



## **PSYCHIATRY ON-CALL MANUAL ST. MICHAEL'S HOSPITAL**

*(Revised Wednesday, 22 June 2005)*

There are many people covering call at St. Michael's on any given day. The call schedule has been developed to try to allow the most flexibility for residents while ensuring that there is adequate coverage for the Emergency Room 24 hours a day. Weekday day coverage will continue to be provided by PGY1's doing a block in Emergency Psychiatry.

### **If you are a resident in the off-site pool:**

The form for registration with Medical Education has been forwarded to you. It is your responsibility to register before your first call! Bring your student card and college licence (Mon-Fri, 0900h-1700h, Room 1-101, Shuter Wing, Attn: Marianna Betro, Tel: (416) 864-5521, Fax: (416) 864-5322).

### **Weekday Coverage (0900h - 1700h):**

Coverage is by PGY1's doing an Emergency Psychiatry rotation with the Psychiatric Emergency Service. The PGY1 should attend morning report with the Crisis Team at 0815h in the Crisis Team office. At the end of the day, residents covering overnight must check in with them at 1700h. These residents from other sites may occasionally be a few minutes late arriving. Please try to be flexible so that there is no gap in coverage.

Crisis Team (phone (416) 864-5346, pager (416) 714-6545) is available from 0800h-2300h. Normally the crisis worker will do the preliminary assessment and assist with patient management and disposition. All patients seen in ER before 1700h on weekdays must be discussed with the Crisis Team staff psychiatrist, Dr. Ian Dawe (pager (416) 390-7206, phone (416) 864-6060 x 2694) or his designate before disposition.

For each and every patient that you see, please note on the Emergency face sheet the actual referral time and the time you responded to the request from the ER staff. Also indicate in the clinical record any reasons for delaying your assessment, eg. patient still intoxicated. Please liaise with the Crisis Team staff to record this information in the Yellow Stats Book, located in the Crisis Team office.

### **Weeknight/Overnight Call (1700h-0800h) and Weekend Call (0900h-0900h):**

At nights and on weekends the following persons are on call: First Call resident, Crisis Team worker (until 2300h), Second Call resident (until 2300h), Backup Call resident and a clinical clerk. Call begins at 1700h on weekdays and at 0900h on weekends and holidays. Both residents and the clerk are expected to be onsite at that time. On weeknights Psychiatric Emergency Staff Physicians will be present from 1700-1800h for teaching and supervision in the



Crisis Team office. On weekends and holidays on call staff will hold rounds at 0900h.

Monday to Friday at 0815h in the Crisis Team office, post call residents will present all cases seen the night before to the Crisis Team. Please have all necessary paperwork ready to give to the team (see below). Post call on weekends, please present all cases seen the night before to the on call staff psychiatrist during rounds. Again, don't forget the paperwork.

### **Changes to Call Schedule:**

Locating must be notified of all changes to the call schedule. If you are a resident based at St. Michael's, please notify Locating of call changes in person. If you are not based at St. Michael's, they will accept notification of call changes by fax (416) 864-5899.

### **Pagers:**

Residents on call must notify Locating of their pager numbers at the beginning of their shifts.

### **Call Rooms:**

You may get a call room key from the Cardinal Carter Wing Security Desk when you arrive. The resident call room is on the 17<sup>th</sup> Floor, 17-017. Please be sure to return the key after your night on call since there is only one key to go around.

### **Crisis Office Access Keys:**

Card keys for the Crisis Office are available through the Chief Resident. These are for the use of the residents who are on call. There have been problems with running out of the keys because they have not been returned, leaving other residents with no convenient way to access the Crisis Office.

### **Residents:**

The resident who is to stay in hospital overnight is designated as First Call. A second resident will be on duty on weeknights, weekends and holidays. This resident is designated as Second Call. Both First and Second Call residents remain on site until 2300h after which, if it is not busy, the Second Call resident may go home but may be called in later at the discretion of the overnight resident. There is a formal policy at St. Michael's that does not permit call splitting on weekend shifts (i.e. 1 resident works from 9am-9pm and then the second works from 9pm till 9am the next morning). The University of Toronto's Department of Psychiatry strongly discourages this unprofessional behavior and will negatively evaluate a resident who partakes in it.

PGY1's are not to do call by themselves. We already have a policy of not putting PGY1's on First Call to avoid the overnight experience for them. However, further to that, if a PGY1 is on Second Call and a Backup is called in, the Backup will do First Call. On weekends, a PGY1 should not be left alone except for a very brief period (ie. if the other resident is going for lunch or supper).

Resident duties are to provide coverage to the ER, manage the clinical condition of clients staying in the CSU, and oversee activities of the clinical clerk. Residents must also respond to Code Whites on the I/P unit or in the CSU. **Staff psychiatrists on call will cover the inpatient psychiatry ward and any inpatient consults except in emergency situations.** A situation is judged as an emergency according to the staff person's opinion. It means the situation cannot wait until staff can attend to it. Please go over any such inpatient consultations with the staff psychiatrist on call, and contact the Psychiatry Consultation-Liaison service before sign-off the next day to give them the patient's name and location for follow-up. You may leave a message on the Consultation-Liaison voice mail at (416) 864-5320.

As previously mentioned, morning report occurs at 0815h on weekdays and 0900h on weekends and holidays. In general, it is expected that both First and Second Call residents be present. However, there are exceptions to this. First, if no cases were seen by the Second Call resident, he or she is not expected to be present at the morning rounds. Second, if a straight forward case was seen by the Second Call resident **and** the First Call resident is comfortable presenting the case, including being able to discuss management issues, the Second Call resident may ask the First Call resident to present that case. This is quite an important point, as more often than not a First Call resident, while attempting to present a case, will often say *"I cannot read this handwriting, I'm not sure why they did not certify the patient, I think the patient went home with a family member,"* etc. which leaves the morning staff psychiatrist uncomfortable with the disposition. It is therefore important that if, as a Second Call resident, you are not going to be present that your notes be legible and you do a face-to-face handover of the case with the First Call resident (and that the First Call resident agrees to present the case).

### **Clinical Clerks:**

At the beginning of the shift, touch base with one of the residents or the Crisis Team, pager (416) 685-9903. Report to the Crisis Team office. Clerks are expected to be onsite from 1630h-2300h for Evening Call and from 0900h-2300h for Weekend Call. Call room keys are available from security (see above).

### **Backup Call:**

Backup resident will be available in the event that the First or Second Call resident cannot fulfil their duties because of illness, etc. The resident should be available by phone at least at the beginning of the shift. Backup resident will take the place of the Second Call resident if the First Call or Second Call are unavailable. If the First Call is sick, Second Call becomes First Call, unless the Second Call person is a PGY1, in which case the Backup resident will do First Call.

### **Call Requests:**

You will receive an on call request sheet for each month that you are on call at St. Michael's. You are responsible for submitting your requests by fax or email (not voice mail) to the Chief

Resident by the due date. Note that call is independent of all other clinical dates or vacation. That is, if a supervisor grants your vacation request, do not assume that the Chief Resident has been informed. It is your responsibility to include this information on the on call request sheet.

### **Charts from the Outpatient Mental Health Clinic:**

To access the sub-charts from the Mental Health Clinic:

- During office hours call the office directly at (416) 864-5120.
- After hours call Medical Records at (416) 864-5213 and inform them that you wish to obtain a chart from the Mental Health Clinic. Ask the patient if he/she is regularly seen at the clinic.

### **Disposition Options:**

Following is a brief list of options. Of course, always discuss disposition with staff on call.

- § **Hold** in ER and reassess later
- § **Transfer** to the Crisis Stabilization Unit
- § **Admit** to ward or ACU (locked unit)
- § Discharge home with follow-up and further crisis intervention provided by the Crisis Team
- § Discharge home with referral to ambulatory care services for non-urgent assessment/follow-up
- § Referral back to family doctor or other treating medical health professional
- § Discharge to shelter, hostel, Gerstein Centre +/- follow up
- § Transfer to another hospital

### **After an assessment:**

- 1) Photocopying: Please make two photocopies of the front sheet of the ER record and one copy of your assessment to give to staff at morning hand over.
- 2) If the patient is being discharged: Provide the patient with the Crisis Team number to call for follow-up only if required. For non-urgent cases, give the number for the Mental Health Clinic (864-5120). Not every patient seen overnight needs a Crisis Follow-up appointment.
- 3) Admission or Transfers from the ER: You must phone the CSU, Ward, or ACU to inform them. Please liaise with the Crisis Staff to inform admitting so as to give them information needed for admission including responsible staff on the ward. **Please see the attached admission protocol.**
- 5) At hand over the next morning hand in all paperwork. Also, record the time spent during each consultation. This may be written in the top right-hand corner of the ER record.
- 6) Any urgent inpatient consultations which have been done on the medical floors should be reported to the Consultation-Liaison service at (416) 864-5320.



**Phone List:**

Admitting	864-5072	
Dr. Ian Dawe, Psychiatric Emergency Service Director	864-6060 x 2694	pager 390-7206
Ms. Joanne Walsh, CLM Psychiatric Emergency Service	864-6060 x 6396	
Dr. Ken Balderson, Inpatient director Emergency	864-6060 x 3082	pager 426-9764
Health Records	864-5094	
Security	864-5213	
Ward, 17 Victoria	864-6060 x 2999	
Crisis Team office	864-6060 x 3088	
Crisis Team office	864-5346	pager 685-9903
Consultation-Liaison service	864-5320	

**Concerns regarding Call:**

Dr. Ian Dawe - clinical services  
Dr. Ian Dawe - education/supervision  
Chief Resident - as above or anything else of concern

## **ADMISSION PROTOCOL TO ST. MICHAEL'S HOSPITAL PSYCHIATRY BEDS General Psychiatry Ward, Acute Care Unit, or Crisis Stabilization Unit**

**The following orders should be written by the admitting physician at the time of patient admission:**

- 1) Admit to 17CCWard (or 17CC ACU when appropriate). If a 3-day or less CSU stay is appropriate, please write **TRANSFER** to CSU (as patient is still considered to be O/P status)
- 2) State whether patient status is Voluntary or Involuntary.

**If the patient is involuntary**, then make sure the correct forms have been completed and inserted into the front of the chart. Ensure that the patient receives the copy and is aware of his/her legal rights. Call the rights advisor at 314-8916.

Form 1 + Form 42 (X 2 - 1 copy for the patient; 1 copy for the chart)

Form 3 + Form 30 (X 2 - 1 copy for the patient; 1 copy for the chart)

Form 4 + Form 30 (X 2 - 1 copy for the patient; 1 copy for the chart)

Fax copy to Ms Annette Parsons on the 17<sup>th</sup> Floor so that the Advocacy Commission can be contacted ASAP to provide appropriate Rights advice to the patient

- 3) Document Allergy status of the patient. (NKA = No Known Allergies).
- 4) Request a *Regular Diet* or any diet appropriate for a patient's special needs. For diabetic diet, specify caloric needs.
- 5) Activities as tolerated (AAT) or any special needs.
- 6) Specify level of nursing observation and patient privileges.
- 7) Order blood work and other diagnostic tests as per patient condition. Do not reorder tests that were done in the ER.
- 8) Urine drug screen if recent drug use is suspected, appropriate to patient situation. The following drugs can be tested in the urine: Cannabis, amphetamines, cocaine, phencyclidine, barbiturates, opiates, benzodiazepines, alcohol.
- 9) A physical examination must be completed within 24 hours of admission. If a physical examination is done by the casualty officer and recorded on the ER face sheet this is sufficient. Document on the physical examination record form that the physical examination was done in Emergency.