

WELCOME!

Hospital Orientation

July 2, 2024

Please be advised that this Zoom session will be recorded. By remaining in the meeting, you consent to the recording. If you have any concerns, please reach out to Amanda Yokingco. Thank you!

Agenda and Reminders

Agenda

- Hospital people, space, and services you should know
- EPIC and IT
- Social Media
- Privacy
- OLA Supports
- Safety First
- Mistreatment

Reminders

- This session is being recorded
- You will be asked to participate via Mentimeter (7231 4315)

Please join the Mentimeter by scanning the QR code
with your mobile device or by entering the code:

7231 4315



Land Acknowledgement

We wish to acknowledge this land on which Unity Health Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

To recognize the land is an expression of gratitude and appreciation to those whose territory we work and live on, as well as a way of honouring the Indigenous people who have been living and working on the land from time immemorial.

It is important to understand the long-standing history that has brought you to reside on the land, and to seek to understand your place within that history. Land acknowledgements do not exist in a past tense or historical context: colonialism is a current ongoing process, and we need to build our mindfulness of our present participation.

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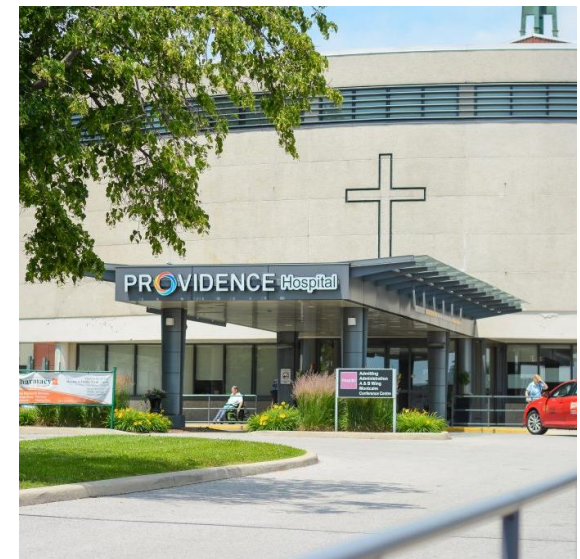
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Visit our website to learn more about our services!
studentcentre.unityhealth.to



Unity Health
Toronto

Library Services



hslibrary@unityhealth.to



www.librarysmh.ca

Your Resources at a Glance



Services

- [Literature searching](#)
- [Knowledge synthesis](#)
- Research consultations

On our website access

- [Databases](#)
- [Journals](#)
- [Books and e-books](#)
- [Resource Guides](#)



Workshops

We have [on-demand workshops](#) covering database searching (Medline, CINAHL, PubMed, etc.), knowledge synthesis preparation, and tips on using Excel and PowerPoint. Custom workshops available upon request.

Library spaces and online resources are accessible 24/7

Computers, printers & photocopiers, quiet workstations available for use

Locations & Staffed Hours



St. Joseph's

1st Floor, East Wing
Sunnyside Building

Tuesday & Thursday
10AM-4PM



St. Michael's

3rd Floor
Li Ka Shing
Building

Monday-Friday
10AM-4PM



Providence

Room A 221, A Wing
Knowledge Centre

Tuesday & Thursday
10AM-4PM

EPIC

- Transitioning to new EMR with go-live date of **NOV 30th**
- Emails inviting self-sign up for training coming over next few weeks
 - **MAKE SURE YOU SIGN UP**
- Training will occur between Sept 30-Nov 30
- All residents/fellows in Blocks 6, 7, 8 will need to be trained synchronously over 8 hours (in-person and Zoom)
- If you have used EPIC in past may be eligible to "Test Out"

IT Troubleshooting

- For all urgent IT issues, contact the HelpDesk by phone at 416-864-5751
- Follow instructions
- If you are on call and need to have a time-sensitive issue resolved, let representative know, "I am a physician and I am on call and need this issue dealt with so that I can care for patients immediately. Can you please escalate this issue?"

Social media

Kaitlin Jingco

Communications Advisor, Media Strategy

Please join the Mentimeter by scanning the QR code
with your mobile device or by entering the code:

7231 4315



Scenario 1




What is wrong with @UnityHealthResident's social media post? (Multiple choice)

- A. There's nothing wrong with this photo. It's awesome that she loves her job.
- B. The patient doesn't appear to have consented.
- C. There could be patient information on the screens.
- D. The resident should not be using Unity Health in her handle.



Scenario 2



A Country Doctor Writes:
Notes from a doctor with a laptop, a housecall bag and a fountain pen

A Country Doctor Writes: A Country Doctor Reads: A Country Doctor Archive Help (Yourself) Pages

« Missing the Old A&P

“More than his disease”

Published April 13, 2015 Progress Notes 2 Comments

As avid readers well know, my last six months have been spent gaining clinical experience in [Erin, Ont.](#), a quaint town about 40 km north of Guelph.

Mr. Z is a charming 94-year-old man who’s lived a good life and made a living working as a mechanical engineer back in the 1940s. He has a family, grandkids, and now great-grandkids.

I first met Mr. Z during a visit to the [Groves Memorial Community Hospital](#).

Mr. Z walked in with his daughter, son and a persistent cough. They’d been coming to the hospital for some time--not surprising given his comorbidities--and although his this was our first meeting every part of this visit seemed old hat to Mr. Z.

I was reminded that he’s more than just a guy with [COPD](#), aspiration pneumonia, and renal failure. He’s my patient.

RSS - Posts

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Enter your email address to subscribe to this blog and receive notifications of new posts by email.

Enter your email address

Sign me up!

Recent posts

- “And Stay Away From Doctors”
- Missing the Old A&P
- The Man With the Shrinking Lung
- Humming Jeopardy
- Normal Blood Pressure
- Medical Anamnestics
- Border Doc
- Does Lightning Strike Twice?
- A Near Miss, Technology
- Notwithstanding
- The Sick Game of Medicare D
- Formularies
- When a Housecall is Worth a Thousand Tests
- Outdated Equipment
- All the President’s Mail
- The Man with the Up and Down Blood Pressure
- The Art of Antibiotic Selection
- It’s Time We Talk: A Doctor is a Doctor is a Doctor, Right?
- Three Dimensional Doctoring
- Equanimity and the 25% Rule
- It’s Time We Talk: Why Should Doctors
- Treat the Well and Nurses the Sick? -

What is wrong with this blog post? (Free response)



Scenario 3



Dr. Moeinmolki

@DrBabakMoein



Merry Xmas from OR #4!! Thanks to the wonderful crew who spent time away from family to save our patient's life [#gratitude](#), [#dedication](#)



What is wrong with this social media post?
(Free response)



Scenario 4



A July 12 social media post from Kristal Pitter's account that propagates the myth that the COVID-19 pandemic was planned by a cabal of global elites in an effort to control the world. (Kristal Pitter/Facebook)

True or False: Since this person doesn't have an affiliation, the post is OK.



Media policies at Unity Health

During your time at Unity Health, there are two areas of communication that you might be involved in:

1) Media relations - If a reporter reaches out to you for comment or interview, please email communications@unityhealth.to before committing to anything.

2) Social media

- a) Respect confidentiality
- b) Make clear you are not a spokesperson
- c) Contact Patient Relations if you receive a complaint from a patient or visitor

If you have any questions, reach out to us at communications@unityhealth.to

What may be appropriate to post?

 **Carolyn Snider**
@DrCarolynSnider

My perspective into our world in the ED at St. Michael's Hospital @UnityHealthTO over the past few months working with many organizations to try to manage #COVID19 for those experiencing homelessness in Toronto.



How COVID-19 cases among the homeless overwhelm St. Mike's hospital
A Code Orange used to be rare and unexpected. But COVID-19 changed that. At St. Michael's we have had nine of what we now call "COVID Code Oranges" si...

 thestar.com

 **Andrew Petrosoniak**
@petrosoniak

THREAD: I wrote recently about risk perception and its impact on behavior. I'll elaborate as we "re-open", with reference to covid19 "alarms" & alarm fatigue many are experiencing. 1/



 Jennifer Yang and 6 others

12:29 AM · Jun 10, 2020 · [Twitter Web App](#)

165 Retweets 193 Likes

 **Eric Wong**
@EricWong_MD

Congrats to Dr. Marisa Zorzitto! Our illuminating leader at @UnityHealthTO Division of Geriatric Medicine. My go-to Master Clinician for advice and wisdom.

 **University of Toronto Department of Medicine** @UofT_DoM · Jun 17

Congratulations to our newest cohort awarded to the Department of Medicine Academy of Master Clinicians: Drs. Michelle Hladunewich, Liesly Lee, Ophyr Mourad and Maria Zorzitto #DoMAAnnualDay

 ANNUAL DAY 2020 ACADEMY OF MASTER CLINICIANS: MARIA ZORZITTO 	 ANNUAL DAY 2020 ACADEMY OF MASTER CLINICIANS: MICHELLE HLADUNEWICH 
 ANNUAL DAY 2020 ACADEMY OF MASTER CLINICIANS: LIESLY LEE 	 ANNUAL DAY 2020 ACADEMY OF MASTER CLINICIANS: OPHYR MOURAD 

Questions?

Contact us at communications@unityhealth.to

Privacy

Dalen Klassen

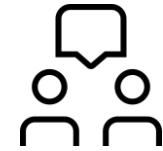
Senior Research Privacy Specialist,
Information Access & Privacy

Scenario 1: Moral Dilemma

- Dr. Morale is an Emergency Department (ED) physician
- Dr. Morale's mother-in-law was recently admitted into the ED
- Dr. Morale is very close with her mother-in-law and she would like to know that she is okay
- Soon after hearing news of her mother-in-law's admittance, Dr. Morale's partner frantically calls and begs Dr. Morale to access his mother's medical record to understand who has been involved in her care and location
- Dr. Morale's partner is his mother's substitute decision maker



Scenario 1: Questions



1. Given that it is the SDM asking for Dr. Morale to access the chart, is the access permissible? Y/N
2. What if Dr. Morale only wants to know who the consultants are and what the patient location is, is that okay? Y/N
3. What can you do in this situation?



Scenario 2: Double Consideration (1/2)

Dr. Y is excited to begin a new rotation in Urology this week!

- He is taking care of a patient when he realizes that his EMR password is not working.
- He calls the Help Desk who tells him that they will get back to him in the next few hours.
- Dr. Y reaches out to Dr. Care to tell him that he needs to renew his password immediately to enter medication orders for his patient.
- Dr. Y asks if Dr. Care can share his password with him.
- Dr. Care immediately knows the possible implications for the patient if the resident is not able to enter orders, so he shares his password, though somewhat hesitantly.



Scenario 2: Double Consideration (2/2)

When Dr. Y accesses the patient's chart, a consent directive notification appears on the computer informing Dr. Y that access to the patient's chart is currently restricted, as per the patient's request.

Without any communication to Dr. Care's patient or consideration for the notification, Dr. Y overrides the consent directive and proceeds to access the patient's chart.

Search -- Webpage Dialog

Patient | Patient Data | Coverage | Location & Service | Outpatients | Discharged

By Name | By ID | By Unit | Advanced

Last Name: jalloh | Gender: ☒ All | Visit Type: ☐ Inpatient
First Name: | ☐ Male | ☐ Outpatient
Middle Name: | ☐ Female | ☐ Emergency
☐ Future
☐ Bedded

Active Visit Only

1 - 22 of 22 Matching Results

Name	2197813 / SMH	56 Y	01/25/1968	CLAUDIO M BORGONO, DR	09/24/2020	COVO
JALLOH, IBRAHIM						
JALLOH, ISATU						
JALLOH, ISHATU						
JALLOH, JARIEU						
JALLOH, KADUATU						
JALLOH, LESLEY-ANN						
JALLOH, MADIEU						
JALLOH, MARIAMA TAPI...						
JALLOH, MOHAMED SAJ...						
JALLOH, RABIE	2197813 / SMH	56 Y	01/25/1968	CLAUDIO M BORGONO, DR	09/24/2020	COVO
JALLOH, SALEY ISHATU	2670449 / SMH	58 Y	01/31/1966	ROBERT K URBACH, DR	04/11/2019	FRCO

JALLOH, LESLEY-ANN (56y) ♀ 05/04/1968

This Patient Record is Locked

This patient has requested that his/her personal health information not be used or disclosed to another health care custodian. If you have a legitimate need to access the patient's personal health information, you may proceed by entering your reason. Otherwise cancel and access will be denied. Your access will be recorded and audited.

Reason:

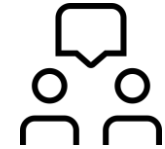
OK Cancel

Comment:

Password:

Add to Census | Admin | Cancel | Patient Record | Help

Scenario 2: Discussion Questions



Unfortunately, there are many issues or problems with this situation.

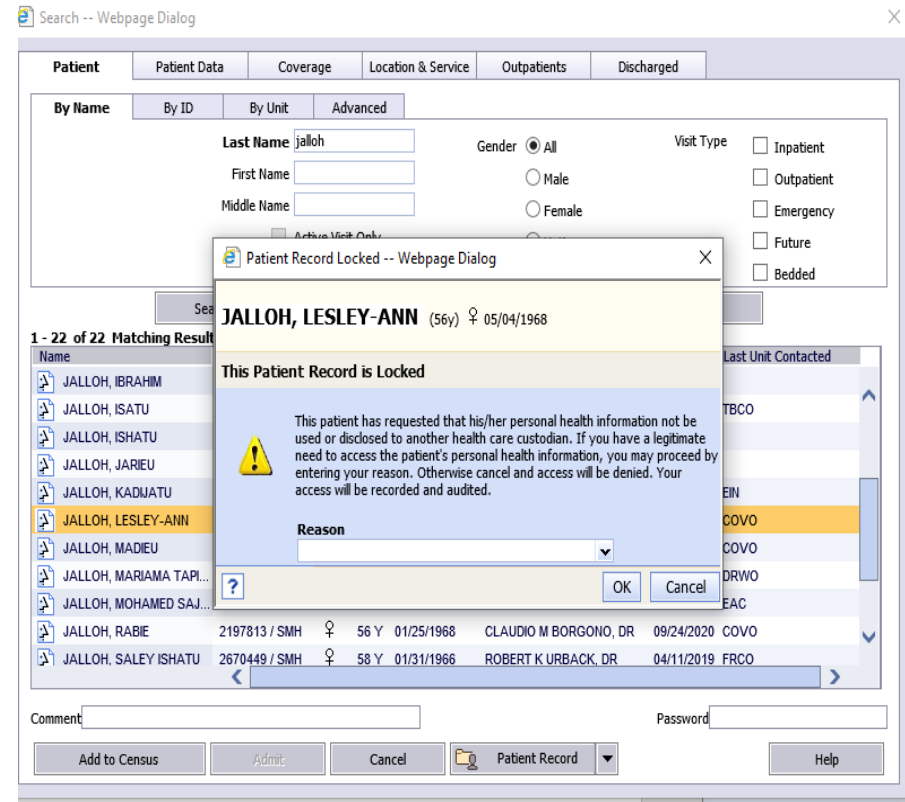
Can you correctly identify all the issues?

Helpful tips in this situation



What are Consent Directives?

- Occurs when an individual withholds or withdraws their consent to the collection, use, and disclosure of their PHI by a custodian for healthcare purposes
- Also commonly referred to as a "Lockbox"
- In certain circumstances, custodians are permitted to collect PHI from the EMR despite a consent directive. This is known as a consent override.



The screenshot shows a web application interface for patient records. A dialog box titled "Patient Record Locked -- Webpage Dialog" is overlaid on the main interface. The dialog contains a warning icon and the following text: "This Patient Record is Locked. This patient has requested that his/her personal health information not be used or disclosed to another health care custodian. If you have a legitimate need to access the patient's personal health information, you may proceed by entering your reason. Otherwise cancel and access will be denied. Your access will be recorded and audited." Below the text is a "Reason" field with a dropdown arrow. At the bottom of the dialog are "OK" and "Cancel" buttons. The background interface shows a search bar, tabs for "Patient", "Patient Data", "Coverage", "Location & Service", "Outpatients", and "Discharged". The "Patient" tab is active, showing a search results table with columns "Name", "Last Name", "First Name", "Middle Name", "Gender", "Visit Type", and "Last Unit Contacted". The table lists several patients, with "JALLOH, LESLEY-ANN" highlighted. The "Reason" field in the dialog is currently empty.

Name	Last Name	First Name	Middle Name	Gender	Visit Type	Last Unit Contacted
JALLOH, IBRAHIM	Jalloh			Male	Inpatient	TBCO
JALLOH, ISATU	Jalloh			Male	Outpatient	
JALLOH, ISHATU	Jalloh			Male	Emergency	
JALLOH, JARIEU	Jalloh			Male	Future	
JALLOH, KADJATU	Jalloh			Male	Bedded	
JALLOH, LESLEY-ANN	Jalloh			Female		COVO
JALLOH, MADIEU	Jalloh			Female		COVO
JALLOH, MARIAMA TAPI...	Jalloh			Female		DRWO
JALLOH, MOHAMED SAJ...	Jalloh			Female		EAC
JALLOH, RABIE	Jalloh			Female		COVO
JALLOH, SALEY ISHATU	Jalloh			Female		FRCO

Consent Directive Overview

- Consent overrides are permitted:
 1. With express consent from the patient;
 2. If the custodian reasonably believes that such access and collection is necessary for eliminating or reducing a significant risk of serious bodily harm to the patient/another person
- Requests for consent directives or lockboxes are managed through the Privacy Office

Auditing at Unity Health

At Unity Health, audits are conducted to review accesses of staff and physician to our EMRs. There are two types of audits completed by the Privacy Office:

- **Random (Proactive)** – Performed on a bi-weekly basis. Completed to detect and deter inappropriate access to patient medical records.
- **Targeted (Reactive)** – Performed on request, typically from patients. Completed to respond to concerns and suspicions of inappropriate access.

Consequences of a Breach

- Financial repercussions (e.g. cost to remediate breaches, penalties/fines)
- Reputational harm (both for the hospital and yourself)
- Regulatory harm (CPSO, IPC, etc.)
- Policy violation



Questions

Contact us at privacy@unityhealth.to

Use of Texting Including WhatsApp and UToronto Email

- NOT secured
- Cannot use to communicate any information about pts with identifiers OR with "code language"
- Should not send pictures even if patient "has given permission"
- Example of communication that would not be ok:
 - *Pt MV in room Acute 9 complaining of chest pain. I ordered NTG but no relief. ECG done by nurse. Can you please see? I will send ECG now.*
- Example of Communication that would be ok:
 - *Can you please call me urgently about a pt that you are following that I got called about with Chest Pain?*
- Alternative to Texting: MaaS360 → if BOTH parties have app installed. EPIC will address
- Alternative to email: Unity Email is secure as long as sending to a secure email

OLA – Office of Learner Affairs

MISSION:

We work with learners, at individual and systems levels to optimize the learning environment and experience and enable their development into accomplished health care professionals.

RESOURCES for learners:

- [Accommodation/Accessibility](#)
- [Personal Counselling](#)
- [Academic difficulty](#)
- [Career Counseling](#)
- [Leaves of absence/Return to work planning](#)
- [Wellness](#) including mental and physical health
- [Learner environment including mistreatment/harassment](#)
- [Crisis Resources](#)
- ... and more –check out our [website](#)

OLA [website](#)

[Book an appointment](#)

P: 416-946-3074

E: ola.reception@utoronto.ca

A:

[St. George Campus](#)

C. David Naylor Building

6 Queen's Park Crescent West, Room 309

[Mississauga campus](#)

Terrence Donnelly Health Sciences Complex
(2F) 3359 Mississauga Road

Hours: Monday-Friday 8:45am-5pm

WHY report Patient Safety Events?

Are you tired of seeing the same problems on repeat? Do you have ideas that could make your work life better and improve patient or staff safety?

We need your help!

Look for this symbol on your desktop and submit a safety file today!

The Safety First logo, which consists of a large purple circle containing the words 'safety' and 'first' in a white, lowercase, sans-serif font, with 'safety' on the top line and 'first' on the bottom line.

safety
first

What is a Serious Safety Event (SSE)?

An SSE is an event where care has deviated from a generally accepted practice standard and results in significant preventable harm. All potential SSEs undergo a preliminary review. If the event is determined to be a suspected SSE (1-4), a patient safety system review process is initiated.

Examples of reportable incidents:

- Fall
- No documented consent
- Missed/delayed medication administration

Code	Level of Harm	Patient Harm Description
SSE 1	Death	A gap from internal/published standards followed by death.
SSE 2	Severe Permanent Harm	A gap from internal/published standard(s) resulting in critical, life-changing harm with no expected change in clinical status; includes events resulting in permanent loss of organ, limb, or vital physiologic or neurologic function.
SSE 3	Moderate Permanent Harm	A gap from internal/published standard(s) resulting in significant harm with no expected change in clinical condition yet not sufficiently severe to impact activities of daily living or business functioning; includes events that result in permanent reduction in physiologic reserve, disfigurement, and impaired or aided sense or function.
SSE 4	Severe Temporary Harm	A gap from internal/published standard(s) resulting in critical, potentially life-threatening harm yet lasting for a limited time with no permanent residual; requires prolonged transfer to a higher level of care/monitoring, transfer to a higher level of care for a life-threatening condition, or an additional major surgery, procedure, or treatment to resolve the condition.

Safety First: How to submit a file for safety events



Step one: Log in

1. Select a site from the drop-down menu
2. In the **Username** field, type your network username
3. In the **Password** field, type your network password
4. Click the LOGIN button



Step two: Initiate a file

1. Click the **New File** tab (located on the far left of the screen)
2. (Optional) To locate a specific form:
 - i. Click the inside of the textbox labeled **Find a form**
 - ii. Enter keywords or a form name
 - iii. Icons will filter to match search criteria
3. Click on the relevant icon to open the form



Tip:

- Select the **Employee Event** icon for all events or near misses where the person affected was an employee

Mistreatment – Approach to Support YOU

University and Hospital have developed a robust response to support you as a learner in cases of mistreatment

- Victim
- Witness
- Accused of perpetuating

Anyone can report incident and can do so through Hospital or University:

- Hospital: "Students Matter" process - through Student Centre (show up, email, call, LEARNER ASSISTANCE BUTTON)

Learner Assistance

<https://studentcentre.unityhealth.to/learner-assistance/>

- Safety First Reporting System

- University: "Learner Mistreatment" Pathway through Learner Experience Unit (LEU), a subsidiary of Office of Learner Affairs (OLA) run by Dr. Reena Pattani

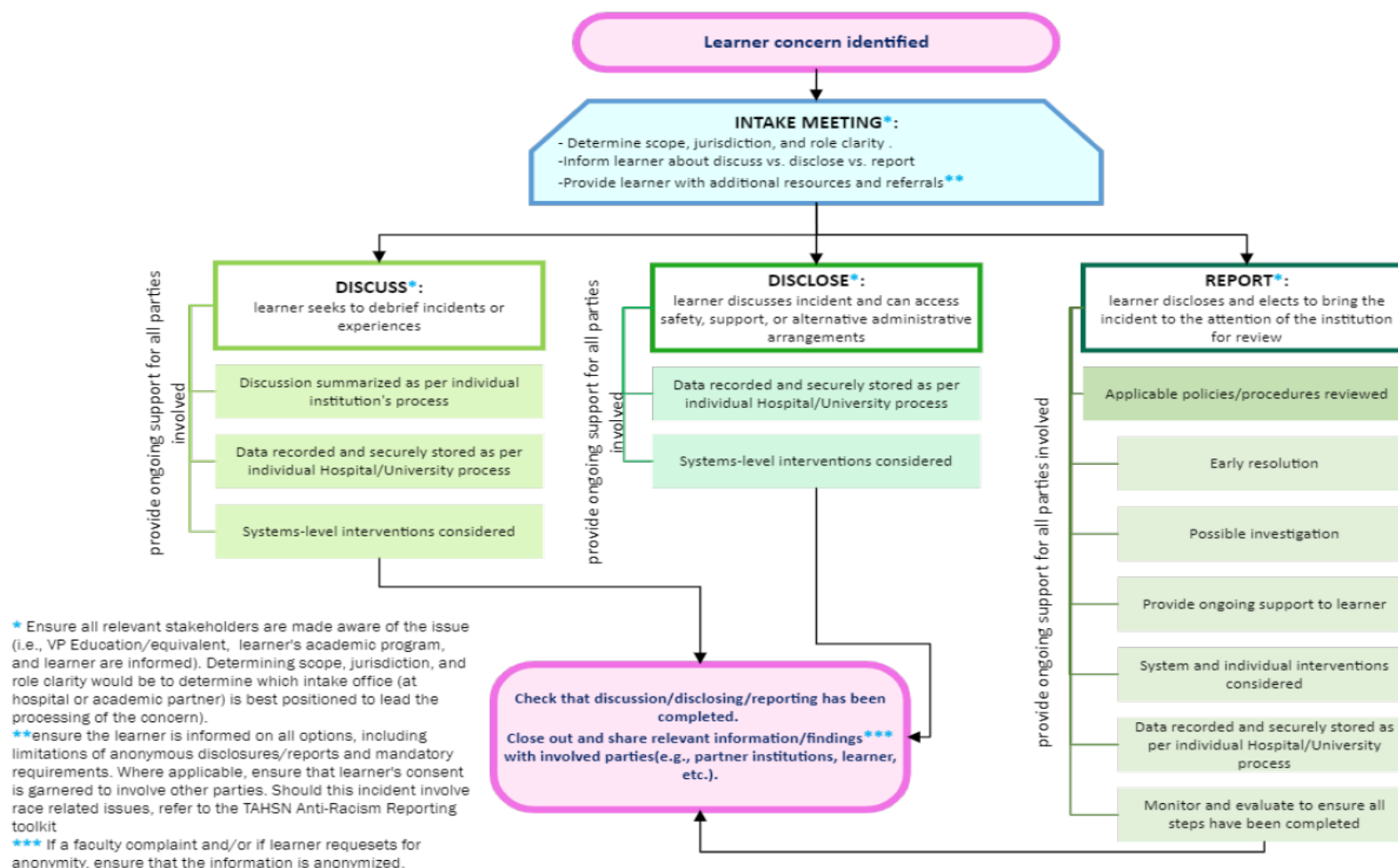
<https://meded.temertymedicine.utoronto.ca/learner-mistreatment>

Mistreatment – Approach to Support YOU

- Encourage YOU CAN reach out confidentially
- As the person coming forward YOU are involved to guide the approach that is taken to respond to incidents (with few rare exceptions)
- Pathways: Discuss, Disclose, Report

Mistreatment – Approach to Support YOU

Appendix A: Flowchart to address learner mistreatment by faculty/staff/other learners



Adapted from Temerty Medicine's Learner Experience Unit, Office of Learner Affairs, and St. Michael's Hospital, with thanks



Questions?

Thank you for joining us today!

Welcome to the Unity Health Hospital Orientation!



SOCIAL MEDIA

What is wrong with @UnityHealthResident's social media post?

1

A. There's nothing wrong with this photo. It's awesome that she loves her job.

55



B. The patient doesn't appear to have consented.

57



C. There could be patient information on the screens.

30



D. The resident should not be using Unity Health in her handle.

13



68



What is wrong with this blog post?

Too identifiable

Identifies the patient.
Expressed consent not
given

Personal details disclosed

Too much identifying
patient info

Lots of identifiers

Very specific information
that could identify
patient

Patient identifying info

Personal information

What is wrong with this blog post?

Information can still likely
be used to identify
patient

Data shared is patient
identifying

Patient information

Identifiable information

patient identifiers

Pt likely identifiable esp
given small town

Patient info

Too many details

What is wrong with this blog post?

Identifiable patient information

Use of patient information.

Confidentiality breach

People could identify him if they knew him

Patient's info

Detailed information

No patient consent.
Identifying information.

Too personal details

What is wrong with this blog post?

It is giving information about the patient

Details of patient

Patients information

Small town likely to be recognized

Patient geographic information disclose

Lots of identifying info including location

Personal details

Shares the name of the patient, the hospital he is being treated and his conditions. No consent.

SOCIAL MEDIA

What is wrong with this blog post?

patient's info

FALSE

8



34



SOCIAL MEDIA

What is wrong with this social media post?

No patient consent to
Organs/tissue present

Unprofessional

no consent

Lack of patient consent

Patient's organs =patient

No consent from patient

lack of patient consent

no consent

What is wrong with this social media post?

Colon!!!! No consent

Pt could not consent.

no consent given

Showing surgical
specimen

Consent

No consent. Organs.

Consent. Unprofessional.

No consent

SOCIAL MEDIA

What is wrong with this social media post?

exposing body tissue
without consent

Date of surgery, patient
consent

No consent from patient

Not professional

No consent obtained and
not professional

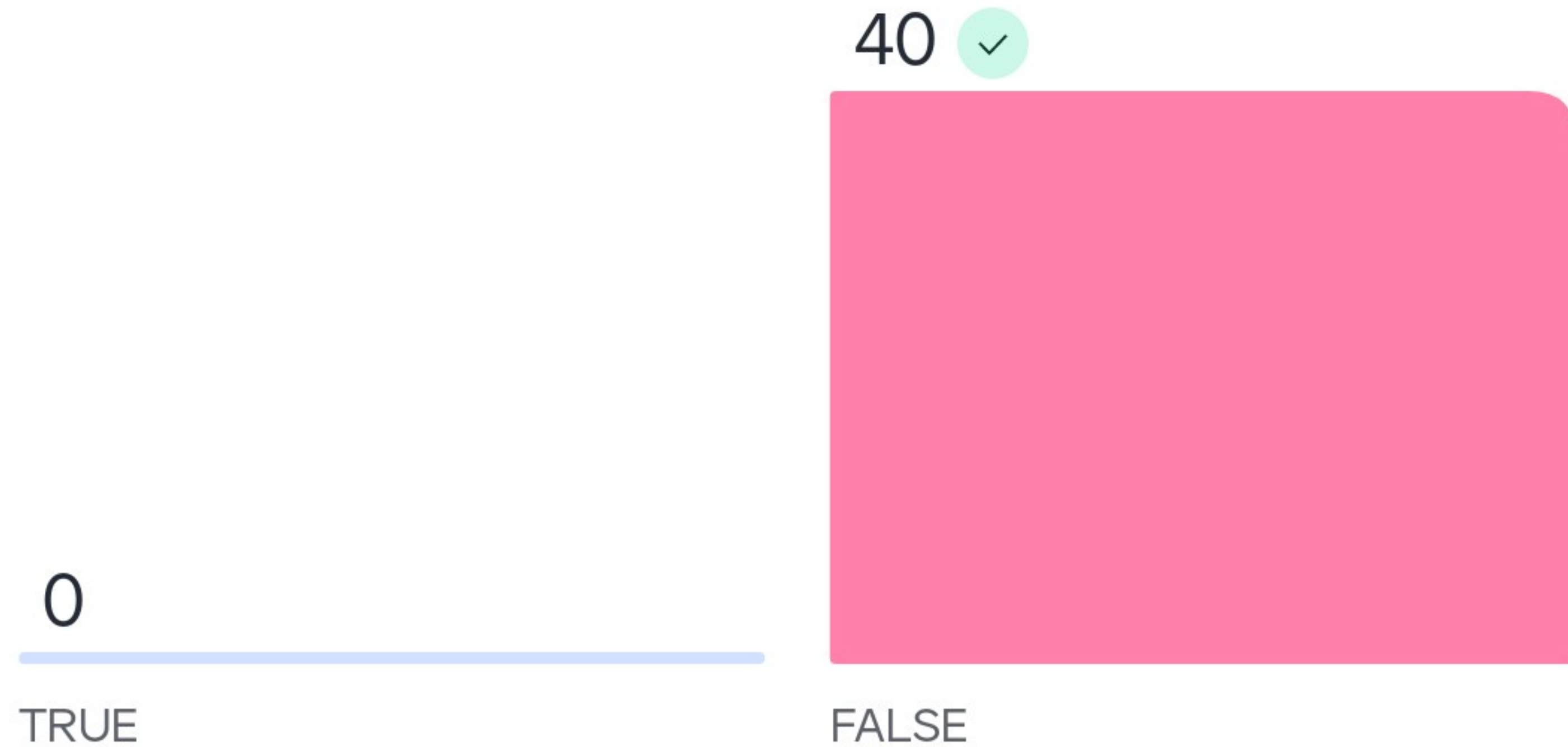
No consent

Not professional

Distracted

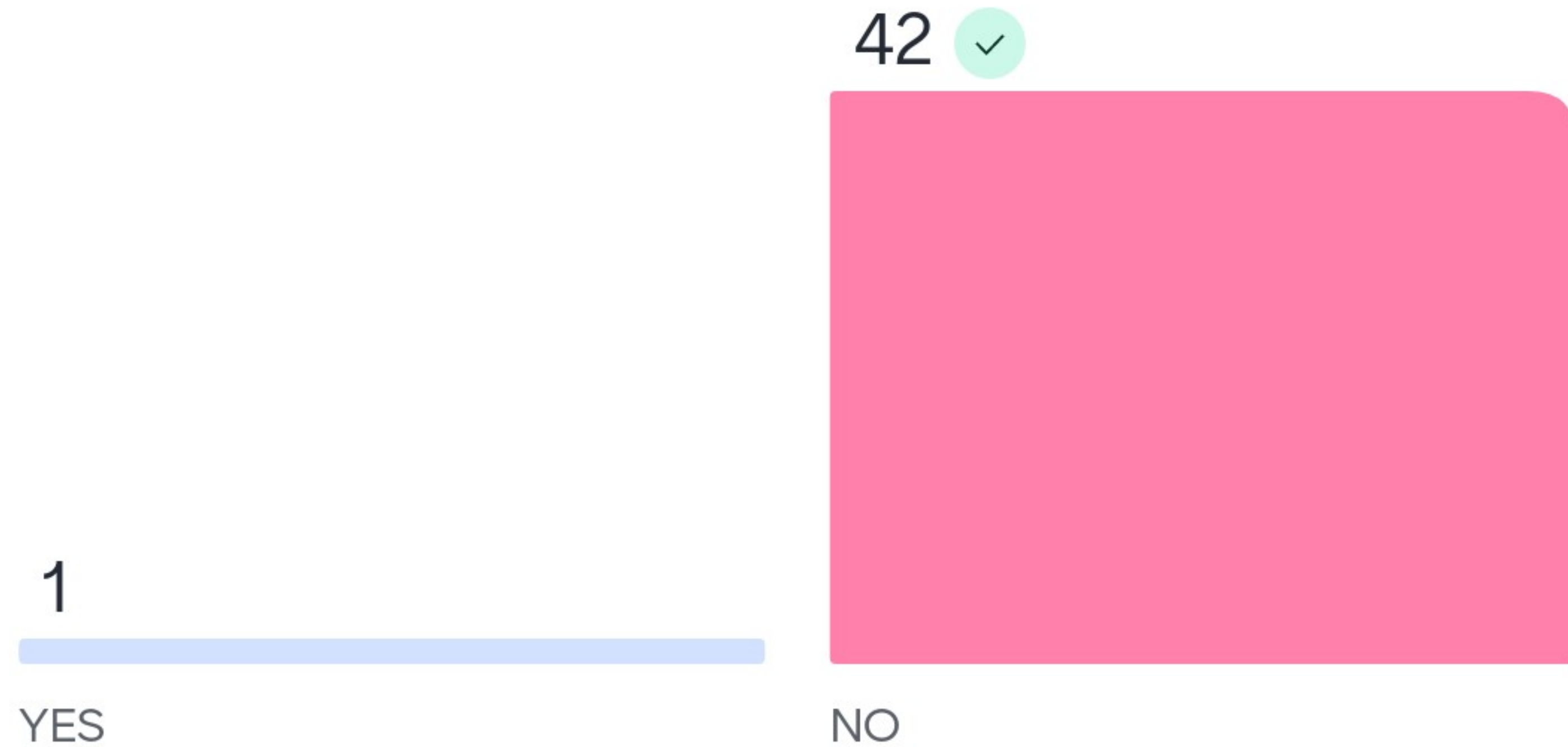
SOCIAL MEDIA

True or False: Since this person doesn't have an affiliation, the post is OK.



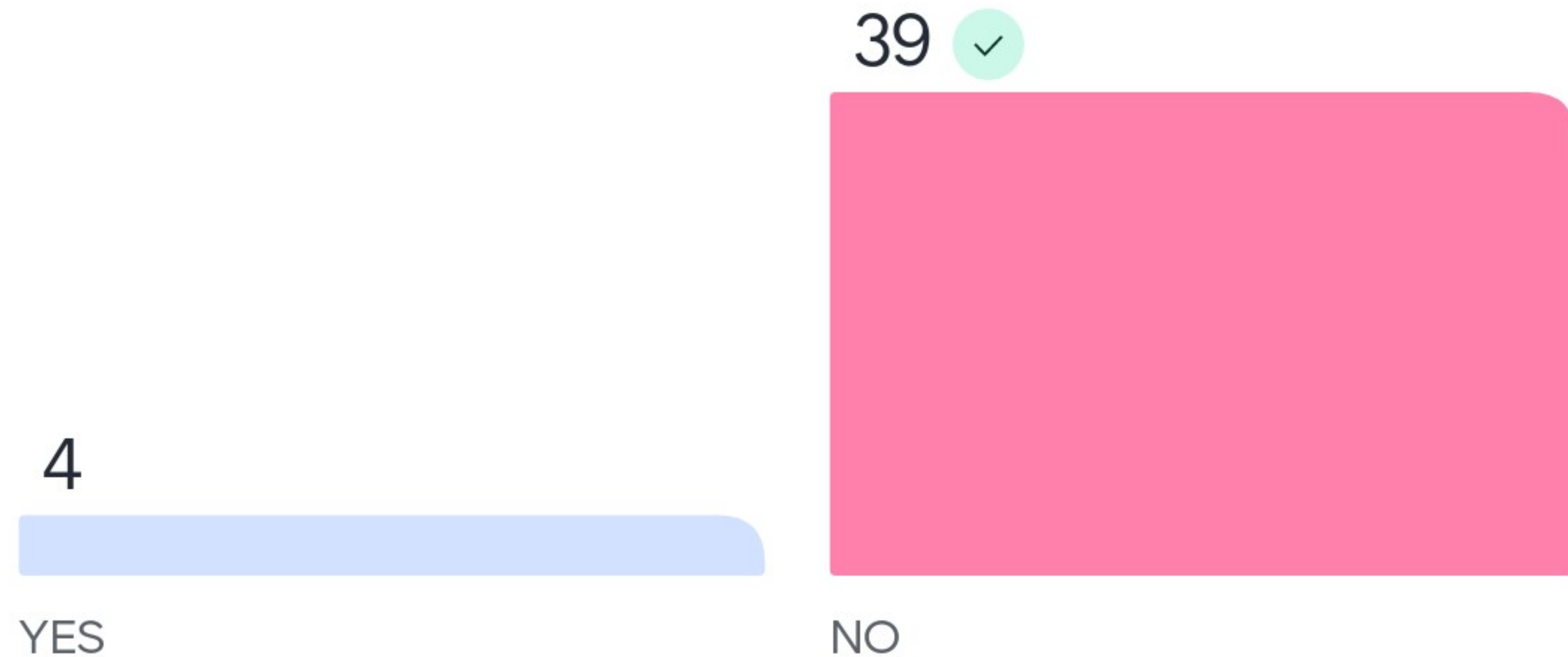
PRIVACY

Given that it is the SDM asking for Dr. Morale to access the chart, is the access permissible?



PRIVACY

What if Dr. Morale only wants to know who the consultants are and what the patient location is, is that ok?



PRIVACY

What can you do in this situation?

Privacy privilege should not
be override without
permission And password
should not be done



1



PRIVACY

Can you correctly identify all the issues?

