

MOA Café Questions

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What do I need if I have to call 911?

Cher, Robin, and Sheila answer: It can always be stressful having to call 911 - whether you're at work, at home, or out and about! Keep calm, and try out this checklist:

- Before you call, check with the doctor if they want to talk with the hospital. Also be sure to get all the information that they want to have passed on to the hospital.
- When you call, you'll first be asked if you need fire, police, or ambulance - say ambulance.
- Give your name, your clinic's name and address, the location of the ambulance entrance if necessary, the doctor's name, and a brief description of the patient's condition (e.g. We have a patient with cardiac problems.)
- Give the patient's name, DOB, further details of the condition that you know.
- The dispatcher will ask if the patient is alert, breathing normal, is bleeding or having shock symptoms. They will also ask if any special equipment or an ALS vehicle is needed.
- The doctor can be put on the phone at this point if requested.
- Is there any other information that the 911 operator needs? The dispatcher will ask you to call back if the patient condition worsens.
- Ready the office for the ambulance's arrival - open doors, clear the way of any obstacles.
- The MOA who made the call should meet the ambulance. Paramedics appreciate it if you can provide them with a patient profile including medications, allergies, PMH and emergency contacts, most EMRs can print this easily.
- The doctor should complete the VIHA Emergency Form – this should be given to the patient as well as faxed into the hospital where the patient is going.

I have referred a patient to a specialist's office. Who is responsible for what?

Cher and Sheila answer: Both MOAs have responsibilities:

The GP's office is responsible for:

- Gathering all pertinent information to send along with the referral to the specialist.
- Follow up on any additional information that the specialist's office asks for.
- Following up with the patient, if the specialist's office has sent back the appointment date and time and has indicated that the patient is not aware.
- Receiving the patient after discharge from the specialist, if applicable, and continuing to provide care to the patient.
- Let the specialist's office know if the patient cancels or passes away.

The specialist's office is responsible for:

- Receiving all pertinent information and the referral from the GP's office
- Confirming receipt of the referral with the GP's office
- Scheduling a suitable appointment
- Notifying the patient of any appointments and instructions
- Arranging all tests ordered by the specialist and/or surgeries if applicable
- Letting GP's office know the status of the appointment
- Arranging any follow-up appointments, further tests, and/or surgeries
- Keeping the GP updated and notifying of discharge with a complete consult letter.
- Contacting the GP's office if the patient doesn't show to the appointment

Both offices are responsible for:

- Communicating with the other office, and most importantly, the patient
- An indication of who is responsible for notifying the patient of the appointment and any instructions/preparation for the appointment.

The College of Physicians and Surgeons has a published Expectations document, which can be found here: <https://www.cpsbc.ca/files/pdf/PSG-Expectations-of-the-Relationship-Between-Physicians.pdf>

How do you keep track of the unique booking/clinical preferences for each doctor?

Robin answers: If you work in a multi-physician remembering what each physician's preferences are can be a challenge.

The best idea is to try and have the doctors agree on similar procedures for the majority of things, e.g. consistent set up for all exam rooms.

From there the doctors can all have their own booking preferences. The easiest way to keep track of this is on a booking grid. Please see the one attached as an example:

Doctor Booking/Room Preferences

	Doc #1	Doc #2	Doc #3	Doc #4	Doc#5	Doc #6	Doc #7
Rapid Access Appointments							
Max Per 10min slot	1	2	1	1	2	n/a	2
WCB Appointments							
Appointment Length	10	10	10	10	10	10	10
CPX Appointments							
Appointment Length	30	20	30	30	30	30	30
Height & Weight	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Blood Pressure	Yes (A)	Yes	Yes	Yes (A)	Yes	Yes	Yes
Urine	Yes	Yes	Yes	No	Yes	Yes	Yes
Women Undressed	Yes (G)	Yes (G)	Yes (G)	No (G)	Yes (G)	Yes (G)	Yes (G)
Men Undressed	Yes	Yes (B)	Yes (B)	No	Yes (B)	Yes (B)	Yes (B)
Max Per Day	2	2	2	2	2	2	2
PAP Only Appointments							
Appointment Length	20 (G)	10 (G)	10 (G)	20 (G)	10 (G)	20 (G)	20 (G)
IUD Insertion Appointments							
Appointment Length	n/a	20(C)	n/a	20 (C)	n/a	20 (C)	n/a
Prenatal Appointments							
Introductory Visit	n/a	n/a	n/a	n/a	10 (H)	n/a	n/a
Full PN Appointment Length	n/a	n/a	n/a	n/a	30 (G,H)	n/a	n/a
Follow-Up Visit Appointment Length	n/a	n/a	n/a	n/a	10 (H)	n/a	n/a
Complex Care Appointments							
Appointment Length	30	30	30	30	30	30	30
Height & Weight	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Blood Pressure	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Urine	Yes	Yes	Yes	No	Yes	Yes	Yes
Driver's Physical Appointments							
Age <80 Appointment Length	20	10	10	20	10	10	10
Age >80 Appointment Length	20	20	20	20	20	20	20
Visual Acuity	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Blood Pressure	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Counselling Appointments							
Appointment Length	20	20	20	20	20	20	20
Patients can request	Yes	Yes	Yes	Yes (D)	Yes	Yes	Yes
Pre-Op Exam Appointments							

Appointment Length Adult	20	10	20	20	10	20	20
Appointment Length Child	20	10	10	10	10	10	10
Well Child Exam Appointments							
Age <18M Appointment Length	20	20	20	20	20	20	20
Length, Weight & Head Circumference	Yes	Yes	Yes	Yes (E)	Yes	Yes	Yes
Age >18m Appointment Length	10	10	20	10	10	10	10
Height & Weight	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Surgical/Procedure Appointments							
Appointment Length	30	20 (F)	30	30	30	30	30
Injections (Not Joint)	10	0 (I)	10	0 (I)	0 (I)	10	10

Legend/Notes

- A. BP only if time
- B. Men undressed to underwear
- C. IUD Kit
- D. Can request 20min counselling appt but not 20min appt for multiple medical issues
- E. Weight Only
- F. 20min excision appointment unless patient instructed to book a different length appt
- G. PAP Slide, blue case, spatula, brush, light, gown, sheet, big q-tip, C&S swab, Ct/Gc swab
- H. Height, Weight, Urine, BP
- I. Can be fit in with another appt for quick injections like Allergy & B12

Create a Booking Preferences Grid for your own office!

- Download the template at <https://divisionsbc.ca/south-island/partnersresources>
- Work with your doctors to fill in the grid.
- Distribute the grid to all MOAs who book appointments.
- Use the grid when booking patients
- Review the grid with your doctors every 3 months – is this still working? What needs to be changed?