

Boone Health Emergency Department Introduction / Onboarding

(v. 06/Aug22)

Welcome to the Boone Hospital Emergency Department!

Boone Hospital is a community hospital owned and operated for the benefit of the residents of Boone County. Its Board of Trustees is comprised of community members who are elected by Boone County residents. In the past, the Board hired BJC to run the hospital. As of April 2020, the hospital is now independent and unaffiliated with a larger health system. Boone is a true county hospital.

The Boone ED provides care for all, but we see a predominantly older patients with complicated histories.

Boone patients are very loyal and appreciative. We ask you to honor this loyalty and always treat our patients with compassion and respect.

The Department

The ED has 16 rooms, with 2 flexible fast-track style chairs next to triage ("Beds" 17 and 18).

Behind the ED is the Multi-Purpose "Infusion and Treatment Center". This area has multiple rooms used for procedures, outpatient infusions, specialist appointment etc. This also functions as an ED overflow area and currently has rooms 19-22. If we are busy and we have enough providers and nursing, we open these additional rooms.

There is always a Unit Secretary in the ED, multiple Patient Care Techs and, during the day, a lab tech. Radiology techs are close by, Respiratory Therapy is a phone call away when they are needed (call 3355 then say "R.T.").

EMR

After you log in, the three apps we recommend you immediately open are:

- 1) Meditech. The main EMR
- 2) M Modal. Dictation software
- 3) PICOM. The PACS. This requires you log in using your complete boone.health email and password, not just your username.

If you log in using your badge, the login/password should fill in automatically.

Meditech is challenging but gets the job done. Each provider has their own way of documenting their note, ask around to see what you like and make the system your own. Our main advice is to just ask another provider when you don't know how to do something, and practice practice practice.

Admissions

Most patients get admitted to the Hospitalist Service. Call them when you are ready to admit. The Hospitalists will take patients on the ward/floor and Step-Down. If you are a moonlighting resident or a mid-level provider, please discuss EVERY admission with the attending physician.

Other admitting services:

- General Surgery
- Neurosurgery
- OB/GYN
- Ortho for patients that have no significant comorbidities
- Intensivists for ICU patients from 0700-1900 (after 1900 the Hospitalist takes the call)
- Neurology

There are a few Internal Medicine doctors that function independently and usually DO NOT admit to the Hospitalists:

- Lyndell Scoles
- Wade Schondelmeyer
- Doug Vogt
- Don Delwood
- Tom Ciolino

They should be paged directly when their patients are to be admitted. DO NOT reflexively admit everyone to the Hospitalist, ask them who their primary doc is first.

The process for Admission in Meditech requires THREE STEPS:

- 1) Admit Request: When you identify that a patient will need to be admitted, immediately request a bed using the Admit Request function. Do this early if you can. Getting a bed assignment can take a long time, so it's important to start the process early. Enter yourself as the admitting provider (this will notify the house supervisor that you want a bed but you still don't have an admitting physician). In the Notes section please type in the diagnosis, COVID status, oxygen requirements, and if they are on any drips. This information is crucial to the House Supervisor so they can efficiently target a bed for the patient.
- 2) Admit to Inpatient: Once you have completed the workup, called the admitting provider and they have accepted the patient, then go to the Orders tab and order Admit to Inpatient. If the patient will need Telemetry, order it also.
- 3) At the end of your note, complete the Clinical Impression, Patient Disposition: Admitted. When the patient is ready to go upstairs, you must click Ready to Admit. This is key so the nurses can call report.

If the patient ends up needing a different bed type than your initial request (floor, step down or ICU), call the House Supervisor to notify of the change, and change in the Admit Request.

Discharge

After the encounter is complete, send the prescriptions and write any patient instructions in the field at the bottom of the note. You can also add complaint-specific information sheets which can be found at the bottom of the discharge section.

See the Attachment at the end with specific text to add to the discharge instructions in certain cases. We add these phrases as “canned text” into our Meditech which makes life easier. Take some time to input this canned text which will make your discharges more thorough and efficient.

If you need to order outpatient specialist referral or an outpatient test, it is done with a paper order. The order sheet is in the provider work room. Make sure you fill out the order well and be specific about complaint/diagnosis.

Stroke/STEMI

Stroke. We have 24/7 Neurology inhouse and they respond to all acute strokes, during the day the Neurologist is also inhouse. You may activate a code stroke by telling the unit secretary. We also have Interventional Radiology capable of performing emergency neuro procedures.

STEMI. Interventional Cardiology is always available to come in emergently.

Please document well on all of these Time Critical Diagnoses: Time they presented, Last Known Well, When they went to CT, When they got back, Time cath lab called in, etc etc etc

ECG

ECGs are immediately brought to one of the providers. Sign it legibly so we know who read it, TIME IT, and give it back to the tech or the secretary. The secretary will then scan it into Meditech. DO NOT keep the ECGs at your workstation.

Please make sure the quality of the tracing is good, if it is not then write CANCEL across the ECG and ask the tech to repeat the study and give the cancelled one to the secretary.

Poor quality ECGs are a chronic complaint from our cardiology colleagues, and we want to help decrease their cognitive burden since they have to over-read all of them .

Consultations

The Hospitalist team is a large group of hospital employees that covers most of the inpatients. Many of our specialists will request that the Hospitalist group admit a patient, and they will consult for them.

The following specialties are available to consult from the ED, and available for outpatient referrals:

1. Cardiology
2. Neurology
3. Nephrology
4. Heme/Onc
5. Pain Management
6. Infectious Diseases
7. Pulmonary
8. Critical Care
9. Radiology/Interventional Radiology
10. OB/GYN
11. Orthopedics
12. General Surgery
13. Vascular Surgery
14. Cardiac and Thoracic Surgery
15. Urology
16. ENT
17. Ophthalmology (they are all Retinologists)
18. Podiatry
19. Anesthesiology

We do not have Pediatric specialties or Maxillofacial Surgery. There are a couple of Dermatologists on staff (Drs Perry and Schiavo) that will take your call but they aren't officially "on-call". We have one Plastic Surgeon who does NOT do hand, he is available during the day mainly for messy faces.

Social Work

Our Emergency Department is particular in that we have EXCELLENT Social Work support. If one of our social workers is in the Department, they can be found walking around the ED or in their office. Their office extension is 6936. They are very helpful with difficult patient dispositions, mental health problems, addiction, etc. Please use them.

The Missouri Hospital Association has created a program called EPIC which provides 24-hour emergency response to patients with opiate addiction or overdose. They can come in quickly, consult with the patient and arrange outpatient Suboxone treatment. Make sure you offer this, as needed. The contact number is posted in multiple locations in the ED.

Outpatient Referrals and Tests

We have a paper and fax-based process for outpatient referrals and tests. Next to the whiteboard in the provider work room, you will find a stack of Forms.

Fill out the form COMPLETELY if you want the patient to be referred to a provider (this can include Primary Care). The secretary will fax it to the appropriate clinic.

You may order SIMPLE AND INEXPENSIVE outpatient tests like X Rays, treadmill stress tests, holter monitors, etc. DO NOT order expensive tests because insurance companies will require pre-authorization and that will lead to lots of phone calls and patient dissatisfaction (this includes Stress SestaMIBI, MRIs, etc)

Meditech

Meditech is our EMR, it is not the best. Over time, you can become quite efficient with it, but it takes a lot of practice.

Here are some suggestions:

- Copy the attached phrases into your Meditech QuickText menu. These phrases, which are predominantly discharge information, make the process a lot quicker
- Optimize your “widgets”. From inside a patient chart, go to Menu/Widget Preferences and click on the REFERENCE tab. This is where you can modify all of the information that appears on the right hand column. Make sure you have ED POC which shows you the point-of-care urine hCG, and EDM TRIAGE DATA which shows you the nurse triage note.
- “Star” your most commonly used orders. This can be medications, imaging studies, admission order, telemetry, anything
- Chart Viewer, also found in the Menu when you open a patient chart, will create a new browser tab with a non-editable copy of the patient chart. You can drag this tab out to create a new side by side window with a copy of the chart. This is helpful when you are documenting and want to review old notes and exam results.
- A phrase in your chart like the following will ensure the billing/coding people don’t find deficiencies in your charting:
“I reviewed the HPI, ROS and PFSH documentation recorded by others in the medical record and supplemented my note as needed. I also reviewed the nursing notes for today’s encounter.”
- “Typicals” will make your life easier. I have a “Typical” for my main note and just modify it.

Attachment 1. Quick Text Suggestions

We encourage you to copy/paste these into Meditech as QuickTexts. These will help improve your documentation and discharge instructions.

Critical Care

Due to a high probability of clinically significant, life threatening deterioration, the patient required my highest level of preparedness to intervene emergently and I personally spent this critical care time directly and personally managing the patient. This critical care time included obtaining a history; examining the patient; pulse oximetry; ordering and review of studies; arranging urgent treatment with development of a management plan; evaluation of patient's response to treatment; frequent reassessment; and, discussions with other providers. This critical care time was performed to assess and manage the high probability of imminent, life-threatening deterioration that could result in multi-organ failure. It was exclusive of separately billable procedures and treating other patients and teaching time.

Total Critical Care Time: XX mins

Outpatient GI Procedure

An outpatient order will be faxed to the Gastrointestinal Associates Clinic within one (1) business day.

Almost all gastrointestinal procedures are scheduled by our GI physicians clinics staff. Please feel free to reach out to the GI clinic and procedure center directly if you have not heard from them in two (2) business days, their phone number is 573-777-8818.

Midlevel Provider Attestation

I performed the substantive portion the visit. I reviewed the NP/PAs documentation and agree with the NP/PAs assessment and plan of care.

Orthopedics Outpatient Follow Up

Hello,

My name is Doctor Robertson, and I am the Trauma Surgeon for the Columbia Orthopaedic Group. If you are receiving this letter, you have been diagnosed with a fracture (broken bone). Please call my nurse, Tricia Massey at 573-441-3746 to make an appointment with me during normal business hours (Monday through Friday between 7:30 am and 4:30 pm). You will be directed to my nurse, Tricia Massey. She is with me in clinic from 8 am - 11:30 am every morning, and may not be able to return your call

immediately, so please be patient. Most fractures need to be seen within one week from injury, so please contact my office as soon as possible to schedule an appointment. Keep in mind that if your fracture is stable enough to be sent home from the emergency room, then the need for emergent treatment is unlikely. Rest assured that you will be seen in a timely fashion, and well cared for. Keep your injured extremity elevated as much as possible to minimize the swelling. Occasionally, you will be asked to come to my office on an empty stomach, in case surgery is required. Do not be nervous if that is the case. The final decision will not be made until after I see you and spend time explaining your injury and all treatment options, giving you the ability to make an informed decision. So hang in there, and my fracture team and I will get you through this and on the road to recovery.

Sincerely,

Michael Robertson, MD

Director of Orthopaedic Trauma/Boone Hospital Center

Outpatient Test

An outpatient order for your test will be faxed to Centralized Scheduling at Boone Health Center within one (1) business day.

Please feel free to reach out to Centralized Scheduling at Boone Health Center to schedule your test(s) directly. The phone number for Centralized Scheduling is 573-815-8150.

Outpatient Referral

A referral to "Name of Practice" will be faxed within 24 hours. The clinic should will call you, hopefully within three (3) business days, to schedule a follow up appointment.

If you do not hear back from the clinic after 3 business days, please email Sandra Winkie our administrative coordinator at sw42121@boone.health (email is preferred) for assistance. You may also call her at 573-815-6367. If Sandra is out of the office, you may also contact the Emergency Department directly at 573-815-3501 and let them know you have not heard back from the clinic you were referred to.

Suture/Staple Removal

Your wound was repaired with sutures or staples. They need to be removed in XXX days. Please call Centralized Scheduling at 573-815-8150 to make an appointment in the Infusion and Treatment Center for the removal. You can also see your primary doctor in the office to get them removed.

Chest Pain Discharge Instructions

Your Chest Pain Evaluation

You have been evaluated in the emergency department (ED) for chest pain and/or other symptoms that could be signs of a heart attack. The initial test results do NOT Indicate that you are currently having a heart attack.

The evaluation included the electrocardiogram (ECG or EKG), blood work including heart muscle enzyme tests (Troponin) and Chest x-ray.

Your Personal Risk Evaluation

Your personal risk evaluation is based upon the description of symptoms, your medical history, physical examination and test results. For people coming to the ED with similar factors, the estimated risk of a heart attack, or a major adverse cardiac event in the next 30 days is around 1 in 50 to 1 in 100.

Important note: 1 in 100 is NOT Zero in 100. Therefore, even after leaving here today, immediately return to the ED if you experience worsening discomfort in your chest, arms, neck, jaw, back or if you develop other concerning symptoms such as shortness of breath or sweatiness.

Next Steps after Discharge from the ED

Because the unexpected can occur, and the exact cause of your episode of chest discomfort is not yet known with certainty. It is vital that you call either your on doctor or the doctor we recommend by the next business day to arrange follow-up evaluation and possible further testing, ideally within three days.

Please discuss with your doctor ways to reduce the risk of developing heart disease. In general, these recommendations include a healthy diet, regular physical activity, tobacco cessation, managing conditions such as high blood pressure, high cholesterol and diabetes.

Sepsis

Is there a source of Infection and 2+ SIRS criteria? YES. NO.

(SIRS Criteria are: HR > 90 / Temp <96.8 or >100.9 / RR > 20 / WBC > 12,000 or < 4,000 or >10% Bands)

If septic, MAKE SURE the following is ordered:

- 1) Sepsis Lactate
- 2) TWO Blood Cultures
- 3) Antibiotics started less than 3 hours after Sepsis identified

If the patient meets sepsis criteria, but you DO NOT think they are actually septic, please explain why:

Mental Health / Substance Abuse Resources

If you need help controlling your drinking, smoking or drug use, contact one of the resources below:

Boone Hospital's Emergency Department Social Work: 573-815-6936

Social Detox and Residential Treatment – Self pay or no insurance:

- Phoenix Programs – 875-8880 Columbia
- Hannibal Council (HCADA) – 573-248-1196 x219 Hannibal
- Preferred Family Health – 573-632-4321(business hours only) Jefferson City
- Preferred Family Healthcare – 660-665-1962 Kirksville
- Preferred Family Healthcare – 660-359-4600 (men only) Trenton

Social Detox and Residential Treatment – Require Insurance or \$\$\$:

- Harris House – 314-631-4299 (need a funding source) St. Louis
- Valley Hope (8a to 5p) – 660-882-6547 (need a funding source) Boonville

Medically Supervised Detox – Most will require Insurance or \$\$\$

- CenterPointe Hospital - 1-800 345 5407 Columbia
- Research Medical Center – 816-276-3303 Kansas City
- Valley Hope (Modified Medical setting) – 660-882-6547 Boonville
- New Vision @ Research Medical Center – 816-276-3303 Kansas City
- New Vision – (withdrawal management) – 800-939-2273 Christian NE in St. Louis
- Capital Region – (withdrawal management) - 573-632-5817 Jefferson City
- Metropolitan St.Louis - 314-877-0500 St. Louis
- Bridgeway Behavioral Health –636-224-1210 (no \$ needed) St.Charles

Substance Abuse Treatment Services:

- Phoenix Programs (residential for men and co-ed outpatient) – 573-875-8880 Columbia, MO.
www.phoenixprogramsinc.org (no \$ needed)
- Valley Hope (co-ed residential) – 660-882-6547 Boonville, MO. (need funding) www.valleyhope.com
- Bridgeway Behavioral Health (various options St. Charles and STL county) – 636-224-1210 St. Charles / St. Louis area. www.bridgewaybh.com (no \$)
- Preferred Family Healthcare Inc. (co-ed residential and outpatient statewide) - 660-665-1962
Kirksville, MO www.pfh.org (no \$ needed)
- Turning Point – owned by HCADA (Outpatient) – 573-581-8828 Mexico, Mo

Compass Health Adult Treatment Centers

Compass Health Network's treatment model for customers with substance use and co-occurring Substance Use Disorder/Mental Illness (SUD/MI) disorders is based on the premise that addiction has a biological, psychological, and social basis and requires a holistic approach. Our model further recognizes a broad range of services and approaches must be provided to meet the specific treatment needs of each individual.

- Cedar Recovery Center – Linn Creek
- Clinton Residential and Transitional Treatment Center – Clinton
- McCambridge Women and Children's Center – Columbia
- Truman Lake Women and Children's Center – Clinton
- Warrensburg Recovery Center – Warrensburg

Call 844-853-8937 for more information.

Narcotics Anonymous

1-800-945-4673 - www.na.org

Addiction Recovery Step program: free for anyone with an alcohol or substance problem. Call to find daily meetings or talk to another recovering addict. www.midmissourina.org

Alcoholics Anonymous – 573-442-4424 www.aa.columbia.missouri.org

Mid Missouri Crisis Line – 1-888-761-4357

If you have insurance, consult the number on the back of your card for pre-authorization and coverage options. Columbia and surrounding areas have many individual therapists with substance abuse treatment knowledge. Please see your yellow pages under counselor, psychologist and psychotherapist for names and phone numbers