



TOFINO GENERAL HOSPITAL



Physician Orientation Manual

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Welcome Message

Šaahyitsapaquwił, *A place where people go to get well!*

Tofino General Hospital (TGH) is a 10 bed hospital and Emergency Room located in a rural setting on the West Coast of Vancouver Island. The hospital is located in the village of Tofino, on the traditional, unceded territory of the Tla-o-qui-aht people. The hospital serves residents and visitors of Tofino, Ucluelet, and the Nuuchahnulth communities (Hesquiaht [Hot Springs] Ahousaht, Opitsaht [Meares Island], Esowista and Tyhistanis [Long Beach], Hitacu and Macoah). The year-round population is approximately 6,000 and roughly 50% of the populations are First Nations. Tofino is a tourism destination and in the summer months this area will have 25,000 people per day visiting.

Territorial Acknowledgement

Healthy Lands. Healthy People. We acknowledge and recognize these homelands, and the stewardship of the Nuuchahnulth people of this land; it is with humility we continue to work toward building our relationship. 2018 marked the unveiling of a welcome banner offering Nuuchahnulth words for the Tofino General Hospital “Šaahyitsapaquwił”, (pronounced, shah yit sa pa qu wilth) and translating to “A place where people go to get well.”

This manual has been created to introduce you to the hospital, clinics and medical resources available through this hospital and offer an overview of what you can expect working here.

We recommend that you make arrangements with your host physician, or their colleague, to have a tour of the hospital.

There is a dedicated team of professionals working at Tofino General Hospital and we look forward to your contributions.

Sincerely,

Michelle Hanna, Rural Site Director

Office 250-725-4005

Cell 250-266-0607

Fax 250-725-4017

Michelle.Hanna@viha.ca

Dr. Carrie Marshall, Rural Site Medical Director

Office 250-726-7332

Cell 250-266-2593

Fax 250-726-7333

carriesmarshall@gmail.com

Location and Driving

DRIVING: Access to the Central West Coast of Vancouver Island is via Hwy 4 through Port Alberni and along the West Coast. The highway is having some upgrades completed. Expect delays and check for closures on Drive BC.

- Fuel up in Port Alberni
- Ensure the vehicle you are driving is mechanically sound
- Carry a VIHA Emergency Vehicle Kit
- Snow tires are legally required October-April
- Two areas that encounter snow in winter are the Port Alberni Summit (the “hump”) when entering the Alberni Valley and “Sutton Pass” on Hwy 4 just past Sproat Lake. Both areas have Drive BC camera views available.
<http://images.drivebc.ca/bchighwaycam/pub/html/www/207.html>
- The road to the coast has a speed limit of 80 km/hr unless otherwise signed in white. There are multiple switchback corners taken at reduced speed...pay attention to the signs.
- If you are holding up traffic behind you, please use the signed pullouts to allow others more familiar with the road, to pass.
- There is limited cell phone service from the Sprout Lake Landing until close to the junction of Hwy 4. Snow Creek has brief cell coverage/wifi.
- If you are involved in an accident, move your vehicle as far as possible off the road and wave down a driver to make a 911 call for you, as soon as they have cell phone coverage, with instructions for what you need.

Link to local area map: <https://www.islandhealth.ca/our-locations/hospitals-health-centre-locations/tofino-general-hospital>

Flying to the Area: Pacific Coast Airlines, Harbour Air Seaplanes and Tofino Airlines ...provide daily flights from Vancouver to the Tofino airport. Flying is often impacted by weather, however alternate arrangements will be made if required. (ie bus, taxi, next clear airspace and bus, etc.).

Flying in the area: Atleo Air and Tofino Air provides local flight services. Workers tend to travel by boat to more remote, offshore sites as the second option is more affordable.

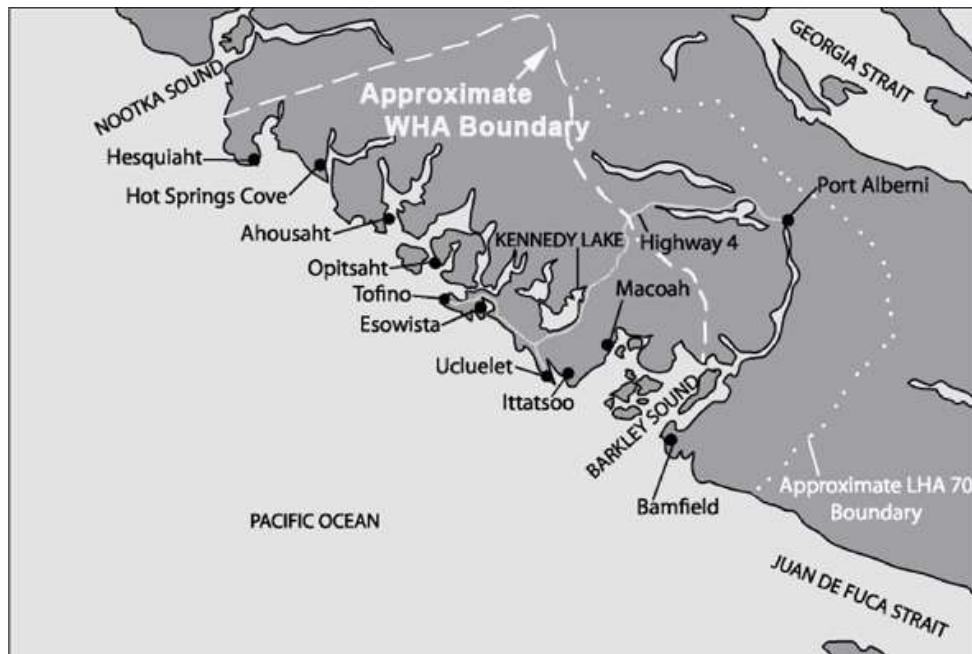


Figure 1. The West Health Area is located on the central west side of Vancouver Island, from Sutton Pass in the east to the Pacific Ocean in the west, and from Estevan Point in the northwest to Barkley Sound in the southwest. It includes part of the Alberni-Clayoquot Regional District.

Geographic factors play a significant role in determining accessibility and transport options in the region. Although the majority of the communities are accessible by road (Highway 4 & Pacific Rim Highway) several First Nation communities are located in remote areas and are accessible by only boat or float plane.

Local Travel times to nearest Acute Care Hospital (depending on conditions):

Road:	Ucluelet to TGH	35 min
	Tofino to WCGH	1.5-2 hrs
	Esowista to TGH	20 min
	Hitacu (Ittatsoo) to TGH	45 min
	Airport to TGH	20 min
Boat:	Hesquiaht/HotSprings to TGH	1.5 hrs -2.0 hrs (possible air option)
	Ahousaht to TGH	35-45 min (possible air option)
	Opitsaht to TGH	10 min

Air Transport: There is a heliport at TGH, and alternative landing at the Tofino Airport and is weather dependent (ie: fog, storms). Fixed wing is not available at night.

Medical Staff and Clinics

The Medical Leader is Dr. Carrie Marshall Carrie.Marshall@viha.ca

Hours of Operation for the General Public

Tonquin Medical Clinic: Monday to Friday 0930-noon and 1330-1700

Drs. Armstrong, Foerster, Williston and Yagos

220 First Street, PO Box 189

Phone: 250-725-3282

Tofino, BC V0R 2Z0

Unlisted: 250-725-3315

Fax 250-725-3215

Ucluelet Medical Clinic: Tuesday to Friday 1000-1300 and 1415-1600

Drs. Foerster, Horn and Marshall

1566 Peninsula Road, PO Box 1090

Phone: 250-726-4443

Ucluelet, BC V0R 3A0

Unlisted: 250-726-7332

Fax: 250-726-7333

Ahousaht Medical Clinic (Cha chum hi yup): Mon- Wed 1100-1600, Thurs 1330-1600

Drs. Armstrong and Yagos

Closed Friday

Phone: 250-670-2509

Fax: 250-670-2517

Hot Springs Cove: virtual clinics every other week

Dr. Karin Kilpatrick, (First Nations Health Authority)

Phone: 250-670-1104 (not confidential line)

Fax: 250-670-1102 (not confidential line)

Monday	Tuesday	Wednesday	Thursday	Friday
Tonquin Medical Clinic				
Williston Yagos	Yagos Foerster	Armstrong Horn	Williston Yagos	Williston Foerster
Ucluelet Medical Clinic				
Closed	Marshall Horn	Marshall Foerster	Marshall Horn/Foerster	Marshall Horn
Ahousaht Medical Clinic (Cha chum hi yup):			1330-1700	
Armstrong 12-5	Armstrong 12-5	Yagos 11-4	Armstrong	Closed
Hot Springs Cove Dr. Kilpatrick conducting virtual clinics every other week				
Closed	Closed	Closed	Closed	Closed

Facilities Layout

The following is a list of services and resources found on the two floors of the hospital. Please arrange for an orientation with your host physician or alternate.



floor plans.pdf

Main Floor:

Admitting	Nursing Clinical Lead office
Nursing Station	Rural Director, West Coast office
Doctors' Dictation Office	Staff Lounge
Emergency Room and Cast Room	Pharmacy Room
Trauma Room	Ambulance Bay
Acute patient wing and Patient Lounge	Imaging Department
Maternity Room (emergencies only)	

Lower Level:

Laboratory	Housekeeping office
Physician's On-call room	CSR/Inventory Office
Multipurpose Room	Staff Change Room – not gender specific
Administration Office	Mental Health & Substance Use Offices
Morgue	Home Care Nurse Office
Dietary Department	Liaison Nurse Office
Laundry	Rehab office (PT, OT, Rehab Assistant)

Telephones

VIHA operates the telephone system on CISCO which is a VIHA supported network (not Telus). They operate on data lines, not telephone lines. There are five digit codes within TGH and the VIHA to direct dial. To dial out of the hospital, press 9 first.

Computer Access and Powerchart Training

If you are new to VIHA, the credentialing department through Nanaimo Regional General Hospital will be working with you to complete the credentialing process. You will be emailed a user name and computer password. They will also make arrangements for Powerchart training. Any issues with computer access after you have received your user name and password, call IMIT (Information Management/Information Technology) at 18777 on a CISCO phone or 250-370-8777.

Photo ID

Your VIHA photos identification is usually at the hospital if you are new to VIHA. Please wear your ID in the hospital.

Physician's On-call Room

The physician's on-call room is located in the basement. There is a small room with computer access and a bed. The code for the door is 2017 – also opens with a master key.

Emergency Codes

TGH has a group that meets to plan, prepare and practice for “code orange” – mass casualties or a disaster. The hospital has a “disaster board” located in the maternity hall that outlines some of the planning and provides information about the town. This area is seismic and Tofino has tsunami sirens at the beaches. You can view the induction zone maps for Tofino (shown at 15 meters) and Ucluelet (20 meters) on the disaster board. The hospital is on high ground at 21 meters above sea level.

Codes at TGH will be announced on the overhead pager by dialing 792 and speaking into the phone as follows:

CODE RED	FIRE	CODE YELLOW	MISSING PATIENT
CODE BLUE	CARDIAC ARREST	CODE BLACK	BOMB THREAT
CODE ORANGE	DISASTER/MASS CASUALTIES	CODE WHITE	AGGRESSION
CODE GREEN	EVACUATION	CODE BROWN	HAZARDOUS SPILL
		CODE GREY	SYSTEM FAILURE

The hospital has monthly fire ‘drills’ that are identified by announcing “exercise, exercise, exercise” prior to announcing code red. Twice a year there are code orange exercises. Unless otherwise directed, available staff muster at admitting. In the event of a disaster, secure your family and report to the hospital through the rear doors at the back parking lot.

Medical On-Call Availability Program (MOCAP)

The on-call schedule is located on line and is posted in the nurses’ station. Any changes to the schedule **MUST** be written on the schedule in the nurses’ station. Do not remove the schedule.

Admitting – Health Records

Hours: Daily: 0730 to 2300 h

Paperwork:

- If this is the first time you have worked at TGH we require a sample of your signature.
- Admitting ensures that physicians have signed off on all orders, emergency sheets and ECG's that have been returned from reading. For your own billing purposes please feel free to take the **pink** copy of the Emergency form. The yellow copy is then sent to the applicable local clinic. ***The original white ER form or any inpatient charts are not to leave the hospital.***
- Any outstanding paperwork will be placed in your slot in the Doctor's dictation room.
- When all paperwork has been completed please place it in the purple box (under the call schedule) at the nurses' station, we will sort from there.
- WCB, Dept of Veteran's Affairs, Dept of National Defense – If you are taking the completed report for your billing service please leave us a copy.

Fees collected:

- Money collected on your behalf for self-responsible patients (i.e. out of country – NRC and uninsured residents or Quebec residents) will be sent to the NRGH Finance Department who then in turn reimburses you by cheque either directly or through the clinic you are working from.
- Fee schedules are posted in the Doctor's dictation room. **You are responsible** for providing us with a fee for service if the patient is NRC or self pay.

Transcription:

- There is a direct line and directions in the Doctor's dictation room.
- When discharge dictation is completed on inpatient charts please stamp with "Dictated but not read" and place in the purple box at the nurses' station.

On Call Cell phone:

- Available from Admitting for the duration of your stay.
- If you choose to use your own cell phone we cannot pay for any long-distance charges during your locum assignment.

LABORATORY

Phone: 250-725-4006 ext 64986

Fax: 250-725-4015

ON CALL CELL 250-726-5343

TGH Operating Hours Inpatient/ED)

Monday – Friday 0700-2000

Weekends and holidays 0700-1500

TGH Operating Hours – Outpatient Hours

Monday and Friday 1230-1430

Tuesday, Wednesday and Thursday 0830-1130

Ucluelet Medical Clinic Collection Lab

Tuesdays and Thursdays 0800-1300

Locums and /or ERP's are requested to put the name of the family physician and their MSP number on lab forms in order that reports are forwarded to the appropriate clinic.

When the laboratories are closed, a technologist is “on call” for “**STAT**” work @ TGH, only. The technologist should be called by the RN or a physician and can only do the tests listed on the “STAT” list unless the tests are approved by a pathologist at Nanaimo Regional General Hospital.

SPECIMENS

Collection

Venous and capillary blood specimens are collected from patients by the laboratory technologists. Other specimens such as swabs and inpatient urines are collected by the nursing staff or physicians.

The laboratory does not require booking of tests ahead of time, but would appreciate notice of planned glucose tolerance tests.

Outpatients

The laboratory at the hospital is the only diagnostic laboratory in the Tofino/Ucluelet area and provides these services to the outpatient population as well as hospital patients. Every outpatient must have a completed requisition form, signed by the physician to obtain laboratory work.

RESPONSE TIMES

STAT

To be used only when a life-threatening situation exists. Consult the list of tests designated as available for “STAT”. Requests must be communicated directly to a technologist by telephone. These results will be given priority by the laboratory and results will be telephoned to the physician as soon as the tests are completed. Results for most “STAT” tests will be completed within one hour after blood collection.

ASAP (As Soon As Possible)

This level is possible during regular laboratory hours. Monday – Friday 0700-2000. Weekends and Statutory holidays 0700-1500. This level of testing does not warrant a “call back” outside of lab hours. Should be used where there is no immediate medical emergency but test results would help to determine immediate diagnosis or therapy. This request is given priority over routine work. Results for most “ASAP” tests will be available within two hours after blood collection.

Routine

Orders other than STAT or ASAP are considered routine and will be processed during the normal hours of laboratory operations. Requisitions for routine testing must be completed and received by the laboratory at the 0800. Any orders requested between 1330-1600 hours must be a TODAY order if the physician wants it done that day. Any order requested after 1600 hours must be on a STAT basis. Please use this mechanism only when necessary. Results for most “routine” tests, run in-house, will be completed the same day.

Daily

Inpatient requisitions must be completed for and received by the laboratory prior to 0730 h. on the day the test is required. A requisition is required for every blood draw.

Please see attached in and out patient Laboratory requisitions.



LABORATORY REQUEST BLOOD

This form when completed constitutes a referral to VIHA laboratory physicians
All Red areas MUST be completed by the requestor

ORDERING PHYSICIAN: _____
Print first and last name clearly; include middle initial

MSP PRACTITIONER #: _____

COPY OF RESULTS TO: _____

DATE REQUIRED: _____

- ROUTINE
- STAT, collection and testing
- SYSTEM UTILIZATION
- TIMED, time required: _____
- STAT collection only
- NON-LAB COLLECTION type/dev: a

Collected by: _____ Time: _____ Date: _____

PATIENT NAME

LOCATION

MRN #

PHONE

BIRTHDATE

PATIENT ADDRESS

inpatient requisition

Use Transfusion Medicine Requisition for Blood Product Requests

Accession # (Lab Use only)

DIAGNOSIS AND RELATED TEST INFORMATION

Bolded test names available STAT (* indicates limited to specific diagnosis, see back page) Requisitions must be submitted prior to facility cut-off time for early morning collection

HEMATOLOGY	COAGULATION	IMMUNOLOGY	TRANSFUSION MEDICINE
<input type="checkbox"/> Hematology profile <input type="checkbox"/> RBC morphology <input type="checkbox"/> Reticulocyte count <input type="checkbox"/> Mononucleosis screen <input type="checkbox"/> Malarial parasites <input type="checkbox"/> G6PD <input type="checkbox"/> Hemoglobin F Kleihauer	Check (✓) applicable box <input type="checkbox"/> No anticoagulant <input type="checkbox"/> Coumadin/Warfarin <input type="checkbox"/> Heparin <input type="checkbox"/> LMWH <input type="checkbox"/> Fibrinolytic (Streptokinase, TPA) <input type="checkbox"/> Other anticoagulant _____ <input type="checkbox"/> INR <input type="checkbox"/> PTT <input type="checkbox"/> Fibrinogen <input type="checkbox"/> D-Dimer* <input type="checkbox"/> Lupus inhibitor panel	<input type="checkbox"/> ANA <input type="checkbox"/> ANCA <input type="checkbox"/> DNA double stranded Ab <input type="checkbox"/> ENA Ab <input type="checkbox"/> Rheumatoid factor <input type="checkbox"/> Mitochondrial Ab <input type="checkbox"/> Smooth muscle Ab <input type="checkbox"/> Thyroid specific peroxidase Ab <input type="checkbox"/> Cardiolipin Ab Special procedures available by (Hemato) Pathologist consultation	<input type="checkbox"/> Bone donation <input type="checkbox"/> Direct antiglobulin test (DAT) <input type="checkbox"/> Cold agglutinin screen <input type="checkbox"/> Hemolytic disease of newborn investigation (HDN) <input type="checkbox"/> Newborn Rh type Mother's name: _____ Mother's MRN: _____

CHEMISTRY	Endocrine Tests	Cardiac Tests
<input type="checkbox"/> Glucose <input type="checkbox"/> Glucose fasting <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Creatinine <input type="checkbox"/> Electrolyte <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Chloride <input type="checkbox"/> Carbon dioxide total <input type="checkbox"/> Albumin level <input type="checkbox"/> Alkaline phosphatase <input type="checkbox"/> Amylase <input type="checkbox"/> ALT <input type="checkbox"/> Bilirubin total <input type="checkbox"/> Bilirubin conjugated <input type="checkbox"/> Calcium <input type="checkbox"/> Calcium ionized	<input type="checkbox"/> GGTP <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> Lactate <input type="checkbox"/> Lipase <input type="checkbox"/> Magnesium* <input type="checkbox"/> Osmolality calculated <input type="checkbox"/> Osmolality measured <input type="checkbox"/> Protein total <input type="checkbox"/> Protein electrophoresis <input type="checkbox"/> Phosphorus <input type="checkbox"/> Uric Acid Anemia Tests <input type="checkbox"/> Iron & iron binding capacity <input type="checkbox"/> Ferritin <input type="checkbox"/> Vitamin B 12	<input type="checkbox"/> Troponin <input type="checkbox"/> Baseline <input type="checkbox"/> Timed <small>(indicate time required above)</small> <input type="checkbox"/> BNP/NT-proBNP <input type="checkbox"/> CK* <input type="checkbox"/> Lipid profile (if checked LDL reported) <input type="checkbox"/> Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> HDL <input type="checkbox"/> C Reactive Protein* Toxicology Tests <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ethanol <input type="checkbox"/> Salicylate <input type="checkbox"/> Tricyclic semi-quantitative

DRUG MONITORING - THERAPEUTIC*	WHOLE BLOOD TESTS
Dose: _____ Time of last dose: _____ Time of next dose: _____ Time Required: _____ Aminoglycoside concentration (select one) <input type="checkbox"/> Gentamicin <input type="checkbox"/> Tobramycin <input type="checkbox"/> Amikacin Requested measurement (must select one) <input type="checkbox"/> Low dose - trough <input type="checkbox"/> Low dose - peak <input type="checkbox"/> High dose - (q24h) trough <input type="checkbox"/> Hartford dose - (6 - 12h post-dose) <input type="checkbox"/> Random See back page for dosage regimen	<input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Capillary <input type="checkbox"/> Cord <input type="checkbox"/> Blood gases (pH, pCO ₂ , pO ₂) <input type="checkbox"/> Acute blood gases FIO ₂ _____ SPO ₂ _____ Resp rate _____ Other _____

HEPATITIS AND HIV TESTING*	BLOOD CULTURE*
<input type="checkbox"/> Hepatitis screen ACUTE (HBsAg, Anti-HBs, Anti-HBc Total, Anti-HCV, Anti-HAV IgM) <input type="checkbox"/> Hepatitis screen CHRONIC/previous (HBsAg, Anti-HBs, Anti-HBc Total, Anti-HCV) <input type="checkbox"/> Hepatitis B surface antigen CARRIER (HBsAg) <input type="checkbox"/> Hepatitis B surface antibody IMMUNITY (anti-HBs) <input type="checkbox"/> Hepatitis A antibody IgG IMMUNITY (anti-HAV IgG) <input type="checkbox"/> EXPOSED person (blood or body fluid exposure) <input type="checkbox"/> SOURCE person (blood or body fluid exposure) <input type="checkbox"/> HIV (Ag/Ab Combo)	Antibiotics _____ Indicate if unusual pathogen suspected _____ <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Fungal <input type="checkbox"/> TB or AFB

18 - 05 - 1389 - 0 Revised Mar 2016 * See back page

Laboratory STAT Test List

Chemistry Blood Tests	Hematology Blood Tests
Electrolytes	Complete Blood Count
Sodium	D Dimer – if pulmonary embolism presentation
Potassium	Fibrinogen
Chloride	PTT/PT INR
Carbon dioxide total	Blood parasites
Toxicology tests	Microbiology Tests
Acetaminophen	Blood culture sample collection
Ethanol	CSF, sterile body fluids, vitreous/aqueous humour
Salicylate	
Cardiac tests	Transfusion Medicine Tests
Troponin	Antibody screen / Antibody Investigation
BNP/NT-proBNP	Blood group
ALT	Cross match
Bilirubin	Eligibility for Rh γ globulin
Blood gases (pH, pCO ₂ , pO ₂) – Arterial, Venous and Capillary samples only	Body Fluid Tests
Calcium/Calcium Ionized	Cell count and differential
Carboxyhemoglobin	Crystals
Creatinine	Fetal fibronectin/plGFb1
CK – for rhabdomyolysis only	CSF Glucose
C Reactive Protein - for temporal arteritis and polymyalgia rheumatica only (ESR if CRP not available)	CSF Protein
Digoxin - if indicated by ECG changes or clinical history	Routine urinalysis tests (Macroscopic, Microscopic)
Glucose	Anatomic Pathology – discussion with pathologist required
hCG (quantitative) – if ectopic presentation	Intra-operative consult
Lactate	Lymphoma protocol
Lipase	
Magnesium - if indicated by ECG changes	
Osmolality (measured)	System Utilization – if prompt Medical Imaging service is required
Phosphorus	hCG (qualitative) as a pregnancy test
Uric acid	Creatinine as a marker of renal function
Other tests - only after the ordering physician has obtained the approval of a laboratory physician	

Medical Imaging

Phone: 250-725-4129 (64129)

On Call Cell 250-726-5228

Operating Hours

Monday – Friday 0900 – 1700 Thanksgiving to Victoria Day weekend.

Victoria Day to Thanksgiving 7 days a week summer 0900-1700

Department is closed 1200-1300 daily.

ECG and 24 Hour Holter Monitor available. **All Holter monitors must be booked.**

- Locums and /or ERP's are requested to put the name of the family physician and their MSP number on the form in order that reports are forwarded to the appropriate clinic.
- A Physician must examine the patient before initiating the callback of the technologist.
- Technologists are scheduled for callback for **emergency examinations only.**
- Once the technician on call has performed the emergency examination, the callback is complete. The technician is not required to perform non-emergency examinations during a callback.

ULTRASOUND IS NOT AVAILABLE AT TOFINO GENERAL HOSPITAL. Nearest facility with ultrasound is West Coast General Hospital, Port Alberni.

IF YOU DO NOT HAVE A PACS ACCOUNT TO VIEW X-RAYS PLEASE APPLY FOR COMPUTER

ACCESS. <http://cipacs.viha.ca/IntelePACS/Home> **In the top right corner choose Create New**

Account. This then takes you to sign a confidentiality agreement and then onto the actual account application.

Monday and Thursday – Radiologist at WCG at local **48157**

Tuesday and Wednesday – Radiologist covering from NRGH at local **56961**

Fridays – Radiologist covering from NRGH at local **54303**

Please see attached Medical Imaging Department requisitions.

**MEDICAL IMAGING
DEPARTMENT**

Tofino General Hospital
Bpx 190, 251 Nellie Street,
Tofino, BC V0R 2Z0.
(250) 725-4010

• X-RAY REQUISITION •

DATE: _____ TIME: _____
 PATIENT NAME: _____
 BIRTHDATE: _____
 PHN: _____
 MSP WCB ICBC OTHER
 DR. MAKING REQUEST: _____
 STAT REPORT CONTACT #: _____
 EXTRA COPIES TO: _____

EXAMINATION: 1. _____
 2. _____
 ROUTINE URGENT STAT

THIS SECTION MUST BE COMPLETED FOR ALL PATIENTS

Infection Control Precautions: Yes No

SPECIFY TYPE:

Contact _____
 Airborne _____
 Droplet _____

WALKS WHEELCHAIR STRETCHER MOBILE

TECH NOTES: _____

DATE: _____

HISTORY: _____

RELEVANT PREVIOUS EXAMS: _____

PLEASE BRING THIS REQUISITION WITH YOU TO THE MEDICAL IMAGING DEPARTMENT

**EXAMINATIONS REQUIRING APPOINTMENTS –
FAX 250-725-4014 OR PHONE 250-725-4010**

INTRAVENOUS PYELOGRAM
 Egt. no solid food after 8:00 pm the day before your test. You may have clear fluids, no coffee or tea, from then until 1 hour before your exam, then nothing by mouth. This examination will take approximately 1 hour.

EXAMINATIONS NOT NEEDING APPOINTMENTS CAN BE DONE:

**MONDAY TO THURSDAY BETWEEN THE HOURS OF 9:00 AM – 5:00 PM
 FRIDAY BETWEEN THE HOURS OF 9:00 AM – 3:30 PM**

CLOSED BETWEEN 12:00 P.M. – 1:00 P.M. MONDAY THROUGH FRIDAY

TGH X-Ray Req Revised December 2010

Maternity Care

TGH is a “Non-Designated Obstetrical Facility” **EMERGENCY OBSTETRICS ONLY**

Clinical Considerations for Transfer

The outcome for the sick or at-risk neonate is improved when the unborn infant is transported in utero (antenatally) to a referral centre that can provide immediate intensive neonatal evaluation and support/stabilization.

Transfer should be considered when resources immediately available in the local community are not adequate to manage term labour and birth, preterm labour and birth, or possible labour or birth complications, and transport can occur safely with minimal risk to the mother/fetus or neonate, and the transport team.

Criteria to consider when assessing a potential maternal/fetal or neonate transport include:

- Availability of the appropriate level of neonatal or obstetrical care.
- Risk of transport to the mother/fetus, or neonate due to unstable clinical condition.
- Risk of delivery en route.
- Neonate’s ability to tolerate the inherent stress of transport.
- Availability of experienced transport attendants.
- Travel distance/time and current/impending weather conditions.

Indication for maternal transfer may include:

- Term labour in a non-designated obstetrical facility (**Tofino General Hospital**) or obstetrical centre on diversion.
- Preterm labour.
- Preterm rupture of membranes.
- Severe gestational hypertension with proteinuria and adverse features.
- Antepartum hemorrhage.
- Obstetrical emergencies such as cord prolapse or ruptured uterus in communities with absence of O.R. capability.
- Medical complications of pregnancy such as diabetes, renal disease, amnionitis, hepatitis.
- Multiple gestation.
- Intrauterine growth restriction.
- Inadequate progress in labour.
- Malpresentation.
- Fetal anomalies.
- Maternal trauma.
- Non-reassuring fetal surveillance.

Neonate transfer is indicated when the resources at the site are inadequate for the level of care required by the neonate.

Requirements that need to be met prior to initiating a transfer include:

- Maternal, fetal, or neonate condition not stabilized.
- Delivery imminent or risk of delivering en route e.g.: multiparous in active labour.
- No experienced attendants are available to accompany the woman/fetus/neonate.
- Weather conditions are hazardous for travel.

Out of Town, Outpatient Non-Stress Test Referrals & Procedure TGH

- 1. Any Doctor on Vancouver Island ordering a NST, must be credentialed at TGH. * If not locally credentialed Family Practitioner can order NST on a day that they are in the clinic to read it. Requesting OB/GYN should also receive a copy of the FH strip.**
- 2. All reading of outpatient FH strips is the responsibility of the referring physician.**
- 3. Nurses should perform the test and fax the strip(s) to the referring physician clinic.**
- 4. At the time of fax, please indicate strip has not been read and you want a return fax confirming receipt of the strip or phone call. Chart on the ER form that strip was forwarded and the results when hear back from the doctor.**
- 5. If the patient wants to leave they must sign AMA form.**

Non-stress tests and other outpatient routine procedures, tests, etc will only be performed during business hours Monday-Friday 0800-1600 when a local physician is working at the clinic to read it.

NOTE: Dr. Fouad, Obstetrician from WCGH/Port Alberni is in his clinics Monday and Thursday and will tell his patients to try and come on those days in the morning. Then he will be sure to be there to read.

Nursing: On-Call, Nursing, Emergency

On-Call

- Physician On-Call runs from 0800 – 1800 hours for days and 1800 – 0800 for nights. One Doctor is on call for the Emergency Department. The master call schedule is located in the Nursing Station. Any changes to the Call Schedule MUST BE written on this copy by the physician making the change.
- Weekend on-call physician is expected to see the patients they admitted through the weekend, and on Monday prior to leaving.
- Non-emergent cases are sent to the medical clinics during clinic office hours. There is one clinic in Tofino and one clinic in Ucluelet.

Staffing is TIGHT

- 2 RN's and 1 LPN work 24/7 on two shifts (0730-1930 and 1930-0730). We work as in interdisciplinary team.

Clinical Coordinator: Monday-Friday 0730-1530

Is focused on the improvement of quality and safety outcomes for patients. CC oversee patient care coordination, assess health risks, develop quality improvement strategies, facilitate team communication, and implement evidence-based solutions at the unit level.

Care Transition Liaison Nurse/Aboriginal Liaison: There are two Liaison Nurses covering seven days a week 0830-4:30 weekdays and 1000-1800 weekends.

Works with a multidisciplinary team to plan, organize, implement and coordinate discharge for west coast clients with chronic, acute, palliative or rehabilitative health care needs in both hospital and community settings. Work to enhance Aboriginal people's access to services by providing: assessments, direct nursing care, case management, health teaching to clients, support consultation, liaison and referral while functioning as a member of a multidisciplinary team

Nursing

- Cover Inpatient and Emergency Room.
- It is not always possible to find additional nurses for transfers or emergency OBS.
- Please do not disrupt the Nurses during their half hour meal breaks unless an emergency.

Emergency Department

The Emergency room has three general bays and a separate room for casting or gynaecological examinations. The trauma room is across the hall. There is a portable casting cart.

There are three crash carts in the hospital; one in the Trauma Room, one in the hall outside the Emergency Department and one in Room 5 (Cardiac Inpatient Room).

- Triage based on CTAS (Canadian Triage & Assessment Scale – CAEP)
- The nurse cannot make the decision that the patient can wait until another time to see a physician therefore the on call physician will be contacted.
- Telephone advice by Nurse is not encouraged nor permitted.

Elective procedures to be done in ER are to be booked in advance, ie: mole removals, cast changes, etc. and should be carried out between 0800 – 1600 Monday – Friday when other department staff are available for emergencies. Please avoid noon hour and/or at end of clinic day/evenings/weekends.

Admissions and Repatriations

There is a Repatriation Policy re: accepting back patients from our area within 48 hours of a request. Please check with RN In-Charge prior to accepting returning patients re: beds, patient mix, clinical supply and rehab needs, acuity and immediate staffing levels PRIOR to accepting.

Discharges

Discharge time is 11:00 a.m. Please notify, as soon as known, anticipated date of patient discharge to facilitate planning for community supports. The Multi-disciplinary meeting is on Wednesdays at 0830 for inpatient care planning and discharge.

Medications

Medication is supplied to TGH by West Coast General Hospital in Port Alberni. Only those medications listed in the hospital formulary are stocked at TGH. Patients visiting the ER after pharmacy hours may receive a starter pack to carry them over until the community pharmacy is open for business.

Security

There is a security guard May through to September twenty-four hours per day. October to April security is 1800-0600.

The hospital is equipped with video surveillance cameras. Staff have “Lifelines” that if activated will alert police to attend the hospital.

Public Health

Public Health

Child, Youth and Family Services

Phone: 250-725-4020

265 First Street PO Box 1078

Fax: 250-725-4019

Tofino, BC V0R 2Z0

Office Hours:

- **ADMIN Assistant:**

Monday-Friday 0900-1300

- **NURSE:**

TOFINO: Monday, Wednesday and Thursday 0830-1630

UCLUELET: Tuesday and Friday 0830-1630

Services include:

Immunization Services Pediatric and Adult

Pre and post natal teaching and follow up

Breast feeding Support

Pediatric Health Assessment, Growth Monitoring, Developmental Assessment

Referrals:

Pediatric OT

Pediatric Physio

Infant Development

Speech and Language Pathologist

Tuberculosis testing and screening

Communicable disease information

Youth Clinic Sexual Health Services @ USS

Pregnancy Testing

Contraception

STI testing and screening

Sexual Health Education

Mental Health & Substance Use

Main Office 272 Main Street

Ucluelet, BC V0R 3A0

Phone: 250-726-1282

Monday – Friday 0830-1600

After hours or crisis services through Vancouver Island Crisis Line 250-753-2495 or 1-877-753-2495. chat@vicrisis.ca crisis text @250-800-3806 1800-2200 h. www.vicrisis.ca

Satellite Office Tofino General Hospital

Lower level 261 Neill Street, Tofino BC V0R 2Z0

Hours vary – use the Main Office contact

Services: assessment services and continuing case management to **adults** living with chronic and severe mental health and addiction issues. We also make referrals to community agencies for those people who may benefit from services other than our own. Our service is voluntary. Along with community-based services, we offer assessment and referral services as requested by Tofino General Hospital physicians.

Referrals: we accept referrals from anyone in the community. Some examples of referral sources include the individual seeking service, community service providers, and other health care providers. A physician must make a referral to our consulting psychiatrist.

All referrals are triaged through an intake/assessment process. As requested and deemed appropriate, referrals are assigned to a clinician or referred to a more appropriate service. Through this process it is also determined whether or not a psychiatric consult is appropriate.

Generally, referrals from physicians are faxed to us on the attached form. Hospital referrals are to be phoned in or made using the referral form. They will be attended to as soon as a clinician is available.

Referring physicians can expect a letter from the assigned clinician outlining when the initial visit took place and any assessment or treatment information as appropriate. Psychiatric reports are also sent to the referring physician.



**West Coast Mental Health and Substance Use
And
Discovery Youth and Family Substance Use
Services**

Please Fax to
250-726-2681

PLEASE PRINT LEGIBLY

PATIENT INFORMATION																																																
Name: Last _____ First _____ Alias? _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>																																																
DOB (dd-mm-yyyy): _____ PHN: V _____ Address: _____																																																
MRN #: _____ Phone # Home: _____ Work/Other: _____																																																
REFERRAL INFORMATION																																																
Date of Referral: _____ Source of Referral: _____																																																
Family Physician: _____ Phone: _____ Private Line: _____ Fax: _____																																																
Date of last physical exam: _____ Is patient supportive of this referral? Y <input type="checkbox"/> N <input type="checkbox"/>																																																
REASON FOR REFERRAL																																																
CURRENT CLINICAL FEATURES - Please check all that apply																																																
<p>Risk factors:</p> <p><input type="checkbox"/> Risk of harm to others <input type="checkbox"/> plan? _____ <input type="checkbox"/> means available</p> <p><input type="checkbox"/> Risk of harm to self <input type="checkbox"/> plan? _____ <input type="checkbox"/> means available</p> <p><input type="checkbox"/> Suicide attempt history <input type="checkbox"/> method _____</p> <p><input type="checkbox"/> Recent actions taken to a suicidal/homicide plan (e.g. writing will, procuring means, giving away belongings)</p> <p><input type="checkbox"/> Behaviour influenced by delusions/hallucinations</p> <p><input type="checkbox"/> Patient is experiencing command hallucinations</p> <p><input type="checkbox"/> Chronic Self Neglect</p> <p><input type="checkbox"/> Serious complicating medical problem?</p> <p>Please describe any risk factors identified: _____</p>	<p><input type="checkbox"/> Pronounced and/or Resistant Depression <input type="checkbox"/> Chronic Emotional/Behavioural Instability</p> <p><input type="checkbox"/> Psychotic Symptoms <input type="checkbox"/> Generalized Anxiety</p> <p><input type="checkbox"/> Manic-Hypomanic Symptoms <input type="checkbox"/> Panic Attacks</p> <p><input type="checkbox"/> Major Cognitive Impairment/Dysorganization <input type="checkbox"/> Social Phobia</p> <p><input type="checkbox"/> Unstable/Lack of Housing <input type="checkbox"/> Obsessive/Compulsive Behaviours</p> <p><input type="checkbox"/> Other: _____</p> <p>PHYSICIAN CURRENT TREATMENT (Please check all that apply) - See also the 3 additional pages</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Level</th> <th>UD</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td></tr> <tr><td>4. _____</td><td></td><td></td></tr> </tbody> </table> <p>Medical History and Investigations (Please check all that apply) - See also the 3 additional pages</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>1. _____</td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td></tr> <tr><td>4. _____</td><td></td><td></td></tr> </tbody> </table> <p>Systems or Drug/Alcohol Abuse (Please check all that apply) - See also the 3 additional pages</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>System</th> <th>Typical Method</th> <th>Quantity</th> <th>Frequency</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td><td></td></tr> <tr><td>4. _____</td><td></td><td></td><td></td></tr> </tbody> </table>	Type	Level	UD	1. _____			2. _____			3. _____			4. _____			1. _____			2. _____			3. _____			4. _____			System	Typical Method	Quantity	Frequency	1. _____				2. _____				3. _____				4. _____			
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<p>Physicians can consult with a Mental Health and Addictions Inmate worker by calling (250) 726-1282.</p> <p>The referral will be processed once intake has received this form.</p> <p style="text-align: right;">2019.21.04</p>																																																
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Other Community Services

Home and Community Care

All new patient referrals for Home and Community Care must be made through **The Primary Care Referral form**. See form for correct numbers to fax to.

Services: wound care, palliative symptom management, injections, catheter care, ostomy teaching, diabetes follow-up. There are two Home Care Nurses scheduled in Ucluelet and Tofino. Please see white board at Admitting/Medical Records door for current schedule.

Community Health Workers are coordinated by Home Supports in Port Alberni. All phone messages are check by supervisors regularly, seven days a week. **Phone: 1-250-731-1313**

First Nations: patients living on reserve. Community care is provided by nurses and Community Health Workers employed by the NTC (Nu-chah-nulth Tribal Council). **Referrals can be made through the Primary Care Referral form. Please indicate if the patient is living on Reserve.**

Diabetes Education Centre (Port Alberni) Provides initial patient education and liaises with physicians doing insulin starts and dose adjustments. Referral is made directly via the **phone 1-250-724-8824 or fax 1-250-724-8848**. The nurse educator and dietician visit Tofino once a month, approximately 10 months a year.

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Integrated Health Network Assists Primary Care Physicians with patient cohort groups and chronic disease management. The team of health professionals visit approximately once a month to both Ucluelet and Tofino.

Local attractions:

Tofino is a 'resort municipality' recognizing tourism as a primary industry in this area. As such, there are many opportunities to experience this area as recommended by the Tourism Tofino website at <http://www.tourismtofino.com/> and the Pacific Rim Visitors Centre website at <http://www.pacificrimvisitor.ca/default.php>

Accommodations

If VIHA accommodations have been arranged, your directions and keys will be at the Admitting desk. None of the Tofino accommodation permit pets or smoking.

Please contact the Administrative Assistant, Marnel (Marny) Saunders with any questions or concerns 250-725-4010 extension 64122. Marnel.Saunders@viha.ca

Thank you for taking the time to review this material and we hope you enjoy your time at the Tofino General Hospital.