

I. INTRODUCTION

Message from the Chief Executive Officer

I would like to take this opportunity to welcome you to Hôpital Notre-Dame Hospital (HNDH). You are joining a dynamic and progressive health care organization that is committed to the highest standards of patient care.

Every role in the hospital is important and each person contributes to our vision of being a leader in shaping health care for tomorrow. We realize our vision day by day with each new program, creative idea and innovative approach that our staff, physicians and volunteers introduce to meet the needs of the people we serve. Together we will provide quality patient care and create a workplace that values the contribution of each and every team member.

The values of respect, compassion, accountability, integrity, the pursuit of excellence, and learning and teaching are the pillars of our organization. These values are reflected each day in how we treat our patients and each other.

Josée Vachon, CEO

The Hospital

HNDH is a fully accredited 44-bed hospital, which provides both inpatient and outpatient care to the citizens of Hearst and surrounding areas. It provides care for approximately 9,500 people residing 50 kilometers to the east, 130 kilometers to the west on the Highway 11 corridor, 135 kilometers southwest to the municipality of Hornepayne, 80 kilometers to the north and 80 kilometers to the south of Hearst. The Hospital also serves the Constance Lake First Nation located 32 kilometers northwest of Hearst.

The service coverage includes: Anesthesia, Emergency, Medicine/General Surgery, Diagnostic and Therapeutic services, Chronic Care and Endoscopy.

We have ambulatory clinics in Allergy, Cardiology, Internal Medicine, ENT, Neurology, Orthopedic Surgery, Gynecology, Oncology, Pediatrics and Urology.

Adjacent to the Hospital, the medical center houses the offices of five of the six active staff family physicians as well as the Équipe de santé familiale Nord-Aski Family Health Team (FHT). The offices for the Aging at Home Program, the HNDH specialty clinics, the Community Access Care Centre (CCAC), the Nord-Aski Diabetes Centre, Addiction Services are also located at the medical clinic. There are also two well-appointed apartments available for locum physicians.

A 67-bed nursing home, Foyer des Pionniers, operated by the Municipality of Hearst, was completed wall to wall with the hospital in January 2004. HNDH and all members of its staff work diligently and collaboratively to meet the health care needs of the people it serves.

Immediate Contact for Information

Melanie Goulet is the recruitment coordinator and Emergency Room (ER) scheduler. She will provide you with all necessary passwords for EMR, IMPAX access and dictation code.

Melanie Goulet: email: GouletM@ndh.on.ca, 705-372-2968 (office), 705-362-2065 (cell)

A. HEARST MEDICAL STAFF

DR. LIANNE GAUVIN

DR. MARTIN PAPINEAU

DR. MARJOLAINE TALBOT-LEMAIRE

DR. HANNAH SHAHEEN

DR. SHYANNE FOURNIER

B. DEPARTMENT MANAGERS

A staff directory is available in the Emergency department and is also annexed to this document (see Annexe 3)

II. COVID-19-RELATED HOSPITAL POLICIES

Information is available on SURGE LEARNING ICON on the computer in the COVID section. All policies and procedures are available. No password is needed.

III. AVAILABLE SERVICES/REFERRAL SERVICES

A. REGULARLY AVAILABLE SPECIALIST SERVICES/HEALTH CARE PROVIDER SERVICES

- **LOCUM GENERAL SURGEON:** On call 24 H/7 day. OR days are usually Monday to Thursday 8am-1pm.
- **GP ANESTHESIA:** On call 24H/7. Usually in OR Monday to Thursday from 8am-1pm. The respiratory technologist will cover this service for intubations when there is no coverage.
- **RESPIRATORY TECHNOLOGIST:** No regular call schedule, may be called on demand if needed for respiratory cases.

Monthly schedule highlights any changes or absences for any OR/anesthesia services.

B. LOCALLY AVAILABLE OUTPATIENT SERVICES AND SPECIALIST SUPPORT

See Annexe 1 for complete details of available resources

- **ÉQUIPE DE SANTÉ NORD-ASKI FAMILY HEALTH TEAM** - accepts outpatient referrals for dietician and nutrition, counselling, social work, nurse practitioner, nursing services (i.e. suture removal, staple removal, dressing changes...), OTN Telederm services.
- **HEARST NOTRE-DAME HOSPITAL** - PFTs, Holter, Exercise Stress Test, Outpatient Locum Specialist Clinics (a calendar with all specialty visiting physicians is posted in the ED)

- **SENSENBRENNER HOSPITAL KAPUSKASING** – Echo, ABI and Arterial Dopplers, Outpatient Locum Specialist Clinics
- **TIMMINS AND DISTRICT HOSPITAL** – BMD, MRI, Interventional Radiology, Nuclear Imaging

C. IMAGING SERVICES

1. **Service Hours:** The entire department is open on weekdays from 8:00 – 16:00. The department is open on Saturdays from 10:00 – 13:00 for inpatients, ED patients and ED patients from the night before that will be returning to see the physician for their results.

One technologist is on-call for **emergencies only** outside of regular hours.

2. **Modalities:** X-ray, Ultrasound, CT scan, Carotid dopplers, Mammography and OBSP.

Please note that we do not perform MSK and arterial ultrasounds.

All modalities require appointments (except for emergent cases). The requisition should be sent to the Medical Imaging Department to be scheduled.

The radiologist on call must be called before ordering all emergent CT scans that require IV/oral contrast. The protocol (IV and /or oral contrast) should be written on the requisition as well as the name of the radiologist. All emergent and urgent CT studies WITHOUT intravenous contrast do not require prior approval from the on call radiologist. These types of cases include CT head, CT facial bones, CT KUB (abdomen), CT cervical spine, CT thoracic spine, CT lumbar spine, CT pelvis, CT hip and CT extremity.

The radiologist schedule with their phone numbers listed for regular hours and on call is on every physician's desktop called DI Working Schedule.

3. **Stroke Protocol:** If the patient comes to the ED with an onset of stroke symptoms within 4 hours, we can proceed with a regular stroke protocol (head and neck angiogram CT) without calling the radiologist. Specifically, the ED MD should be applying the secondary clinical screen "ACT-FAST" for suspected acute stroke patients who present to the ED >6 hours <24 hours post-stroke to clinically identify those who might have a large vessel occlusion (LVO) causing their stroke and, while presenting late, can still benefit from the treatment. Then, to confirm presence of LVO in these later presentations, ACT-FAST positive patients should receive the same provincial imaging protocol as those presenting 0hr-6hrs post-stroke (CT/mCTA) as a standard of care, without delay.

D. LABORATORY SERVICES

OUT-PATIENT SERVICES

Monday to Friday 08:00 am to 12:00 pm

LABORATORY HOURS

Laboratory staff On-site

Mon – Fri: 07:30 to 17:00.

Saturday: 1 MLT working from 07:30 till 12:00 pm (1 MLT alone for collections and running the lab)

Sunday: 1 MLT working from 07:30 till 10:30 am (1 MLT alone for collections and running the lab).

On-call Hours

Monday to Friday: There is **1 MLT On-call after hours for STAT testing from 17:00 to 07:30 am**

Saturday: **1 MLT On-call for STAT testing from 12:00pm until 07:30 am**

Sunday: **1 MLT On-call for STAT testing from 10:30 until 07:30 am**

SERVICES AVAILABLE (See Annexe 3 for more information)

Chemistry	Hematology
Serology	Coagulation (PT/INR, PTT, d-dimer)
Transfusion Medicine	Microbiology

BLOOD PRODUCTS STOCKED ON SITE (limited quantities of each product)

Packed Red Blood Cells	Frozen Plasma
Rh Immune Globulin	Prothrombin Complex Concentrate
Albumin	Fibrinogen Concentrate
C1 esterase	

E. HOSPITAL PHARMACY SERVICES

On call remote pharmacist (North West Telepharmacy)

Two full-time pharmacy technicians

PHARMACY HOURS

Monday to Friday	7:30 am to 4:00 pm
Saturday/Sunday	Closed
Holidays	Closed

F. OR SERVICES

LOCUM GENERAL SURGEON is on call 24 H/7 days, he or she can be reached anytime for consultation. If there is no surgical coverage, the MRP is responsible to transfer care to the nearest referral site with surgical coverage [Sensenbrenner Hospital in Kapuskasing or Timmins and District Hospital (TADH)].

G. URGENT MENTAL HEALTH COUNSELLING AND ASSESSMENT

An urgent mental health assessment and counselling can be requested via the Service de counselling de Hearst Counselling Services. The information is available in the ED. TADH is the referral centre for psychiatry admissions. The ED physician must call TADH and request a consultation with the psychiatrist on call.

H. CRITICAL AND SPECIALIST CONSULTATIONS

Timmins and District Hospital

INTERNAL MEDICINE, OBSGYN, ENT, OPHTHALMOLOGY, ORTHOPEDIC SURGERY, PSYCHIATRY, NEPHROLOGY, UROLOGY (some services may be unavailable at times)

Health Sciences North/Horizon Santé Nord Sudbury

CRITICAL - FOR ALL CONSULTS WITH SPECIALISTS INCLUDING VIRTUAL CRITICAL CARE; CARDIOLOGY may be contacted directly without going through CRITICAL unless the patient is determined "Life or Limb" (e.g. STEMI)

I. URGENT PATIENT TRANSPORTATION

Patients are usually transported via ORNGE for urgent medical transfers to tertiary centres but can also be transported via ground for non-urgent treatment and returns or non-urgent transfers to TADH (ex. stable patient admitted to psychiatry).

J. ORPHANED PATIENT FAMILY MEDICINE LOCUM CLINIC

Outpatient family medicine locum clinics help service patients who do not have a family physician. Staffed upon availability of locum family physicians.

IV. LOCUM EMERGENCY PHYSICIAN ROLE

As a locum emergency physician at the HNDH, you are expected to undertake several roles during your contracted period in the community. These roles and expectations are outlined in the subsections that are listed below.

A. EMERGENCY DEPARTMENT

1. USUAL SHIFT HOURS

- a. Day shift is 7 am to 7 pm and Night shift 7 pm to 7 am the following day.
- b. Schedule sent to the locum physician ahead of time may include consecutive work shifts as stipulated in the HNDH policy related to the ED.

- c. Locum ED physician is not required to stay on site after hours and is expected to respond to pages or calls as they arise, as per HNDH policy related to the ED.

2. ED STAFFING

- A. 1 RN with 2 RPNs are part of the day shift staff working with the ED physician. There is 1 RN with 1 RPN for the night shift.
- B. Local physician back-up (e.g. hospitalist) may be called in for urgent circumstances or in cases where ED volumes are exceedingly high due to dealing with emergent cases and non-urgent/less-urgent cases are high (see section V.E.3 for additional details).

3. ADMISSIONS/ED LONG-STAY

- A. Patients are admitted to the hospitalist on duty (see section V. B. for additional details)
- B. ED long-stay patients should have overnight “Holding Orders” as needed; the locum ED physician should provide a handover report as needed to the incoming ED physician.
- C. The locum ED physician must arrange the transfer of all patients to another MD prior to their departure from Hearst by direct physician to physician transfer; an appropriate handover should be provided.

4. TRANSFERS

- A. Transfers may be accepted from other hospitals if there are available beds. This occurs via direct physician-to-physician discussion. Depending on the situation, the patient may be sent to the ED on transfer or directly to the acute floor under the care of the hospitalist.
 - a. Patients transferred to the ED from another hospital require registration to the ED and assessment to be completed. The ED physician may opt to have the patient admitted after the assessment.
 - b. Patients transferred directly to the acute care floor from another hospital will require an admission by the hospitalist.

5. ED DEPARTMENT PROTOCOLS

Please see Emergency Department Nursing Staff for any protocols or recent important communications.

V. ACUTE CARE

Medical unit with 23 beds; all specialties admitted: OBS/Peds, palliative, cardiac, surgical, medical, psychiatric, etc. Critical patients are usually transferred to tertiary care centres.

STAFFING

Nursing staff:

- o RNs, RPNs and PSWs are assigned to work on the unit
- o There is one Acute care manager on site Monday to Friday from 8am to 4 pm.

- o There is a director on call 24/7

The total patient care model is used on Acute floor and we have an Automated Dispensing Unit for medications.

A. HOSPITALIST PROGRAM

In-patient coverage of designated patients on the Active Care Unit is to be covered by a hospitalist physician on a weekly basis. The hospitalist will be scheduled for a one-week rotation, from Friday to handover the following Friday. The hospitalist will be required to provide 24-hour hospitalist care for all existing and new patients. The hospitalist will be responsible for all hospitalized patients on the acute floor except obstetrical patients or patients admitted to the general surgeon. He or she may, however, be asked to assist in the care of these patients from time to time.

The hospitalist will work collaboratively with the Active Care staff and with the Discharge Planner to appropriately care for all patients under the program. He or she will participate in multidisciplinary rounds every Wednesday at 11am, to plan for the ongoing care and disposition of patients.

B. ADMISSIONS

The hospitalist will assess and admit all new patients admitted to the program. During the day (8:00 – 17:00), once a decision has been made to admit the patient, the ED physician should notify the hospitalist. The hospitalist will then assess the patient in the ED, write the admission orders and dictate the admission history and physical. In the evenings and overnight (17:00 – 8:00), the ED physician will write holding admission orders, and cover the patient until the following morning. Verbal handover of the admitted patient may be given that evening or the following morning as deemed appropriate.

C. TRANSFER OF CARE

At the beginning of each Hospitalist week, typically on a Friday morning, the new physician will take verbal handover from the previous hospitalist on all patients. Written transfer notes should also be completed in the chart by the previous hospitalist on duty before transfer of care. Transfer notes should include the list of active problems and current management as well as resolved issues during the course in hospital.

D. DISCHARGES

A discharge summary is required for all patients with the exception of those discharged from hospital within 24 hours of admission.

E. OTHER RESPONSIBILITIES OF THE HOSPITALIST

Surgical Assist

Given that the hospitalist is already on call for the hospitalist service, he or she will also be the first call for surgical assist for elective and emergency procedures. This task may be delegated to a resident or medical student as deemed appropriate.

Emergency Patient Overflow

In the event that the patient load is too great in the ED, and the patient flow is affected to the point that patients with CTAS 1, 2 or 3 can't be assessed or stabilized in a timely manner or that wait times are over 8 hours for patients triaged as CTAS 4 or 5, the hospitalist may assist the physician in the emergency department as deemed appropriate.

Long-Term Care Patients

See Section VI. C.

NEW - Obstetrical Patients

In the event of an emergent vaginal delivery where transfer of obstetrical patient is contraindicated, you will be called to assist with obstetrical patient. Responsibilities may involve assisting with vaginal delivery and care of the newborn along with ER physician, GP anesthesiologist, RT and other local physicians depending on availability. (See Annexe 2 attached in the document and also Obstetrical Services for Hearst and surrounding area residents)

VI. FOYER DES PIONNIERS/CHRONIC CARE FLOOR

A. CHRONIC CARE

The chronic care ward is located on the second floor of the hospital.

B. FOYER DES PIONNIERS

The 67 bed long-term care home is located beside the hospital.

C. COVERAGE FOR LONG-TERM CARE PATIENTS

Long-term care patients will continue to be covered by their community family physicians. The patient's family physician should be contacted for non-urgent or semi-urgent issues during the day (8:00 – 17:00). The ED physician will be contacted for any emergent issues (day or night). The patient may need to be brought to the ED depending on the situation. The hospitalist may be contacted by the Foyer des Pionniers or chronic care ward for semi-urgent matters when the MRP is away on vacation or after hours. He or she is expected to either give verbal orders or go assess the patient at the Foyer des Pionniers or chronic care ward as deemed appropriate.

VII. RELATED/RELEVANT HOSPITAL POLICIES

All information is on SURGE LEARNING under Governance/Board-medical staff procedure

ANNEXE 1

List of Consultants and Resources for the Community of Hearst

Most Forms are available in Practice Solutions EMR with the wording outlined in this document. If you do not have access to Practice Solutions EMR, just ask a clerk/nurse to help you find the form

NORD-ASKI FHT SERVICES (Form: FHT Referral 2023)

- Nursing
- Nutrition (Dietitian)
- Mental Health (Counselling)
- Social Work

CARDIOLOGY

- ECG/Holter
 - o Through RT services (Form: NDH Respiratory Therapy Services)
- Echocardiogram
 - o Done at Sensenbrenner Hospital in Kapuskasing (Form: Sensenbrenner Cardiology Referral 2021)
- Exercise Stress Test
 - o Done in Hearst by Dr. Boucher (Form: NDH Respiratory Therapy Services)
- Cardiology consultation in Hearst – Dr. Boucher (Form: Request for Clinic booking/Clinique Externe NDH (2020))
- Cardiology consultation in Sudbury (Form: MyHealth – Cardiology Now – Apr2021)
- Note: Persantine test in Timmins need to be ordered by cardiologist/internist (family physicians cannot directly refer)

CHRONIC PAIN

- North Bay Regional Pain Management Clinic (Form: North Bay RHC Pain Management Clinic...)
- Sudbury Integrated Pain Clinic (referral form found online: <https://www.hsnsudbury.ca>)
- Allevio Pain Management in North York (Form: Allevio Pain Management Referral 2016)

- For patient seeking Medical Cannabis (Form: Referral Form for Patient Seeking Medical Cannabis...)

DERMATOLOGY

- OTN Dermatology Consult (Form: FHT OTN Dermatology Referral Form 2018)
- Locum Dr. Singh in Timmins (Form: Req for Clinic Booking TDH (2014)) or through Ocean Toolbar
- Dr. Giroux located in Sudbury
- Dr. Tiffany Parsons located in Sudbury

GASTROENTEROLOGY

- Dr. Adesanya located in Timmins

GENERAL SURGERY

- Upper endoscopy and colonoscopy performed by Dr. Fragiskos in Hearst or locum general surgeon
- Locum General Surgeons in Hearst (Form: Req for Clinic booking/Clinique Externe NDH (2020))
- ERCP service
 - o Dr. William Harris in Thunder Bay
 - o Dr. John Snider in Sudbury
 - o Dr. Kortan in Toronto (Phone #416-864-3094)

GERIATRIC MEDICINE

- Memory Clinic in Hearst (Referral NAFHT MINT CLINIC)
- For mental health & dementia (Form: Services de Counselling: Seniors' Mental Health Program...)

GYNECOLOGY & OBSTETRICS

- Prenatal care and perinatal care (Prenatal Clinic to start in July 2023)
- Locum Gynecologist in Hearst (Form: Req for Clinic booking/Clinique Externe NDH (2020))
 - o Dr. McIntyre
- Termination of Pregnancy (Form: Thunder Bay HSC Termination of Pregnancy Referral Form)

INTERNAL MEDICINE

- Locum Dr. Boucher in Hearst (Form: Req for Clinic booking/Clinique Externe NDH (2020))
- Dr. Parmar located in Timmins

MAID

- Dr. Talbot-Lemaire in Hearst

NEPHROLOGY

- Locums in Kapuskasing (Form: Sensenbrenner - Request for Clinic Bookings 2021)
- Dr. Parmar located in Timmins

NEUROLOGY

- Locum Dr. Borrett in Kapuskasing (Form: Sensenbrenner - Request for Clinic Bookings 2021)
- Thunder Bay: Dr. Yaman Hassan, Dr. Ghazala Basir
- Sudbury: Dr. Salil Gupta, Dr. Cizy Matthew, Dr. Ravinder Singh (stroke specialist)

NEUROSURGERY/LOW BACK PAIN

- Timmins: Rapid access clinic low back pain (referring physician needs to complete course before access to referral form through ISAEC (<http://www.isaec.org/isaec-registration.html>))
- Thunder Bay Spine (Form: Thunder Bay Rapid Access Clinic Spine Program Referral)
- Sudbury Spine (Form: Sudbury Neurosurgical Associates Spine Referral 2020)

ONCOLOGY

- Lung DAP program
 - o Sudbury (Form: Northeast Cancer Centre Lung Cancer Outpatient Referral Form)
 - o Thunder Bay (Form: Thunder Bay Health Sciences Centre Lung Diagnostic Assessment...)
- Oncology Referral
 - o Sudbury (Form: Northeast Cancer Centre New Patient Referral Form 2018)
 - o Thunder Bay (Form: Thunder Bay RHSC Cancer Care Referral Form 2015)

OPHTHALMOLOGY

- Dr. Oliver located in Timmins

ORTHOPEDIC SURGEON

- Locums in Hearst (Form: Req for Clinic booking/Clinique Externe NDH (2020))
 - o Dr. Lafontaine
 - o Dr. Kumar
- Timmins North Eastern Joint Assessment Program (Form: NEJAC 2019)
- Thunder Bay Regional Joint Assessment Program (Form: Thunder Bay RJAC Hip and Knee Referral Form 2018)
- Thunder Bay Shoulder Clinic (Form: Thunder Bay HSC Rapid Access clinic Shoulder Referral Form)

OTOLARYNGOLOGY

- Locum Dr. Abdel-Hamid in Hearst (Form: Req for Clinic booking/Clinique Externe NDH (2020))
- Locum ENT in Kapuskasing (Form: Sensenbrenner - Request for Clinic Bookings 2021)
- Dr. Ethier located in Timmins

PEDIATRICS

- Locums in Hearst (Form: Req for Clinic booking/Clinique Externe NDH (2020))
 - o Dr. Gobburu
 - o Dr. Verbeek Jr.
- Timmins: Dr. Dominic Ansari, Dr. William Smith, Dr. Willem Verbeek

PLASTIC SURGERY

- For carpal tunnel syndrome
 - o Performed by locum surgeons in Hearst (Dr. Bertucci, Dr. Kumar, Dr. Lafontaine)
- For trigger finger release
 - o Performed by locum surgeon (Dr. Kumar)
- Sudbury: Dr. Andre De Greef, Dr. Amanda Fortin (amongst others)
- Thunder Bay: Dr. Sanjay Azad

PSYCHIATRY

- OTN Psychiatry consult through CAMH (Form: CAMH 2019)

- Locum Psychiatry through Hearst Counselling Services (Form: Services de Counselling HKS – Formulaire de référence pour médecin 2022)

RHEUMATOLOGY

- Locum Dr. Khalfan in Hearst (Form: Req for Clinic booking/Clinique Externe NDH (2020))
- Women's College Hospital Rheumatology Program in Toronto

UROLOGY

- Locum Dr. Butt in Hearst (Form: Req for Clinic booking/Clinique Externe NDH (2020))
- Locum Dr. Lang in Kapuskasing (Form: Sensenbrenner - Request for Clinic Bookings 2021)
- Dr. Lang located in Timmins

VASCULAR SURGERY

- Group of vascular surgeon located in Sudbury (Form: Sudbury Vascular Laboratory Referral Form 2018)
 - o Dr. Fenton
 - o Dr. Pudupakkam
 - o Dr. Willoughby

ANNEXE 2

CODE « OB »

HEARST NOTRE-DAME HOSPITAL EMERGENCY DELIVERY PROTOCOL

1. Call for HELP - **Call a Code OB overhead**
 - **AIM TO MOVE PATIENT TO ACUTE FLOOR ASAP**
 - **AIM TO CALL IN AT LEAST TWO PHYSICIANS FOR THE DELIVERY AND ONE PHYSICIAN (ANESTHESIA OR RT) FOR THE CARE OF THE NEWBORN**
 - a. The ER physician and the hospitalist are the two services that are formally on-call, call them first
 - b. Call Dr. Talbot-Lemaire, Dr. Gauvin, Dr. Fournier or Dr. Aghdampour for additional help with the delivery (aiming for at least two physicians for the delivery)*
 - i. Dr. Marjolaine Talbot-Lemaire (705-373-2978)
 - ii. Dr. Lianne Gauvin (705-373-0474)
 - iii. Dr. Shyanne Fournier (705-372-3433)
 - iv. Dr. Maryam Aghdam Pour (416-702-7690)
 - c. Call the RT on-call (Danny Mitron) and/or the GP Anesthetist on-call (Dr. Martin Papineau or replacement) for neonatal care
 - i. Danny Mitron (705-372-8804)
 - ii. Dr. Martin Papineau (705-372-3403)
 - d. Call OB nurse on-call
 - e. **Advise closest general surgeon in Hearst or in Kapuskasing with C-section capability to come urgently to the hospital in case of C-section (or to be on standby) depending on situation and estimated degree of risk**
 - f. For immediate advice, ask to speak to the obstetrician on-call in Thunder Bay by calling switchboard at **807-684-6001** or calling Labour & Delivery Dept. at **807-684-6540**. Some Obstetricians may be able to connect with you by OTN for better assistance in case of an emergency situation (NDH OTN site #0026, get unit in Providence room (System #2) and connect directly in birthing room)
 - g. Call on site paramedics if available to help with delivery
2. Proceed with the Emergency Department Delivery Maternal Order Set
3. Proceed with the Emergency Department Delivery Newborn Order Set

*Given that these physicians are not formally on-call for this service, recognize that they may not be available

ANNEXE 3

Type of test	Testing available on site	Available STAT	Available only during WEEKDAYS
Chemistry	Na+ (sodium) K+ (potassium) Crea (Creatinine) Uric (Uric Acid) B-HcG (HCG Quant) Glu (Glucose) BUN (urea) Ca+ (Calcium) Phos (Phosphorous) TP (Total Protein) LIPA (Lipase) ACET (Acetaminophen) CL- (Chlorine) ECO2 (Carbon Dioxide) Lactate (Lactic Acid) Fe (Iron) BU (Unconjugated Bilirubin) BC (conjugated Bilirubin) LDH (Lactate Dehydrogenase) CK (Creatinine Kinase) ALT (Alanine Aminotransferase) AST (Aspartate Aminotransferase) GGT (Gamma-glutamyl Transferase) hs-Trop (High sensitivity troponin) ALKP (Alkaline Phosphatase) CHOL (Cholesterol) dHDL (High density Lipoprotein) Mg (Magnesium) Trig (Triglyceride) SALI (Salicylate) ALC (alcohol) PHYT (Phenytoin)	Blood Gases Glucose Electrolytes (Sodium, Potassium, Chloride) Creatinine Urea Uric Acid (TDH only) Calcium, Total Phosphate Magnesium Enzymes (Alkaline Phosphatase, Amylase (Except for TDH and KL), LDH, Total CK, AST, ALT, GGT) and Lipase Bilirubin, Total and Direct Troponin Total Protein Acetaminophen Ethanol Salicylate Total Iron (for suspected toxicity) Urinalysis Urine Pregnancy Test B-HCG, Urine Drug Screen The following will be done for cases of suspected toxicity <ul style="list-style-type: none"> Phenytoin 	TSH (Thyroid Stimulating Hormone)* Ferr (Ferritin)* FT4 (Free T4)* HBA1C (Glycosylated Hemoglobin)*

Urine Chemistry	Urinalysis and microscopic analysis when required Urine qualitative pregnancy test Urine creatinine and 24-hour Creatinine Clearance		
Hematology (available on site)	CBC (manual differential and morphology when required) Rapid Malaria Screening PT PTT D-Dimer ESR Body fluid cell counts and crystal identification (Monosodium urate and Calcium	CBC with auto Differential CSF examination ESR (in case of “Temporal Arteritis”) Rapid Malaria Screening	
Blood gases	Venous Blood Gas Arterial Blood Gas Cord Blood Gas		
Transfusion Medicine (blood bank)	Blood Group Crossmatch Antibody Screen	Group and Screen Crossmatch	Antibody Screen (not performed on site and sent to Sudbury)*
Blood Products - On Site	4 O positive packed Red Blood Cells 4 O negative packed Red blood cells 4 AB Negative Frozen Plasma Albumin 25% RHlg 1500 IU/L Octaplex 3000IU/L Fibrinogen Concentrate (8 grams) C1 esterase	INR ,PTT, D-Dimer, Fibrinogen	
Immunology	Infectious mononucleosis Screen RA screen		
Rapid Urine Drug Screen	Amphetamines (Amp) Methamphetamines (MAMP) Barbiturates (BAR)		

for Drugs of Abuse	Benzodiazepines (BZO) Cannabinoids (THC) Cocaine (COC) Fentanyl (FEN) Methadone (MTD) Opiates (OPI) Oxycodone (OXY) Phencyclidine (PCP) Tricyclic Antidepressants (TCA)		
Microbiology	CSF gram stain Positive blood cultures Other body fluids gram stains on request	CSF gram stain Positive blood cultures Other body fluids gram stains on request	
<p>*Anything not on the list above is not performed in house and will have to be referred out for testing. Turnaround times can vary.</p> <p>*When send out testing is ordered on the weekend, it will not leave until Monday at 1pm with our courier, please be vigilant of this and attempt to wait for Monday morning if possible.</p>			

APPLICATION FOR THE MENTORSHIP PROGRAM IN HEARST

This program is intended to support new graduates or locums that work in Hearst and would like extra clinical support by an experienced clinician in the community. In turn, the clinician providing mentorship is remunerated for being available and providing support when needed.

If you would like to access the mentorship program, please fill out the information below.

Name of mentee: _____

Best contact information: _____

Requested period of mentorship (dates): _____

Clinical expertise requested please circle all that apply:

Obstetrics Emergency Medicine Hospitalist Service Family Medicine

Assigned Mentor #1: _____

Dates available (Mentor #1): _____

Best contact information for Mentor #1: _____

Assigned Mentor #2: _____

Dates available (Mentor #2): _____

Best contact information for Mentor #2: _____

Once the form is completed, it should be distributed to all involved parties.

This form also serves as documentation for payment of mentor by Hearst LEG