laptop or other electronic storage device is lost or stolen
- Support the breach investigation in a timely manner

All privacy breaches will be promptly and thoroughly investigated. Appropriate actions will be taken to contain and mitigate the risk arising from the privacy breach, including notification of affected individuals or organizations, if indicated. The PHC Information Access & Privacy Office will help to identify notification requirements.

### **Policies and Guidelines**

Please ensure that you are familiar with the following corporate policies/guidelines, copies of which are available on the Medical Affairs Website:

- CPF0300: Information Privacy & Confidentiality Policy
- CPF1600: Managing Privacy Breaches
- CPF2300: Auditing Access to e-Health Records
- CPN0900: Texting Policy
- CPN0500 Email Policy
- PHC Faxing Guidelines
- Data Encryption Guidelines
- Secure Your Mobile Device

### **Privacy Queries**

If you have any questions in regards to the handling (collection, use, disclosure, storage and protection) of personal information or have a project involving personal information that may require a privacy review/privacy impact assessment, please contact the Information Access & Privacy Office at [privacy@providencehealth.bc.ca](mailto:privacy@providencehealth.bc.ca)

## Risk Management, Patient Safety and Patient Relations

**Camille Ciarniello**  
**Corporate Director - Quality, Patient Safety, Risk Management,**  
**Patient Relations and IPAC**

Phone: 604-806-8879

[cciarniello@providencehealth.bc.ca](mailto:cciarniello@providencehealth.bc.ca)

### ***Incident Reporting***

At PHC, we encourage the use of the incident reporting system to document episodes of patient harm or potential harm. The purpose of the incident report is to provide a venue for investigation and discussion. It is not to be used as a vehicle for discipline. All incident reporting is done via the web-based Patient Safety Learning System (PSLS) on PHC Connect. For assistance with reporting or managing an event please contact [psls@providencehealth.bc.ca](mailto:psls@providencehealth.bc.ca)

### ***Disclosure***

Despite constant and committed efforts to provide quality care, there are occasions when patients or residents are harmed rather than helped by the service we provide. Often these poor outcomes are unavoidable. At other times they result from preventable mistakes or medical errors.

It is the expectation at PHC that any adverse event where there is harm, injury or complication due to health care delivery will be disclosed to the patient/resident/family. Exceptions *may* exist where there is serious risk of significant harm to the patient/resident/family as a result of disclosure, but a decision not to disclose will only be made after consultation with Risk Management. Risk Management should also be contacted prior to disclosure of any adverse event likely to result in a claim for damages.

A four (4) hour, in-house training session in disclosure is offered several times a year. This program has been accredited by The College of Family Physicians of Canada for 4 Mainpro-M1 credits.

### ***SBAR***

According to the Institute for Healthcare Improvement (IHI), SBAR is an easy-to-remember, concrete mechanism useful for framing any conversation requiring a clinician's immediate attention and action. It allows for an easy and focused way to set expectations for what will be communicated and how between members of the team, essential for developing teamwork and fostering a [culture of patient safety](#). The acronym stands for:

**S**ituation – a concise statement of the problem that conveys the appropriate level of concern

**B**ackground – all of the factual information related to the problem

**A**ssessment – an analysis of the problem, using medical diagnostic terminology if appropriate

**R**ecommendation – a clear recommendation for action

Nursing staff are encouraged to use SBAR for all critical conversations. They are aware that Medical Staff are not required to agree with the recommendation provided, but they must continue to advocate for their patient until their concerns have been addressed.

### ***Root Cause Analysis (Incident Analysis)***

Internal resources are available for the investigation of adverse events using the Canadian Root Cause Analysis Framework (now called the Canadian Incident Analysis Framework). All quality assurance work done under the auspices of the Patient Safety Incident Management Policy or for the purposes of quality improvement is protected under Section 51 of the Evidence Act.

### ***Policies***

Please ensure that you are familiar with the following corporate policies, copies of which are available on the accompanying CD:

- CPV0300 Patient Safety Incident Management
- CPV0700 Disclosure of Serious Adverse Events
- CPF0700 DNAR: Do Not Attempt Resuscitation
- CPF1100 Options for Care
- CPF0500 Consent to Health Care
- CPV0900 Non-Staff Practitioners
- CPT2200 Hand Hygiene Policy

### ***Patient Relations & Patient Care Quality Office***

One of the functions of the Patient Relations Office at Providence Health Care is to provide consultation and assistance to health care professionals – physicians, nurses, allied health care staff and others - when they encounter challenging issues with patients and family members.

Many times patients and their family have difficulty navigating and managing the health care system. They may get overwhelmed by what is happening within hospital and residential settings, feel very stressed and anxious, disagree with their health care team about treatment and discharge plans, be angry over wait list times, and feel that they have not been accorded proper levels of respect and care.

Our goal is to resolve the conflicts and work towards resolutions that are feasible. Most often, concerns and complaints can be rectified quickly by the staff working directly with the patients. However, it may be useful to brainstorm ideas and possible solutions in advance of meetings with patient and families, and there may be occasions when it is a good idea to involve someone not directly involved in patient care. There will also be times when it is advisable to update the Patient Relations Office about a pending situation, especially if it is anticipated that it will be complicated or not easily resolved.

Please do not hesitate to contact the office for assistance as we would like to participate in helping our colleagues throughout the organization provide optimal care to our patients, residents and their families. Janet Silver is available to travel to all of Providence Health Care's sites.

**Contact: Janet Silver**  
Leader, Patient Relations  
**Patient Care Quality Office**  
Tel: 604-806-8284 / Fax: 604-806-8811  
[jsilver@providencehealth.bc.ca](mailto:jsilver@providencehealth.bc.ca)

## Quality Improvement and Accreditation

**Liz Flores**  
**Director – Quality Improvement & Accreditation**

Phone: 604-682-2344 local 66955  
[lflores@providencehealth.bc.ca](mailto:lflores@providencehealth.bc.ca)

The Quality Improvement and Accreditation department supports clinical programs through the deployment of individuals in a “performance improvement consultant” (PICs) role. This is a highly skilled team that is available to support the delivery of quality care services throughout PHC.

The PICs come from a diversity of backgrounds, and bring energy and passion to the projects they are involved in. Using a patient/resident and family centered care philosophy, quality improvement tools and methodologies, and change and project management frameworks, PICs tackle a wide variety of issues within PHC.

We approach our improvement opportunities using the IHI Model of Improvement (PDSAs Plan – Do – Study – Act) using rapid, iterative cycles to determine whether any changes we test lead to an improvement. We also ensure Accreditation Canada standards are being met across the organization.

We work collaborative with the Physician Lead Quality Improvement (PLQI) group. Physicians who have been accepted into PLQI can receive support from the PICs to help navigate the PHC system. For more information on PLQI visit <https://www.phcmedstaff.ca/resource-centre/physician-led-quality-improvement-initiative-intake-opening/Governance> to quality and patient safety is through the Alphabet Committee (the best acronym for the Quality, Patient Safety, Clinical Risk Management and Patient and Family Centered Care Committee!).

The Alphabet Committee has the mandate to:

- Enable strategic quality, safety and specific organizational performance indicators on behalf of PHC and initiate improvement strategies as/if required.
- Enable and support the Program and Service Quality & Safety Committees.
- Approve charters and plans and monitor outcomes for cross-program/enterprise-wide quality and safety initiatives.
- Identify and mitigate organizational barriers to successful implementation of initiatives.
- Ensure alignment and integration between quality and safety initiatives across the organization.
- Support implementation of critical incident review recommendations and ensure action is taken to address issues of clinical risk.
- Enable compliance or progress to achieve Accreditation Canada standards and practices.
- Receive system related quality and safety issues identified by MAC Council for Excellence and action as appropriate.

The chair of the Alphabet committee is the Senior Medical Director Janet Kow.

For more information about Quality improvement, PLQI, and Accreditation, or to find out which PIC is assigned to your program, please contact Liz Flores.

## Infection Prevention and Control (IPAC)

**Dr. Victor Leung**  
**Microbiologist, Medical Director, IPAC**  
Phone: 604-806-9373  
[vleung@providencehealth.bc.ca](mailto:vleung@providencehealth.bc.ca)

The Vision of the Infection Prevention and Control Team is to create and sustain a culture in which infection prevention and control is integrated into all aspects of care.

The Mission of the Infection Prevention and Control Team is to be dedicated to the prevention and control of health care associated infections in a supportive working environment. The practices of the Infection Prevention and Control Team will be based on sound scientific principles. Infection control services will be provided to PHC with structure and authority in collaboration with local, regional and provincial partners.

### ***Definition of Infection Prevention and Control (IPAC)***

- Interventions practiced in healthcare facilities to prevent and control the transmission and acquisition of infectious agents by patients and healthcare workers [e.g., proper hand hygiene, safe work practices, and the use of personal protective equipment (PPE)].
- Infections acquired in the hospital are referred to as “nosocomial infections,” with onset of symptoms >72 hours from admission. Community-acquired infections are those diagnosed on admission or within the first 72 hours following admission. These infections may have been acquired in the community, or potentially in other settings such as residential care facilities.
- The IPAC service is an integral part of PHC’s internal quality improvement process, striving to improve the overall safety for our patients, residents, physicians, staff and visitors.
- Surveillance of nosocomial infections is critical to the prevention and control of hospital-based transmission of infectious agents. Surveillance data are used to:
  - Determine the burden of specific infectious diseases in the institution.
  - Monitor trends in nosocomial transmission, and provide a means of determining when intervention is required.
  - Detect and manage infectious diseases outbreaks.

### ***Infection Prevention and Control Team***

- The IPAC Team is multidisciplinary in nature, consisting of Infection Control Practitioners, a Medical Director, Infection Control Physicians and Medical Microbiologists, and a Healthcare Epidemiologist.
- The IPAC Team has close links with the microbiology and virology laboratories at PHC.
- The program works closely with local, regional, provincial and federal counterpart agencies and implements evidence-based practices in accordance with accepted standards and guidelines.
- PHC IPAC collaborates with Vancouver Coastal Health Public Health in the management of outbreaks, reportable communicable diseases, and emerging infectious diseases.

## Hand Hygiene

- Hand hygiene is recognized as the most basic and effective intervention for decreasing transmission of infections. However, hand hygiene compliance among health care workers is suboptimal and physicians as a group consistently underperform when compared to other health care workers.
- The Ministry of Health has mandated that all health care workers receive basic education on hand hygiene. Physicians must complete the Online Hand Hygiene module prior to starting at PHC. (<https://ccrs.vch.ca/Secure/StartOnlineCourse.aspx?cid=2756>)
- All PHC staff, including medical staff, must adhere to hand hygiene policy at PHC. ([http://phconnect.vch.ca/programs\\_services/infection\\_control/docs/binary\\_79386.pdf](http://phconnect.vch.ca/programs_services/infection_control/docs/binary_79386.pdf))

## Transmission Based Precautions

- Control measures are based on *how an infectious agent is transmitted*, and include education and implementation of standard, contact, droplet, and airborne precautions.
- **Standard:** Practices that apply to all patients, regardless of suspected or confirmed infection status. Healthcare workers must assess the risk of exposure to blood, body fluids and non-intact skin and utilize precautions where appropriate. Standard precautions must be used **in addition** to contact, droplet and airborne precautions.
- **Contact:** Precautions (gloves and gowns) to prevent the transmission of infectious agents (e.g., antibiotic resistant organisms, *Clostridium difficile*) through direct or indirect contact with the patient or patient's environment.
- **Droplet:** Precautions (surgical mask and face shield) to prevent the transmission of infectious agents (e.g., respiratory viruses, *Neisseria meningitidis*, *Bordetella pertussis*) that travel as large air particles for distances less than 1 metre.
- **Airborne:** Precautions (N95 respirator and negative pressure room) to prevent the transmission of aerosolized infectious agents (e.g., measles, varicella or disseminated zoster, tuberculosis) that can be suspended in air.

## Resources

For more information, please refer to the online IPAC Manual available through the intranet at: [http://phconnect.vch.ca/programs\\_services/infection\\_control/infection\\_control\\_manual/page\\_6880.htm](http://phconnect.vch.ca/programs_services/infection_control/infection_control_manual/page_6880.htm)

Visit the IPAC website accessible through the intranet for more information: [http://phconnect.vch.ca/programs\\_services/infection\\_control/page\\_6744.htm](http://phconnect.vch.ca/programs_services/infection_control/page_6744.htm)

For information on MRSA/VRE screening orders for patients admitted to acute care: <http://phcmanuals.phcnet.ca/InfectionControl/doc/ICS5087.asp?LibCode=ICON>

For information on influenza-like illness: <http://phcmanuals.phc.bc.ca/InfectionControl/pdf/ICS5017.pdf>

**Contact Information:**

**Dr. Victor Leung**

IPAC Physician

Phone: 604-806-9373 / Pager: 604-252-4650 / Cellular: 778-879-2339

[vleung@providencehealth.bc.ca](mailto: vleung@providencehealth.bc.ca)

**Dr. Christopher Lowe**

IPAC Physician

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[clowe@providencehealth.bc.ca](mailto: clowe@providencehealth.bc.ca)

## **Routine HIV Testing Begins in Acute Care**

On October 03, 2011, as part of the [“Seek and Treat for Optimal Prevention \(STOP\) of HIV/AIDS” project](#), all physicians and residents at St. Paul’s Hospital and Mount Saint Joseph Hospital will begin to **offer** an HIV test to all admitted patients (excluding psychiatry, palliative & ICU patients) as part of routine hospital blood-work. In November 2011, VGH and UBC Hospital will begin the HIV routine testing initiative.

Most people newly diagnosed with HIV have had many missed opportunities in health care for HIV diagnosis. Admission to hospital is an excellent opportunity to screen all patients for HIV. Screening based on risk misses a substantial proportion of people with HIV. Most patients are at very low risk and will have a negative test result; however, everyone who has ever been sexually active is at some risk of HIV. There are approximately 3,500 people in BC, who are infected but don’t know it. By implementing routine, provider initiated testing we will help reduce the stigma associated with HIV testing and improve testing uptake.

Physicians and residents are playing pivotal roles in helping identify those infected. Part of this initiative is to ensure newly diagnosed patients are appropriately linked to care. Therefore, physicians will have access to resources (see physician FAQ on Intranet) to ensure that patients receive appropriate post-test counseling, education and linkage to care.

We are asking for your support in this initiative and for you to join your counterparts in leading the way, to start the conversations with your patients, and help people get tested.

For details, including rationale for this initiative and process for follow-up care, visit: the PHC or VCH Connect websites after September 28, 2011 to find the physician FAQ (includes an algorithm for follow-up of test results) and a physician talking points information sheet.

Afshan Nathoo, RN, BScN, MscPH  
Practice Consultant, HIV Acute Care Testing  
Providence Health Care, Vancouver Coastal Health  
535 St. Paul’s Hospital  
Cell: 604 312 1219  
[anathoo@providencehealth.bc.ca](mailto:anathoo@providencehealth.bc.ca)

## Workplace Wellness and Safety

**Sandy Coughlin**  
**Director, Workplace Wellness & Safety**  
Phone: 604-806-8635  
[scoughlin@providencehealth.bc.ca](mailto:scoughlin@providencehealth.bc.ca)

### ***Background***

Workplace Wellness and Safety provides leadership and programs to ensure a safe working environment at PHC and promote wellness. We provide expertise in the area of workplace wellness and safety, including injury prevention, occupational hygiene, ergonomics, violence prevention, musculoskeletal injury prevention, disease prevention, occupational nursing and disability management. We provide staff immunizations/testing, fit testing for respiratory protection, and coordinate the Employee and Family Assistance Program (EFAP), and the occupational first aid services.

### ***Staff and Physician Immunizations/Testing***

All physicians and staff who have direct contact with patients should keep up-to-date with their immunization schedule. We offer specific vaccinations free of charge to staff and physicians. Physicians are urged to maintain their own records of immunizations.

- **Hepatitis B, Tetanus and diphtheria vaccinations** are highly recommended for staff and physicians who have direct contact with patients.
- **Hepatitis B vaccination:** For those who are already vaccinated against hepatitis B, re-vaccinations should be sought every 10-15 years. Occupational Health and Safety at PHC offers booster shots to staff and physicians.
- **Tetanus and diphtheria vaccination:** For those who are already vaccinated, re-vaccinations should be sought every 10 years. Occupational Health and Safety at PHC offers booster shots to staff and physicians.
- **Flu vaccination:** Staff and physicians who have direct contact with patients should be vaccinated every fall. Proof of vaccination may be required during an outbreak scenario.
- **Tuberculosis testing:** Testing is done semi-annually for staff members and physicians who work in high-risk areas at Providence Health Care. In addition, screening is conducted upon hire and from exposure.
- **N95 Fit Testing:** Fit testing is done on an annual basis as required by WSBC legislation. For further information, please contact Marc Jones at (604) 806-9197

To contact Workplace Wellness and Safety, please call (604) 806-8455.

### ***Occupational Exposures***

To ensure that you receive the best possible attention should you suffer an injury or exposure to blood and/or bodily fluids at work, First Aid Attendants are available 24/7 by pager or phone. In the event of an injury or exposure, the **First Aid Attendants should be your first point of contact**. All First Aid Attendants are certified by WorkSafeBC (WCB) in Occupational First Aid and are trained to rapidly assess your condition and carry out treatment. When necessary they will triage you to a higher level of care.

From outside PHC, First Aid Attendants can be reached by dialling 604-682-2344, then ask for the pager numbers listed below. From inside PHC, just dial the 5-digit local.

<b>Facility Name</b>	<b>First Aid Attendant Pager Number</b>
Holy Family Hospital	33330
St. Vincent's Hospital - Langara	33688
Mount St. Joseph Hospital	33322
St. Paul's Hospital	34040
Youville Residence	33299
Brock Fahrni	604-875-2999

### ***Domestic Violence***

If you have concerns or issues related to intimate partner/domestic violence, please disclose these concerns to the Coordinator of Violence Prevention Programs so that a safety plan can be developed.

### ***Resources***

For a complete description of the occupational health and safety program at PHC, please visit our web page on the intranet at:

[http://phconnect/hr/occupational\\_health\\_safety/page\\_13375.htm](http://phconnect/hr/occupational_health_safety/page_13375.htm)

## Emergency Preparedness (EPP)

**Sean McCune, Emergency Management Coordinator**  
**Health Emergency Management British Columbia – Lower Mainland West**

Phone: 604-682-2344, Ext. 64873

[sean.mccune@fraserhealth.ca](mailto:sean.mccune@fraserhealth.ca)

### ***What is Emergency Preparedness?***

Emergency Preparedness (EPP) at PHC encompasses the four (4) pillars: mitigation, preparedness, response, and recovery. As well, the Team provides guidance, tools and support regarding some of the eleven (11) colour codes across all of the PHC sites. Physicians and staff need to know their individual and Department response to a critical event or code. A code will signify a fire, evacuation, assault, cardiac arrest, a bomb threat, air exclusion due to noxious gases within or outside the hospital, a missing patient or resident, an external disaster (e.g., civil unrest), etc.,

The EPP website found on the Intranet home page (yellow triangle) is the “one stop shop” for information on how to respond to a Code. Check out the section Personal Preparedness and important links for great emergency preparedness information. Code Orange – Disaster/Mass Casualties and earthquake preparedness are particularly critical for all staff and Departments to have developed and discussed plans to respond to such events.

### ***What Do I Need to do Personally and Professionally?***

#### **Be prepared at home.**

- Purchase or create your own home disaster kit and your own car kit.
- Talk to your family – have a plan should you be separated from each other.
- Organize an “out-of-area or -province contact”.

#### **Be prepared in the workplace.**

- Set an example – be a champion – know where to find the information on line; join an EPP committee.
- Always take your photo ID home so that if we need to lockdown the sites and you need to get in, you have your ID to allow access! As well, if you cannot get to your regular site you can report to another facility to offer assistance as long as you have your ID and credentials.

### ***Disaster Routes***

On your hospital ID, you will notice on the bottom right hand corner a circle with a triangle in it. This is the “Disaster Route Symbol”. You may have seen this symbol posted in your own communities. In the event of an emergency, these routes will be controlled by police and only first responders will be allowed to travel through them. Hospital personnel have been included in this list and will be asked to show ID. Another reason to always have your PHC photo ID card with you!

### ***How Would We Manage a Disaster?***

Most acute care facilities in BC use the Health Incident Command System (HICS). The organizational chart can have as many as 51 leadership positions to help manage a major

disaster. It is a flexible system that can be as small or as large as we need depending on the situation.

The Emergency Operations Centre (EOC) is where the Incident Commander and his/her Management Team will convene to manage the incident. The Incident Commander could be the Leader On-Call, Site Leader, Clinical Coordinator or the In-charge Person (after-hours) at the residential sites.

**Location of the Providence Health Care EOC's**

Site	Location
SPH	GI Clinic Conference Room, Providence Level 2
MSJ	Sr. Germaine Roy Conference Room
Brock Fahrni	BF Cross-Site Office
Holy Family Hospital	HFH Boardroom
Langara	Multi-Purpose Room
Youville	Conference Room
Hornby	N/A

**Training and Education**

Code Red and Code Green on line courses are currently offered for all staff. Registration through CCRS; Personal preparedness sessions are offered on an ad hoc basis depending on time availability.

**Emergency Codes**

To call “Emergency Codes,” dial “7111” from an internal PHC telephone. This will connect you to the Call Centre for immediate response. The “Emergency Codes” include those listed below and are noted on the separate emergency code card that attaches to your photo ID badge.

Emergency Codes	
Fire	Code Red
Cardiac Arrest/Medical Emergency	Code Blue
Disaster/Mass Casualties	Code Orange
Evacuation	Code Green
Missing Patient/Resident	Code Yellow
Missing or Abducted Infant/Child	Code Amber

Emergency Codes	
Bomb Threat	Code Black
Violent/Aggressive Behaviour	Code White
Hazardous Spill	Code Brown
System Failure	Code Grey
Obstetric/Neonatal Emergency	Code Pink

**Where Can I Find More Information?**

Check out the PHC Connect intranet home page. Click on the “yellow triangle” that will take you to all the PHC Site Emergency Plans.



**Visit the Medical Affairs website for more information about the Medical Staff Response to Code Orange disaster situations.**

## Protection Services

### ***What To Do If You See Something Out Of the Ordinary or An Emergency Situation***

Trust your instincts. If something looks out of the ordinary or someone is acting suspiciously or if you see any breaches of security, unsafe conditions, or fire hazards, report it immediately to your supervisor or call security. Security at PHC is provided by Paladin.

**The following security contact numbers are for St. Paul’s Hospital, Holy Family Hospital, Mount Saint Joseph Hospital, St. Vincent’s – Langara and Youville Residence:**

<b>For all emergency security requests that require an immediate response, such as security emergencies and First Aid (where applicable) responses</b>	<b>Local 5800</b>
<b>For routine security responses, such as access requests and escorts</b>	<b>Local 4777</b>

### ***Working After Hours***

If you are working after hours, remember the following:

- When you enter the building, make sure no one follows you in
- Try and work where someone else is around you whenever possible
- Make sure the office door and the exterior door is locked
- Do not use the stairs alone after hours
- If you take the elevator and someone in it looks suspicious, trust your feelings and wait for the next elevator
- When you use the washroom, make sure no one else is in there before you close the door behind you
- Contact security if any unusual activity or persons is noted

### ***Preventing Theft***

People trying to steal from a hospital will often dress as workers, technicians, doctors, nurses, or couriers in the hope that they will pass unnoticed. If you see someone without a photo identification card, politely ask to see his or her photo identification card. Ask, “May I help you?” To protect your personal belongings, lock them in your drawer or locker. Do not leave purses, keys and other valuable items in your jacket or on your desk. Lock office area when leaving, even for a short break.

### ***Obtaining Your PHC Photo Identification Card***

All staff, physicians, volunteers, contractors, and others with card or key access to PHC facilities are required to wear their photo identification badges when entering the premises and while on duty. Look after your card and/or key. Help us keep the hospitals safe by reporting a loss immediately to security. Call Security at Ext. 4777 and Photo ID at 604-930-5442 to report a lost card so that it can be immediately deactivated. Replacement ID’s may be obtained by applying via the electronic request form available on the intranet.

As a physician, dentist or midwife who has been appointed to PHC’s Medical Staff and in order to access PHC facilities,

#### **Important Information**

**Security:** Ext. 4777

**To Call an Emergency Code:**  
Dial “7111”

**ID Badge:** 604-930-5442

you are required to obtain a photo identification (ID) card.

To obtain a Photo ID: Search Photo ID on the intranet and electronically submit your request via the green E-form button. Temporary access cards are available from the Departments for use while you wait for your Photo ID.

Once you have received the ID card, you can report any access problems that you have with the card via e-mail to LMCpid@fraserhealth.ca. Please ensure that you include your name and contact information, card number, and the room number(s) you had a problem with. Photo-ID will attempt to troubleshoot the issue as soon as possible.

### ***Obtaining Key/Card Access***

If you require key or card access to PHC facilities and areas, please follow-up with your Department.

## **Communications & Public Affairs Department**

PHC's Communications & Public Affairs Department manages and supports employee and medical staff internal and external communications requests and activities, addresses stakeholder, government and media requests, and undertakes comprehensive public affairs, media relations, reputation building and stakeholder/community relations activities and strategies. All Medical Staff are requested to follow PHC's Media Relations policy, the electronic mail policy, Social Media policy and the graphic standards guidelines, which are available at PHC Connect at:

[http://phcconnect/programs\\_services/communications/communications\\_policies\\_and\\_guidelines/page\\_52148.htm](http://phcconnect/programs_services/communications/communications_policies_and_guidelines/page_52148.htm)

### ***Communications & Public Affairs Toolkit***

Communications & Public Affairs has developed a toolkit offering useful tips, templates and samples to assist anyone who wants to use effective communication solutions and vehicles to achieve their goals.

The Communications Toolkit is meant to enhance the options and flexibility available to staff and leaders to achieve their desired outcomes. This is a living toolkit/document and will be updated on a regular basis, based on staff, physician, researcher and volunteer feedback and availability of new content.

[http://phcconnect.vch.ca/programs\\_services/communications/communication\\_resources/page\\_79545.htm](http://phcconnect.vch.ca/programs_services/communications/communication_resources/page_79545.htm) (also linked to from the home page of PHC Connect).

PHC's Media Services Centre reports to the Vice President of Public Affairs, Communications & Stakeholder Engagement and offers creative, professional services in the areas of Multi-Media Production and Audio-Visual Support; Medical Photography and Imaging; Illustrative Art, Design and Desktop Publishing; and Tele-Health Services. Media Services also coordinates and manages Room Bookings for PHC's conference and meeting rooms.

Communications contact information:

Phone: 604-806-8022 / Fax: 604-806-8303

Media pager (24/7): 604-202-2012

Communications@providencehealth.bc.ca

Justin Karasick

Communications & Public Affairs Director,

Providence Health Care

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### **Mission: Forward - Providence's 7-Year Strategic Plan**

In 2019, PHC launched its new strategic plan, which sets out four foundational principles and four strategic directions, supported by aspirational goals, to help chart our organization's way forward over the next seven years.

**Foundational principles** describe the organization's core beliefs. They guide all efforts and serve as a perpetual framework for actions taken throughout the seven-year plan, and beyond.

- Mission/Vision/Values: Everything begins with Mission
- Ethics: Ethics are fundamental to all we do
- Sustainability: Proactive financial and environmental stewardship
- Person and Family Centred Care: Partners in care

**PHC's four strategic directions** are a set of priorities that will help to organize and plan the organization's work over the next seven years.

- Quality-Forward: Exceptional Quality, Safety & Value  
*We deliver quality care that matters to the people we serve.*
- People-Forward: Inspiring People & Teams  
*We attract the best people and support them to flourish.*
- Learning-Forward: Discover, Learn & Innovate For Impact  
*We create a culture where every person can learn, grow, imagine, and bring forward new ideas.*
- Partnerships-Forward: Partnerships  
*We embrace partnerships, digital health and technology to offer seamless care.*

This plan was created with the help of medical staff and physician leadership, and current work is being done to map key physician priorities to the plan and define department / division-specific actions.

In light of the new seven-year Strategic Plan, key performance indicators (KPIs) will be developed to measure and monitor the success of the work driving the goals and strategic directions.

Four consultant physicians for each of Providence's strategic directions have been hired to help influence decisions and bring the voice of medical staff to the priority, while ensuring medical staff are kept informed of priority projects, measures and accomplishments.

*Additional Mission: Forward resources:*

- [Principles and Strategies overview \(2-page fast read\)](#)
- [Mission: Forward \(complete strategy booklet\)](#)
- *Plan Website:* [www.missionforward.ca](http://www.missionforward.ca)

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