

La Loche Health Care Centre

Physician Orientation Handbook

Last Updated: October 2021

Welcome to the Community of La Loche!

This document serves as an introduction to the practice. It fits in with a more detailed on-site orientation program that includes a full day shadowing with one of the long-term physicians.

We have tried to select as much 'tacit' information as possible to enable a seamless transition to our practice. You would do well to read it at least once before you arrive.

We are confident that you will enjoy the time that you spend in this beautiful Northern Community.

The Physician Group in La Loche

Introduction to the Community

History of La Loche

We would encourage you to spend a few minutes on the following interactive website. It gives you not only the history of this town, but also an outlay of all recreational activities available, including location of beaches, ice rink, grocery stores, hiking trails etc.

<https://sites.google.com/site/portagelaloche/>

Getting to La Loche

La Loche is 640km north of Saskatoon. You may travel to La Loche via road or air.

Road: Travel up via private or rental vehicle

Air: Fly to Fort McMurray, then McMurray Aviation runs charter flights to La Loche. You should call the hospital maintenance 306-822-3204 ahead of time to make arrangements to be picked up from the airstrip (flight time is ~35 minutes from Fort Mac to LL).

<https://www.mcmurrayaviation.com/>

Things to consider before you leave for La Loche:

Food: although the groceries stores are relatively well-stocked, the prices tend to run a little higher than in the bigger towns. You might want to give consideration to stocking up before coming up.

Cell Phone Service: (Only applies if you decide to drive up)

There is no cell phone coverage for intervals on the drive up; Always best to inform a loved one and the hospital of your estimated time of arrival so that appropriate action can be taken if you take longer than anticipated.

Winter Pack (only applies if you drive up in winter): Ensure that your vehicle has a winter pack: ski pants, down jacket, down gloves, at least 2L of water, candles, matches, 1kg packet of dry fruit/ nut mix, shovel, strong rope, tire jack, spare tire(s).

Premium gas (only applies if you drive up):

If you are driving up from Saskatoon, there are only three places where you can get premium gas: Shellbrook (150 km N of Saskatoon), Big River (230 km N of Saskatoon), and Buffalo Narrows (530 km N of Saskatoon).

Accommodation: Fully furnished apartments, within walking distance, are provided for physicians.

Features: basic cable, Sasktel Internet (fast enough for Skype video and Netflix, although internet is shared between units), landline (local calls only), in-suite laundry.

Keys: **Tammy Desjarlais** is in charge of managing keys for units. You can also check-in at the clinic (during office hours) or in the ED after hours – the nurses on duty and/or the physician on call should be able to point you in the right direction.

Tammy's contact information is
tammy.desjarlais@saskhealthauthority.ca
Ph: 1-306-822-8842

If Tammy is not available, please call Brenda Hanson at 306-822-8866. Other numbers to also try are Devin in Maintenance at 306-822-7818 or the Maintenance Facility 306-822-3204.

Introduction to Practice:

The Practice comprises of itinerant physicians and nurse practitioners. Full-time practitioners work on a two-week on/two-week off basis; part-time practitioners work on a two-week on/six-week off basis.

The following services are offered: Clinic, Emergency Services, Detox and Family Healing Unit, Mental Health and Addictions Counseling and Home Care Services, Physiotherapist, Visiting Specialists (see below).

Our Population

We serve a population of about 5000: encompassing the communities of La Loche, Clearwater River Dene Nation and Turnor Lake.

- 90 - 100% of the population is Aboriginal.
- 50% of the population is 25 years and under (the population is pyramid shaped). This is the exact opposite of the general Canadian population.
- 45% of the population has a high school diploma: this has implications regarding communication and employment prospects.
- 65% speak Dené, and for many, this is their first language. A Medical Office Assistant, when available, is able to help with interpretation. This can also have some implications if sending people out for a medivac, particularly Elders. They may need someone to accompany them if at all possible to help translate, but also to help navigate through the system in the south.
- There is a legacy of intergenerational trauma that has led to much illness in the community, similar to many other Aboriginal communities. This is the result of colonization, and historical traumas such as the residential schools and the “60's scoop” (a forced adoption program). There remain ongoing issues in that the Indian Act still exists, and more Aboriginal children are currently in government care than all of the children that were in residential schools combined. Therefore, the ongoing disruption of the family and colonization still exists.
- Social determinants of health play a major role in the health of these community members. An excellent document that speaks to this can be found at this link:
http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/46/health_inequalities_EN_web.pdf

Dënë ts'ën t'at'ë sı horëlyu ëlk'ësi hawúttthí (tolerance)

The Four R's

In working with Aboriginal communities, Dr. Veronica McKinney, Director, Northern Medical Services, emphasizes the need to consider the 4 R's:

- **Relationship** - this is key. This is a key concept in the community and needs to be emphasized in practice as well. Fostering relationship will lead to improved trust, and ultimately better opportunity to work together to improved health outcomes.
- **Respect** - for other world views. There are those that believe in more traditional approaches, but even those that don't have core Dene beliefs that must be respected and acknowledged. We must be respectful and work within the patient's system, but also recognize our own limitations and borders in this regard. (For example, if you are unfamiliar or uncomfortable with recommending traditional medicine, you can make this clear to the patient without demeaning their belief in same.)
- **Reciprocity** - often in Aboriginal communities, when approaching with the two concepts above, there is a need to share, to reciprocate. This can be through teachings, through inclusion of celebrations or ceremonies, etc. Openness to this can add to your experience in the community, but also builds trust within the community.
- **Reflection** - it is always important to reflect on your role in the relationship.

A Typical Workday:

- **08:00ish:** The on-call doctor arrives in ER to attend to patient files or the hold-over patients from the night before.
- **09:00:** Rounds begin promptly; meet in the ER. 0900 is also the designated handover time to pass the call phone to the new doctor on-call; when on-call for the new day, any patients arriving after 0900 are generally in your care. As the doctor finishing call on that day, it is generally expected that you would “clean up” any remaining patients from the previous night: ensuring an ongoing treatment plan is in place, the patient is admitted or transferred appropriately, etc.
- **10:00 - 12:00:** Morning clinic (for all physicians **not** on-call or post-call (i.e. finished call at 0900 that morning) that day.
- **12:00 - 13:00:** Lunch (on your own; lunch is provided for free to physicians at the cafeteria if desired).
- **13:00 - 17:00:** Afternoon clinic (all physicians participate; on-call physician may leave clinic after notifying clinic staff if there are **urgent** patients waiting in ER).

Variations to the “typical” workday:

- On **Wednesdays**, one physician leaves for Turnor Lake at 10am, and sees patients until approx. 3:30pm (*see Turnor Lake*).
- On **Wednesday mornings every 4 weeks**, we have group rounds in Long Term Care (*see Long Term Care*).
- **Every Friday morning**, educational sessions are held after ward rounds (approx. 10am). There is no morning clinic held on Friday mornings.

The Clinic:

- **Opening hours:** 10:00 – 17:00, daily.
- **EMR:** Yes - MedAccess
- **Wireless Internet:** yes (router is in the Treatment Room in the clinic; password is on the side of the router).
- **Modus Operandi:**
 - You will generally work from 1 consultation room.
 - We see booked patients during morning clinic, and the first 3-4 patients in the afternoon. The rest of the afternoon is walk-in clinic, with patients being seen on a first-come, first-serve basis.
 - The on-call physician is not booked for morning clinic: they see, in order of priority, **urgent** patients in ER (a.k.a. cannot wait until 17:00 to be seen), then walk-in patients in clinic. **PLEASE NOTIFY CLINIC STAFF IF YOU NEED TO LEAVE CLINIC TO SEE A PATIENT IN ER, SO THAT A PATIENT IS NOT LEFT WAITING IN YOUR CONSULTATION ROOM.**
- **Day sheet:** We complete shadow billing in the clinic and in the ER. **Please do not forget to fill in shadow billing for all patient seen.** Please ask Margaret for assistance in making sure your daysheets are faxed to the appropriate contact at the end of your stay.

The Hospital:

- **Layout:**
 - 5 consultation rooms (trauma room with two beds, another obstetrics prepped, another ortho prepped (cast room)).
 - 3 “Hold-over”, overnight/observation beds.
 - 8 acute care beds (including one isolation bed, and 2 pediatric beds).
- **Nurses:**
 - Usually 1-2 RNs and 1 LPN on any given shift, covering acute care and the ED.
 - CTAS certified: yes, but not yet implemented (aiming for May/June 2016).
 - ACLS: most.
 - TNCC: none.
- **Emergency Department:**
 - Defibrillator: LifePak 15.
 - Ventilator: yes (occasionally away for re-calibration, please check).
 - Induction agents: Ketamine, fentanyl, propofol.
 - Anesthetic Drugs: Rocuronium, Succinylcholine.
 - Advanced Airways: LMA, Laryngeal Tube airway, Tracheostomy packs, Glide Scope, standard airway equipment (Mac/Miller blades, boogies, suction, ET tubes (including pediatric sizes)).
 - Breslow tape: yes, including sized and colour-coded resuscitation packs.
 - Tenecteplase: yes.
 - Antidotes: naloxone, flumazenil, N-acetylcysteine, glucagon.
 - Hypothermia: BairHugger, active IV fluid warmer.
 - Portable X-ray: **no**: patients must be able to be moved onto trauma bed in order to obtain supine CXR.
 - Slit Lamp: yes, but currently non-functional.
 - Ultrasound: yes, but standalone obstetric machine, **not** bedside U/S.
 - Transfer for higher level of care:
 - After discussing with a consultant through ACAL (see “Useful numbers”), transfer is generally done by fixed-wing plane (~3-6 hours until arrival depending on how busy they are). Ground ambulance may be required if resources are tight (~5 hour drive).

Lab:

- Opening hours: 08:30 -17:00 or 18:00 depending on number of staff available.
- Capabilities:
 - Labs:
 - **Results available on site:** troponin (**not** high-sensitivity troponin), 12-lead ECG, ABG, amylase, lipase, basic and extended electrolytes, LFTs, Urine bHCG, INR, aPPT, Acetaminophen levels, lactate.
 - **Drawn, but sent out (no acute results):** D-dimer, ASA Levels, Urine drug screen (UDS), cross-match, serum bHCG.
 - **Unavailable:** Portable XR, portable U/S (obstetric U/S machine available in clinic if you want to drag it down the hallway...)
 - **Blood products:** 2 units O-. No albumin.
 - Imaging: XR machine for upright and supine films.
Itinerant Ultrasound clinics provided by technicians from Saskatoon and Prince Albert: Non-obstetrical - bi-monthly; Obstetrical - monthly.
- Implications/Suggestions:
 - Patients with suspected ASA overdose may need to be medivacced to Saskatoon.
 - Patients with acute blood loss of more than 1500ml and/or ongoing or anticipated ongoing bleeding may need to be medivacced.
 - Generally inform patients to return to the clinic in 2-3 weeks time for the results of routine lab work that is not processed on site.

Long-term Care (LTC) Facility:

- Layout: 8 long term beds, 1 respite bed
- *LTC has a long, centralized waitlist, as with much of SK.*

“Social Detox” / Family Healing Unit:

- What it is: The FHU is for patients who have completed acute medical detoxification, and for whom sedation is no longer required.
- Layout: 4 beds
- Modus Operandi: It is managed by addiction workers and nurse aides from the community. Patients may **self-refer** to this centre (Physicians are required to fill in a medical clearance form).

Turnor Lake:

- A physician clinic is held every **Wednesday from 11:00-12:00, and 13:00-15:30** in TL which is 68 km from La Loche.
- The clinic is held at the Meadow Lake Tribal Council (MLTC) nursing station in TL.
- The nursing station is generally staffed with well-trained RNs with additional scope.
- EMR: MedAccess.
- Procedure:
 - Leave for TL at about 10:00.
 - You can drive your personal vehicle if you have one (can be reimbursed through NMS), or the KY van available for physician use (keys are in the clinic manager's office).
 - Before you leave:
 - Fill up with gas at the Fuel Bar (credit card is in the folder with the keys, PIN code for the credit card is the last 4 digits of the vehicle serial number).
 - Take a packed lunch.
 - Ensure you have a complete **winter pack** if travelling in winter.
 - Energy bars, water in plastic bottles, blankets, extra clothes, first aid kit, small shovel and windshield scraper, candle and matches.
 - Route: Head out of La Loche on the SK-155 S (44.1km – asphalt road), then turn left on to the SK 909 N (signs for Turnor lake just after you pass the little town of Bear Creek; 29,9 km – gravel road). Take the first turn on your right as you enter the town: the clinic is on your immediate right, green-roofed building.
 - Clinic: 11:00 - 12:00
 - Lunch: 12:00 - 13:00
 - Clinic: 13:00 - 15:30
 - Leave for La Loche **with lab specimens collected by nursing staff and daysheets.**
 - Arrive in La Loche: drop lab specimens off at lab before end of working day.
 - Record mileage in vehicle folder.
 - Give the daysheets to the clinic manager.

Miscellaneous:

- Pharmacy (2):
 - CenterPoint Pharmacy, open 10am-6pm daily (the pharmacist *may* fill scripts outside those hours if he's around as the grocery store is open until 10pm daily).
 - Northern Pharmacy 10am-6pm Mon-Fri.
- Physician Group Prescribing Patterns:
 - Opioids and Benzodiazepines:
 - We strive to adhere to National Opioid guidelines at the clinic. As such, patients are aware that they should be getting their **regular opioid and benzodiazepine scripts from their family physician only. All long-term opiate and benzodiazepine patients REQUIRE narcotic contracts.**
- Obstetrics:
 - Prenatals are seen by all practitioners.
 - The NPs (Arlene and Andrea) hold weekly **prenatal clinics**.
 - All prenatal patients are **required** to head south for containment at 38 weeks gestation at the latest.
 - If presenting to ED in early labour, and in consultation with OB via ACAL it is deemed appropriate for transfer, the patient will be medevaced (most likely to Meadow Lake) for delivery.
 - We have a birth suite with neonatal incubator. We **do not** do routine obstetrics, and we do not have surgical capabilities for LSCS.
- Diabetes:
 - Arlene heads the Diabetes Collaborative at the clinic. Please refer newly diagnosed diabetic patients to her for follow up.
- Specialist Clinics:
 - Consultants:
 - We have visiting consultants from time to time: Schedule is posted on the notice board in office number 1.
 - Dermatology: Dr. Rachel Asiniwasis
 - ENT: Dr. P. Spafford
 - OB/GYN: Dr Epp
 - Orthopedics: Dr. Dust
 - Psychiatry: Dr. Dungavell
 - Social Pediatrics: PEDS Group - Dr. Brindamour, Dr. Ho, Dr. Markland, Dr. Dr. Marciniuk
 - GP Surgery/Endoscopy: Dr. Seguin & Dr. Grobler
 - Ultrasound: Carolyn Jabusch, Non-obstetrical; Denny Morissette and Nadine Kanigan, Obstetrical
 - Remote Ultrasound: Saskatoon team
 - How to refer patients:
 - Refer as per usual to the specialist of your choice; if room is available in a relevant specialist clinic let the clinic manager know that you're happy to have the referral redirected for a local visit.

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- Non-Insured Health Benefits:
 - Only Status First Nations (i.e. those who have been issued a government card that indicates their eligibility) have access to these benefits. This would cover most residents of Clearwater River Dene Nation, and fewer residents of La Loche and Turnor Lake. Refer to the link for more information: <https://www.sac-isc.gc.ca/eng/1572537161086/1572537234517>
- TB:
 - We have a high rate (compared to the national average) of TB in La Loche and area. Dr. Worobetz and the TB team are readily accessible by phone if you strongly suspect a new diagnosis in a patient.
 - In most of Canada, we see latent TB primarily in the immigrant population. In SK, and esp. LL, we see early TB, often in a younger population. Therefore, it is really important to think of this diagnosis when you have a patient with a prolonged cough, and especially if hemoptysis is part of the picture.
 - One should really have a low threshold for ordering Sputum AFBs, and/or gastric washings.

Useful Numbers:

- Northern Medical Services, Saskatoon Administrative Office – 1-306-665-2898
- La Loche Medical Clinic – Ph 1-822-8831; Fax 1-306-822-2798
- La Loche Health Centre – Ph 1-306-822-8800; Fax 1-306-822-2274
- **On-call Physician: 1-306-822-7669 ??**
- Poison Center: 1-866- 454-1212
- Sask. System Flow Coordinator - ACAL: 1-888-831-2225
 - **ACAL is your first point-of-contact for all emergent/urgent referrals and advice. This number will come in very handy!**
- Turnor Lake: 1-306-894-2112
- Meadow Lake Hospital: 1-306-236-1500
- Battleford Union Hospital: 1-306-446-6600
- Battleford Mental Health Centre (acute): 1-306-446-6500
- CenterPoint Pharmacy (Chai): 1-306-822-3294
- Ile a la Crosse Pharmacy: 1-306-833-2370
- Buffalo Narrows Pharmacy: 1-306-235-4344
- RCMP – La Loche: 1-306-822-2010

Recreational:

- The Robbie Fontaine Memorial Arena Complex houses a skating rink, a meeting hall, the local radio station CHRN-FM activity rooms and offices.
- The Dave O' Hare Public Library is at Ducharme School.
- The La Loche Friendship Centre organizes many of the festivals that occur every year.

Churches:

- Our Lady of the Visitation Roman Catholic Church has regular services (10:30 a.m. on Sundays) and is part of the Archdiocese of Keewatin-Le Pas.
- Clearwater River Ministries offers Sunday services (3:00 p.m.)

Before You Finish Your Time in La Loche:

- On the morning of your departure, you are generally booked in clinic only until 11:00. After rounds, you should be wrapping up your duties in La Loche, including:
 1. **Finalizing discharge summaries:** Please ensure that a detailed discharge summary is written out for all the patients that you discharge and affixed to their notes.
 2. **Fax all your day sheets (shadow billing) to: Anna Corrigan, Natawihin-Nakasuwenik Clinic, Ile a la Crosse – Fax 1-306-833-2401 (Ph 1-306-833-2044).**
 3. **Sign off all your results.**
 4. **Handover any inpatients to another physician** (please document this in the chart).
 5. **Fill in evaluation form.**

The permanent physicians work an itinerant system, with some away from the practice for two weeks at a time, others for a longer duration. Thus, we have a system that relies heavily on the good-will, co-operation and diligence of all physicians.

Expectations:

1. **Documentation should be clear.** It is very likely that another team member will follow up on your patients and therefore we strongly advise that you use the SOAP method for documentation.
2. **Follow-up on your own lab results and investigations up until you leave.** Any patient that is in the middle of a complex follow-up should probably be handed over in person with a brief conversation to the physician replacing you, so that nothing falls through the cracks.
3. **Where possible, be aware of practice patterns already in place in the community and either work within them or feel free to suggest improvements!**
Some examples include:
 - asking patients to follow-up in clinic when seen in ED and requesting narcotics,
 - ensuring narcotic contracts are in place and referring patients to their usual physician where possible,
 - normal lab results only need to be initialed and filed; abnormal or significant lab results should be signed, dated, and (if likely to be chronic/long-term), documenting it in the patient's medical chart.

Topics to be covered on half-day of Orientation

1. Orientation to building.
2. Introductions.
3. Getting around town.
4. Day sheet: filling it in.
5. Referral and practice patterns.
6. EMR - MedAccess
7. Getting around the PACS and eHR Viewer systems.
8. Documentation: referral letters, detox form.
9. Policies.