Physician Onboarding

Welcome and thank you for becoming a part of Fairchild Medical Department's Emergency Medicine team! Practicing in a different department always comes with a learning curve; however, this information is here to make the transition as smooth as possible for you. Here are some basic tips that we think may be helpful to you as you start work at our facility.

Day 1 Schedule

- First half of the day - You will be meeting with our IT department (either Jay Mais or Jeremy Dyer) who will train you on using our EMR system.
    - Adjuncts to our EMR that improve efficiency and ease of charting include use of Dragon along with having scribes that work 7 days/week from 1100 to 2300.
- Second half of the day – You will be coming to the ED to shadow the daytime provider until 1700 at time of shift change. During this period, you will be assuming care of patients and having the daytime provider there to assist you with any questions that arise. All of the providers are more than willing to help out, never hesitate to ask. We also have a great Mid-Level provider, Revaz Boukiah, PA who can further assist with any questions that may come up. We are also in the process of obtaining another Mid-Level provider, so there will be even further resources to help you during shifts.

Frequently Asked Questions

- Specialties
    - Specialties in house at FMC – Hospitalist, Pediatrics, OB/GYN, Orthopedics, General Surgery, Podiatry.
    - Specialties available via Telemedicine – Stroke Neurology, Behavioral Health, Pulmonology/Critical Care.
    - If patients require other specialties acutely, they must be transferred out. All hemodialysis patients need to be transferred out if they are requiring admission as we do not have ability to perform dialysis.
    - On-call specialist – There is a sheet that is updated daily in the ED provider office. Please review this list at the start of your shift to determine what specialists to contact for various cases.
- Admissions
    - If during daytime hours (0800-1800) – contact case management prior to speaking with hospitalist.
    - If the patient's PCP is Dr. Riger (our only internist that admits patients himself) – he must be contacted to admit his patient. He may decide not to admit, but he must decline the admission prior to the hospitalist being contacted.
    - If the patient is a non-Dr. Riger patient, call 9-643-6207 and speak with the hospitalist regarding the admission. Depending on the hospitalist, you may be asked to place basic admission orders.

- Transfers
    - STEMI transfers are sent directly to Asante Rogue Regional Medical Center (ARRMC is in Medford, OR) – Please see STEMI sheet that is placed on board near bookshelf in ED provider's office.
    - Pediatric transfers – any pediatric patients requiring an ICU will require transfer to either UC Davis, Sutter Health, OHSU, or other tertiary center that has PICU availability. Our pediatrician at FMC should be contacted first, however the decision will still be made to transfer these patients.
        - Less critical, but borderline pediatric patients should have the pediatrician come in and evaluate them prior to admission. This is to prevent wasted resources that may occur if the pediatrician changes their mind after they personally evaluate the patient.
    - Trauma transfers – Quickest transfer acceptance is with Mercy Redding. An alternative close trauma facility would be ARRMC.
        - These trauma transfers are accepted as an ED to ED transfer.
    - General transfers otherwise are based on discussion with the hospitalist or surgeon first and can be to any accepting facility (start with contacting closest facilities – ARRMC (Medford, OR), Mercy Redding (Redding, CA), and Providence (Medford, OR). Once these facilities are contacted, you may continue down the list of other facilities (please see the list of contact numbers for these transfers to the left of the ED provider desk).
- Methods of transfer out from FMC – Notify the RN or ED clerk when you have determined a patient will require transfer. It is preferred that patient be sent via air if they are critical; however, there may be delays due to weather and crew availability. If the delay is prolonged or you have a ground crew available and an RN that can go with the patient, send the patient via ground ambulance. The quickest way is the best way.
    - The clerk is there to make the phone calls regarding obtaining the method of transport. They are very seasoned in their positions and can be very helpful in their recommendations. It would be wise to listen if they begin recommending an alternative method of transport.
- Resources to help with transfers – If you are slammed on shift and are running into difficulties getting a patient accepted at another facility, do not hesitate to contact the Case Manager (6263) during daytime hours. They can help make phone calls and find an accepting facility.
- Alerts that are paged overhead –
    - Stroke – Any patient with suspected stroke or any focal deficits, a "Code Stroke" must be paged overhead and the specific acute stroke orderset must be used.
    - Trauma – There are two levels of activations: Trauma alert and Trauma Activation.
        - Trauma Alert – May or may not be called overhead. Avoid calling overhead at night.
        - Trauma Activation – Must be called overhead, regardless of time of day.
- Diversions – Please look at the protocol. There are very narrow parameters that allow for this. They must be approved by nursing supervisor, our CEO, etc.
- Policies – Please review these. They are located under FMC-DOCS on your computer.

- CVA patients – We are currently working on becoming a Primary Stroke Receiving Center. This will allow us to continue to provide quality care to this subset of patients. There are several
    - Stroke Guidelines are now available under FMC Docs link → Medical Staff Resources/Privileges → AHA/ASA Guidelines
    - The order set for acute CVA patients must be used.
    - When using the part of the order set regarding radiology (ct head/ct-a head/neck), you must specify the symptoms the patient is experiencing, not just say "CVA". You may place this in the free text area of the box.
    - All CVA patients must have a telemed neurology consult for uniformity of care. This is not optional.
    - ABCD2 scores must be documented for all TIA patients to help risk stratify for admit v. discharge. Keep TIA patients NPO if they are high risk/admitted patients as there is the possibility that they are actually having a CVA.
    - NIHSS score and time of this exam for every stroke patient needs to be documented.
    - If tPA was not given, there must be a documented reason why it was not given (even if it is seemingly obvious, the reason needs to be stated on the chart).
    - When admitting stroke patients, it is best that the hospitalist places the admit orders. If it is between the hours of midnight and 0600 and we want to help our hospitalist colleagues out by placing holding orders for them, the admission stroke order set must be used (not the skeleton admit order set that is commonly used).
- Helpful phone numbers are listed on Updated Phone Directory on left side of computer monitor in the ED provider office. Also, if you are having IT issues, dial 5000 for assistance.
- PICC lines are available sometimes during the daytime hours (usually until 1800). You may ask the nursing supervisor to contact one of our providers who perform these lines to check their availability. This can be useful if the patient is requiring IV access and is a very difficult otherwise for IV access or one that may require pressors in the near future.

For any other possible questions, any of our current providers are happy and willing to assist you. You may also contact me directly at my cell #541-973-1840. Thank you for joining our team and we look forward to working with you!

Sincerely,

Emily Sander, MD