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This bulletin is intended to give housestaff helpful tips and information relevant to working at UHN and MSH/SHS.

- **JANUARY GREETINGS.** Hope that you are going to have a terrific second half of the academic year.
- **UHN Mack Foundation Bursary** A travel bursary worth up to \$2500 for UHN PGY 1, 2 or 3 to attend a meeting at which you are presenting a poster or oral session is offered twice per year. Next deadline January 31, 2015. <http://wbacademy.utoronto.ca/wp-content/uploads/MACK-Application-Form-2015.pdf>
Our September winner was Arielle Mendel for her work in improving access to rheumatology clinics.
- **PRIVACY IS PARAMOUNT-** Please remember that sharing passwords for EPR, Corel and Dictation Services is strictly prohibited. Audits are routinely performed to determine if access to patient information is appropriate and authorized. Those found accessing PHI (Personal Health Information) inappropriately are disciplined, and may be fined under new laws. Remember to LOG OFF computers to avoid someone else using your ID to access records. If you are using **PRO** or **cGTA** which are NETWORKED access, this **MUST BE FOR DIRECT PATIENT CARE ONLY**. It is not for education, research, quality control etc. Only in-house EPRs can be used for these other reasons.
- **UHN Policy on Consults in ER and Discharges from ER – NEW RULES!**

UHN has a referral process to ensure that patients with identified diagnoses or presenting problems in the Emergency Department (ED) are referred to the most appropriate service from which a consult may be obtained (see UHN Intranet).

Should a dispute arise between two or more services regarding which service is to admit a patient for ongoing investigation and/or care, the **staff consultants will be notified**. If a decision cannot be made despite the staff consultants being involved, the clinician on-call will determine the most responsible service for admission.

When a resident or fellow is asked to see a patient in the ER, he or she may discuss and clarify the reasons for the consult request with the referring physician but **NOTE: all requests for consults will be honoured without exception**.

The staff consultant on-call will review all consults carried out by the on-call fellow/resident within **a maximum of 24 hours**. **If the patient is clinically unstable, or the patient's clinical condition deteriorates, the staff consultant must review the consult as soon as possible**. Notation should be placed in the clinical record that the consult has been reviewed with the on-call fellow/resident.

If the consult is deemed to be inappropriate for the consulting service, any re-direction of the patient to another consulting service by the fellow/resident may only be done after review of the case with the staff consultant on-call.

A patient must never be discharged from the emergency department by an on-call fellow/resident without review by the staff consultant on-call.

- **Discharge Summaries** – Remember that they are meant for the people who will be looking after the patient when they leave the hospital, and should contain only the salient significant aspects of the in hospital course. Diagnosis, medication changes and plans for care after discharge are key. The Toronto Central LHIN as mandated that discharge summaries confirm to a basic set of components. For further information visit: <http://www.uhnmodules.ca/DischargeSummary/>



- **ONE MAIL Account** A **must have** for communicating securely about patients with others also using ONE MAIL OR secure hospital type email account. You can take it wherever you go! ONE MAIL NOW has 3GBs. **If you do did receive an email invitation within a month of starting your academic year, or if your invitation has expired, contact the Faculty of Medicine onemail.help@utoronto.ca.**
- **myUHN patient portal**-myUHN patient portal allows patients to see their personal health information as it becomes final in the electronic patient record (EPR), in real time. myUHN is rolling out in phases. MSH patients will also have portal access to some records. Please keep this in mind and use appropriate language to describe patients. TIPS: avoid describing patients by their disease eg “COPDer” , “Vasculopath” or using judgmental terms such as “this difficult patient” or “unreliable historian”. Instead for example: “This man with COPD and vascular disease had difficulty with giving an accurate history due to his delerium and recent substance use”.

Visit [myUHN intranet pages](#) where you can find more information about the roll out, and [patient teaching and clinical documentation guides](#)

<p>Helliwell Centre TGH Eaton G-001 340-4846 M-F, 8-3:30 medicaleducation@uhn.ca</p>	<p>MedEd West Centre750 Dundas St w 3rd floor 603-5924 M-F, 8-3:30 medicaleducation@uhn.ca</p>	<p>Cooper Centre 60 Murray St. L3-300 586-4800 EXT8389 M-F, 8-3:30 mshmedicaleducation@mtsinai.on.ca</p>
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