

Ultrasound Meeting, March 30, 2016

Location: Aurora time: 1645

Attendees: Dr. Yeung, Marlene McCarthy, Vicki, Alona, Bana, Layla, Alex, Yun, Regina, Tatiana, Lynn, Roselle, Vasily,

AGENDA ITEMS:

- Walk in Add Ons: Change
- New booking times to come, Monday – Friday vs evenings, and weekends
- Late ER cases: New process for all clinics
- Vicki is Quality Assurance Lead, Equipment, QA, Policies and training
  - New position....
  - Vicki moving to all clinics...available for feedback, will be doing monthly checks as per QA requirements
- TEAMWORK:
  - Work refusal
- Schedule:
  - Can switch if skills set match, notify Rosalba
  - Clinic locations
  - Cross coverage process
    - Location
    - Shift hours
    - Length of shifts
- Dr Rosman and Midwives limited OB protocol (print)
- Emergency protocol for the Midwives for evening and weekend, and with fetal demise (print)
- Patient complaints: OBS
  - Baby pics
  - Sex of baby protocol: telling father, written, pics
  - Medical exam vs patient expectations
- Time management/Patients arriving early:
- New US policy and procedure binder/Employee Handbook
- QC notes, new work flow and expectation starting ending April: -
  - Email response
  - Checking emails in general
  - Internet going forward
- QA interesting cases: procedure when no response, sharing of cases
- QA: technologist work sheets
- Exams no requisition:
- Ultrasound gel
- Stocking room at the end of the day: expectations
  - Non compliance
- Clerical errors:
  - Vaughan
  - Process
  - Confrontation
- Late patients: Sonographer expectations
- Leaving 5 minutes early and payment



## Ultrasound Meeting Minutes, March 30, 2016

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### Dr Yeung's Opening Comments

- Dr. Yeung opened the meeting thanking everyone for their hard work and jobs well done with all the changes that have been going on.
- He wanted everyone to know that all changes are made with his approval. Marlene and Dr. Yeung meet weekly and he is aware of all areas of the practice. The changes are necessary to help improve the way we work, improve patient care and to keep the business thriving. It has become more competitive with more clinics in the areas and with the government cuts over the past few years.
- He is aware that we are working hard, and is trying to maintain status quo: Christmas bonus, paid lunch and recognizes that we have not had a raise since 2014.
- All changes are not taken lightly and patient care and quality are foremost.
- We are trying to keep people happy so communication is very important, and we want to hear if things are not working. Approach Marlene, Vicki or himself, if you have any issues, but you must give an explanation.
- Not doing the changes is unacceptable, and there will be consequences if they are not followed.
- We want team work!! We can no longer perform as we have in the past, there needs to be some flexibility and good team work to compete. Your clinic or/or hours may change.
- Communication can always be improved. We try to keep all staff informed.
- Dr Yeung will inform the other radiologists about necessary information about the clinic but they may not know everything. Feel free to approach them but if you want a change to be discussed it does need to go to Dr. Yeung or Marlene.
- Dr. Yeung is ultimately responsible for all changes.

### Marlene's opening comments

- Marlene is happy to be working for Dr Yeung and X-ray Associates. She values her staff!
- She trusts all staff and is willing to have a give and take approach.
- Internet will be available soon on all computers for staff to use.
- Changes have been made with our Vacation/Sick accrument and 30 working hours (does not include our paid lunch) is now considered Full-time with regards to vacation. Recognition awards will be handed out in April and annually going forward for years of service with the company for all staff working a minimum 30 hours.
- Sonographer sick time is low and is greatly appreciated and when someone does call in thank you for making days work until we can figure out coverage last minute.
- There have been lots of changes and there is more to come. Feedback is wanted and appreciated, and will be examined. Call/text her on her phone at any time.
- Marlene meets or conference calls with Dr Yeung every week to discuss all aspects of the company. All protocols are passed by Dr Yeung, as President, and all QA information is passed with Dr Zia.
- Marlene does not update the other radiologists. Dr. Yeung informs the other radiologists about the practice.

### Goals/Expectations:

- More positive response to change
- Decrease negativity
- Improve communication between clerical and sonographers
- Improve teamwork



- Reduce patient complaints

Vaughan 5<sup>th</sup> room is in progress and will be discussed with the Vaughan staff as we make changes.

#### AGENDA ITEMS:

- **Walk in Add Ons: Change**

Going forward Ultrasound will No longer be performing routine walk in patients. We will go back to adding emergency exams only i.e. DVT, ectopic, torsion, limited OB Rosman and midwives. If a patient shows, non urgent and there was a cancellation then the exam can be added without checking with the sonographer. Exam times should not be left blank if at all possible.

PROCESS for emergencies: Reception will have the patient stay until they speak to the late person (one with asterisk beside their name) to see who will perform the emergency. This patient must be done quickly.

Reception will inform the patient of the wait time. ALL technologists must cooperate.

- **New booking times to come, Monday – Friday vs. evenings, and weekends**

Marlene, Vicki and Dr Yeung will review booking times and adjust: Abdomens will remain 30 minutes.

Recognizing that more emergency cases on days Monday to Friday vs. evenings and weekends, there may be some differences between shifts.

- **Late ER cases: New process for all clinics**

Receptionists have a tough time getting staff to stay for late ER case, they are afraid to ask. There will be an \* beside your name on the schedule, defining that you are the go to person to stay late and approach through the day for added exams. If you do not perform the exam, then you are still the one to see who can do this exam, stay to cover the other person's case if you cannot perform that exam. call another clinic etc. If you are unable to be the late person that night, it is your responsibility to switch with someone. You can switch with someone but you must let the scheduler know.

- **Vicki is Quality Assurance Lead, Equipment, QA, Policies and training**

- **New position....Sonographer liason:** GO TO person for complaints, issues not relating to protocols. The person will liaison with Marlene and/or Vicki/Brian. Email Marlene, it will be confidential to WHO YOU would like this person to be NOT if you want to do.

- **Vicki will be moving to all clinics and is always available for feedback. She will be doing monthly checks as per QA requirements i.e. Will check QA binders, monthly /daily check lists**

- **TEAMWORK:**

- **Work refusal**

Staff are refusing cases, not taking patients when they arrive early, instead making the patients wait until their appointment time. This is NOT acceptable. Staff are not always working as a team. Silos: the bookings are a guide to ensure equal distribution, guideline only. Should be able to ask for help in situations i.e. patient late, long difficult case, etc. someone takes their next case, and then they take theirs. Everyone is a great individual, but working with your co-workers makes a great team. You should feel comfortable to ask a co-worker, and work a schedule out together, but it is important that you also try and manage your time so that you can get through your list for fairness.

- **Schedule:**

Can switch shifts if skills set match, but must notify Rosalba so changes can be made in the tracker for payroll

Last minute requests in the schedule (once posted) are your responsibility. NOT for Rosalba to change. You can ask colleagues and make a switch, or try and notify a part-time or casual staff to cover your shift.

- **Clinic locations**

We will try to give staff a home base BUT we need to meet our staffing requirements, we will schedule to meet our needs, we WILL NOT be asking for your permission to work in another clinic. All clinics have



Philips HD15 machines and if you work in the other clinics regularly you are expected to learn the other machines from your co-workers.

- **Cross coverage process**

- **Location:** expectation that you can be scheduled at any clinic to meet X-Ray associates needs
- **Shift hours:** You will be required to cover the shift you are replacing i.e. 8-5 Newmarket
- **Length of shifts:** changes coming: Staff will be spoken with directly, if it affects them. Changes have been made to x-ray, clerical, more to come

- **Dr Rosman and Midwives limited OB protocol (attached)** (also found in the P&P US Binder)

Limited OB protocol now in effect for midwives. These exams must be done. The limited exam would include one of the points on the list and only requires you to look at this and record a Heart Beat of fetus. It will be billed as a Limited OBS exam. If a full exam i.e. BPP needs to be performed then a booking time would be required. Memo will be sent to sonographers and clerical and midwives.

**REMINDER: Emergency protocol for the Midwives, and with fetal demise, they need to be notified if there is a fetal demise, even if early on ALL shifts. (attached)** (also found in the P&P US Binder) Fetal demise, even early pregnancy the midwives must be called on evenings and weekends. The emergency protocol should be posted in each US work area with the number to call after clarification from the radiologist.

- **Patient complaints: OBS**

- **Baby pics:** New protocol, allow significant other to take pic off screen, 10\$ CD of pics.
- **Sex of baby protocol: telling father, written, pics:** If mother gives verbal ok to give the other parent or person the sex of the baby, you may do so. Record on the tech worksheet that mother gave permission to tell the sex to whoever she said.
- **Medical exam vs. patient expectations:** most complaints have been about Sonographers and their attitude during OB exams. Fine line between recognizing that it is a medical exam vs. creating a joyful experience for mother and partner. Explain the procedure to the patient, and when the significant other can be brought in. Let them know that a CD is available, but that a pic can be taken off the screen at the end of the exam. Let them know that it is a medical exam and you need to concentrate but you will show the baby at the end of the exam. Be sensitive to their needs. If you give them all the information at the beginning they will know what to expect and then you can have fun with them at the end to make their experience a positive one.

- **Time management/Patients arriving early:** Expectation is that you will take your next patient when you complete the one before. DO NOT wait for their time to come. Patients are not to be sent away if they do not have a full bladder, they are NOT REBOOKED, complete the exam. If your patient is late, they should be done, speak with colleagues to work it out, TALK to each other. Again Teamwork...

- **New US policy and procedure binder:** Please review and make sure you are aware of all policies and procedures and sign off on the manual at each clinic you work at by April 16<sup>th</sup>. Any questions and feedback, along with any noted spelling errors let Vicki know.

- **QC notes, new work flow and expectation starting end of April:** - NEW: Marlene will get QC notes daily; Vicki will be copied on email. Been a delay in responses.

- **Email response** please check emails daily, Respond by email as per protocol, not on the QC note, unless the case has not yet been verified for reporting and would be an immediate communication to the radiologist. This is meant to be a learning process, not punitive.
- **Checking emails in general:** Full time staff should check daily. Part-time and casual staff should check every few days as this will be a primary communication tool.
- **Internet going forward** All staff will have access to internet on all computers approx. date: May/June

- **QA interesting cases: procedure when no response, sharing of cases:** If doctors office doesn't respond after 2 attempts, record what you know about the case and record on it that Dr. not willing to give additional information. Then send this information to Vicki for the QA bi-yearly meetings and also so she can share the interesting cases with all the clinics. Vicki will do follow-up with this.



- **QA worksheets:** rads have asked to make sure they are neat, organized and legible. You do not need to describe a simple diagnosis i.e. gallstones or renal cysts. But any pathology that you are questioning needs to be described. Also partially seen organs i.e. pancreas need more detail as to which areas are seen and not seen and why.
- **Exams no requisition:** Verbal order from doctors' office acceptable to start examination. Reception will record on the requisition who gave the verbal order, the date, and initials. They will let the referring office know that a report CANNOT be issued until we have a signed requisition. So the tech can start the case with a verbal order but does not verify it until you have the signed requisition scanned into the case
- **Ultrasound gel:** will be changing to bags of gel. A policy will be written and distributed shortly. Co op students, x-ray help, and ultrasound techs can be used to refill bottles. Everyone is expected to help out.
- **Stocking room at the end of the day: expectations** Problems with staff on weekends not stocking the room that they work in. Expectation that staff will follow the list posted in each room. If you have spoken to the tech, and still not complying, notify Marlene.
  - **Non compliance:** there will be a warning, but Non compliance on meeting the standards of practice for any protocol for X-Ray Associates will not be tolerated... there will be repercussions: Warning, suspension, and dismissal as noted in our new Employee Handbook which is being handed out to every new employer and copies available in all clinics the first week of April.
- **Clerical errors:**
  1. **Vaughan** is keeping track of errors, Techs need to keep paper with a note of the error and Marlene will follow up, no need to find out who made the error....just log Marlene will collect these mid April
  2. Aurora/ Newmarket can also start to track these. They will be used as an education tool once reviewed by Marlene and is not meant to be punitive.
  3. **Process:** Staff have access to RIS, correct if you can, if not proceed to reception, if they are swamped wait your turn....DO NOT ask who made the error, ask who can do a correction, leave the paper and walk away and reception will place in the folder. (Vaughan)
  4. **Confrontation:** Receptionists are not to be confronted with their errors. That is NOT your job to do. They are part of the team and are to be **TREATED WITH RESPECT**. Receptionists are afraid to speak with sonographers, they are told NO, refusing patients even when there is an opening.
- **Late patients: Sonographer expectations** Patients are to be accommodated. They are NOT to tell the patients they are late, this has been addressed at reception. Reception is to let them know that we recognize that they are late but we will accommodate them, if they could be patient with them. They are not to be told I have to rush now because you are late. DO NOT make them feel bad. Some patients have been made to wait an extra long time as punishment. These practices have to stop. They are to be treated as you would want to be treated or your loved one. If it is at the end of the day the asterisked (late) sonographer can help. If you stay late for patient care (added case or late patient), the time will be paid. Fill out the time tracker form for extra time with your explanation and fax it to Anna.
- **Leaving 5 minutes early and payment** Anna does not pay if staff leave early EVERY day. The occasional time is fine. Reminder: You are expected to clock in 10 minutes before your shift as this is being monitored. If you have a circumstance where you know you will be late for your shift, phone Anna and explain why you are running late. If you choose to email after calling you may cc Marlene
- **New Item:** All items brought to me in Head Officer are addressed/investigated, but not ALL may require feedback. Discretionary.