

# Physician Onboarding Handbook

Created May 7, 2024

Anesthesiology and  
Perioperative  
Medicine

# Department of Anesthesiology & Perioperative Medicine Orientation and Onboarding

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# 1.0 Time Sensitive Tasks

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## 1.1 NetID Setup for Queen's University

Your Queen's NetID allows you to access many resources and required platforms. You will need to activate your Queen's NetID; however, to do so, you will first need to obtain your staff number. The department will provide this to you once your appointment commences as your staff number has not yet been generated.

Once you have your staff number and are ready to activate your NetID, please follow the instructions below.

Your NetID is your electronic fingerprint that gives you access to all things Queen's. You can find out more and get a NetID by following instructions here:

<https://www.queensu.ca/its/netid/netid-activation>

Once you have a NetID, you can get access to Queen's library, email and the Office 365 suite. The Office 365 suite is very handy, with 1TB of cloud storage, full-service Office etc. Details of that are also found on the page above.

You will also need your NetID to login to Queen's HR, update your personal and banking information:

<https://www.queensu.ca/humanresources/intranet>

## 1.2 Payroll

Please see information about payroll under [“Queen's, section 2.4.1. Payroll”](#)

## 1.3 HR at Queen's

Please refer to your offer letter for more specific information regarding your specific HR requirements.

## 1.4 Benefits

Please see information about benefits under [“Queen's, section 2.4. Benefits”](#)



## 1.5 New Hire Orientation

Please attend the **New Hire orientation** session via Queen's TEAMS as mentioned in the letter (an invitation will be sent to you)

Please plan to attend the **orientation program** for New Faculty members in August via Queen's as mentioned in the letter.

## 1.6 Queen's Training

Please complete the **Mandatory Training** :

There are three training components that are mandatory for all Queen's faculty members:

- [Environmental Health and Safety Awareness Training](#)
- [Accessibility for Ontarians with Disabilities Act Training](#); Modules to complete are:
  1. Accessible Customer Service
  2. Access Forward
  3. HR101
  4. Accessible Instruction for Educators
- Sexual Violence Training: [It Takes All of Us: Staff and Faculty](#)

All modules for training are available online with your NetID through the applicable Queen's University website and should be completed within one month of your appointment commencing. You can review your Human Rights and Equity Office (HREO) training record via [mytrainingrecord](#), and any outstanding HREO mandatory training will be listed under 'Trainings Still Required'.

## 1.7 Ministry of Health Group Registration

### Provider registration

#### [Provider Registration Form](#)

Health care professionals practicing in Ontario must have an OHIP billing number. If you do not have an OHIP billing number, you will not be eligible to submit claims to the Ministry of Health for payment.

To receive an OHIP billing number from the ministry you must:

- hold a valid Certificate of Registration with a governing body.

- have an Ontario practice address.
- complete and sign the Application for OHIP Billing Number for Health Professionals form.
- provide banking information to support direct payment.
- register for Medical Claims Electronic Data Transfer (MCEDT) and Health Card Validation (HCV) services.

To complete the registration, please submit:

1. a completed application
2. banking information

Submit required documents by one of the following methods:

**Email:**

Scan originals and send by email: [ProviderRegistration.MOH@ontario.ca](mailto:ProviderRegistration.MOH@ontario.ca)

**Fax:**

Fax originals to: 613-545-5848

**Mail originals to:**

Ministry of Health  
Claims Services Branch  
Provider Registry Unit  
P.O. Box 68  
Kingston, Ontario K7L 5K1

**Group registration:**

**\*\*\*\* Anesthesiologists are part of a Group- their billing Group code is 01\*\***

[Group Registration Form](#)

Group registration is required to assign a group of physicians a group number. A group number is not a billing number. It is a number the ministry issues that allows individual physicians to have their billings associated with a group.

Health care groups applying for an OHIP group number must complete and submit an OHIP Group Registration for Health Care Professionals form by one of the following methods:

**Email:**

Scan originals and send by email: [ProviderRegistration.MOH@ontario.ca](mailto:ProviderRegistration.MOH@ontario.ca)

**Fax:**

Fax originals to: 613-545-5848

**Mail originals to:**

Ministry of Health  
Claims Services Branch  
Provider Registry Unit  
P.O. Box 68  
Kingston, Ontario K7L 5K1

## 1.8 CARF/Security Badge

**Security Photo ID badges**

Please bring a copy of the Hospital Privileges approval letter with you to show to security. The KGH Security Department, is located on Dietary 1, you can obtain your identification badge and IT username and password. KGH Security is open between the hours of 0800 and 1200.

The department will submit CARF (Computer Access Request Form) to obtain IT access at Hospital.

**CARF**

There are several computer programs that you will be given access to upon your arrival. Our administrative staff, Ola Bienkowski or Sabrina Clark, will submit the CARF on your behalf to obtain IT access at the hospital. This CARF will give you access to several programs including Remote Citrix Access, OR Manager, Ominicell, KHSC email, PCS/LUMEO, OR Scheduling, PICIS, Connecting Ontario, relevant EMRs, OCEAN, e-consult, KHSC shared drives, Remote Desktop and Entrypoint.

## 1.9 Lockers

You will be assigned a locker when you arrive on site. There will be a small lock on your assigned locker (we use them to save our lockers), you will need to remove the lock and return it to the main office to Sabrina Clark—be sure to replace the lock with one of your own.

## 1.10 Keys

When you arrive you will be provided with three keys: a CAD key, an office key, and a key that will open the mailroom and the kitchenette. You will also be provided with the code to enter the Anesthesia Library and the Wellness room. You will receive these items and information from your onboarding champion.

## 1.11 QGenda Orientation

Prior to your arrival you will be sent an invitation to join QGenda, our scheduling software. Please ensure that you sign up and have access to your QGenda account prior to your arrival. Once you have set up your QGenda account, please go through the orientation modules within the program. This will give you a good understanding of how QGenda works. If you have any additional questions about QGenda, Anne Marie Loricchio (Administrative and Scheduling Assistant) or Joanna (Deputy Head) will be able to give you a hand.

## 1.12 Scrub Access

You will be granted scrub access when you pick up your package from security—you will receive a scrub access on your ID card.

Please see the [Scrub Access SOP](#) for images and more information about accessing your scrubs.

## 1.13 Pager Vs. Cellphone

We will need to know if you would prefer to use your cellphone for switchboard to contact you or if you would like the department to acquire a pager for you. Please let our admin staff, Sabrina Clark, know which you would prefer.

**Please note: If you choose a pager, it may take some time for the department to acquire a pager for you, so in the interim we may use your cellphone as your contact.**

## 1.14 Office and Computer

When you arrive, you will be assigned an office and a computer.

Our office space is limited in the department, but we strive to ensure that everyone has a designated space. You will be assigned a shared office space and will have a designated desk and chair. You will be given your office number by Sabrina, please make yourself at home in the space, but be aware that you are sharing the space.

At this time, we are working on upgrading our computers in the department, so there may be a little time between when you arrive, and you receive your computer—We are working to try and limit/eliminate this delay. In the interim, there are many computers that you will be able to access in patient care areas—your champion can show you these units.

## 2.0 Queen's University

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### 2.1 Helpful Links

- [Queen's Organizational Structure for Queen's Health Science](#)
- [School of Medicine Academic Council](#)
- [Office of Professional Development and Educational Scholarship \(OPDES\)](#)
- [Centre for Teaching and Learning \(CTL\)](#)
- [Queen's Libraries](#)
- [Queen's Athletic and Recreation Centre \(ARC\)](#)
- [Clinical Teacher's Association of Queen's \(CTAQ\)](#)

### 2.2 Microsoft 365, Adobe, and other software

You have access to several software programs through Queen's University. Some of the programs you have access to are the Microsoft 365 suite and the Adobe Suite. The ["Getting Started: Staff" webpage](#), found on the ITS website, is an excellent resource for helping to get these programs set up on your computer.

Please visit [Available Tools and Software](#) page on the ITS website for a complete list of available software.

#### Microsoft 365:

Queen's offers Microsoft 365 Apps for enterprise for free. See the instructions below on how to access this software:

Product	Platforms	Licensed for	How to Download
<a href="#">Microsoft 365 Apps for enterprise</a> (Outlook, Word, Excel, PowerPoint for Windows or Mac, OneNote (features vary), Teams, OneDrive for Business, and Access and Publisher (PC only).	Windows, macOS	<ul style="list-style-type: none"><li>• Faculty</li><li>• Staff</li><li>• Students</li></ul>	<ul style="list-style-type: none"><li>• Installation issues: <a href="#">IT Support Centre</a></li><li>• Tutorials: <a href="#">Microsoft</a></li></ul>

## Adobe Professional:

It is important that you load Adobe Acrobat Pro DC on to your computer. We use this program to digitally sign many documents. Please see instructions below on how to obtain Adobe Acrobat Pro from Queen's for free:

Product	Platforms	Licensed for	How to Download
<a href="#">Adobe Acrobat Pro DC</a>	Windows, macOS	Faculty Staff Students  Departments	<ul style="list-style-type: none"><li>• Fill out the <a href="#">Adobe Acrobat Pro DC request form</a> to obtain a license</li><li>• Once you have obtained a license, visit the <a href="#">Adobe Acrobat Pro DC FAQ page</a> for instructions on how to sign in to your Adobe cloud account and download the product.</li><li>• Visit the Adobe website to determine minimum <a href="#">system requirements</a> and for <a href="#">tutorials</a> about product usage.</li></ul>

## Queen's Email

Please note that Queen's email address can be forwarded to KHSC/PCH emails; however, you CANNOT forward your KHSC email to your Queen's email address.

**All patient-related communications must be via KHSC/PCH email, not Queen's email. The introduction of LUMEO may change procedures regarding patient communications via its integrated message centre.**

## Zoom

Your Net ID gives you access to Queen's Zoom. Please visit the [Zoom Service Page](#), for more information on setting up your Zoom access.

## 2.2 Library Access

Your Net ID gives you full Queen's electronic library access from home. Visit the Queen's library at the link provided below. You will need to click "off-campus access" at the top of the screen to log in.

<https://library.queensu.ca/home>

## 2.3 Parking

Parking is available through Queen's parking. If you take a bike, it can be locked up outside in the designated area off George St. (you will need a pass which is available through KGH security on Dietary 1).

On-call parking is available at the corner of George and Stuart Sts. You will need a pass that you can apply for via security (Dietary 1). Please only use the on-call parking when you are actually on-call as there are limited spaces.

## 2.4 Benefits

“Upon commencement of your employment, you will receive an email from Manulife, the University's benefits provider. This email will be sent to your @queensu.ca email address. **You will be required to complete the <https://www.queensu.ca/humanresources/employee-resources/benefits> for benefits within 31 days from receipt of this email.** “

\*\*It is important for you to know that if you do not enroll in group health benefits within 31 days of your start date and you subsequently wish to enroll in benefits, you will have to complete a 'late application' and may have to provide medical evidence of good health at plans. wn expense before the insurer will cover you and your dependents under the group

Benefits include:

- Extended health benefits (i.e. vision care, dental plan, prescription coverage, etc.) –accessed via MyHR: <https://www.queensu.ca/humanresources/employee-tools/myhr-self-service>
- Pension plan
  - This only applies to your T4 income, not your T4A
- Employee and family assistance program
- Tuition assistance program for dependents
- Childcare support program
- Access to Faculty Development and Continuing Professional Development courses (free)
- Annual Queen's welcome breakfast
- Free University Club membership – <https://www.queensu.ca/uclub/>
- Physician Wellness resources including family doctor rostering and peer support, <https://www.seamo.ca/programs-resources/physician-wellness>



## 2.4.1 Payroll

To join payroll, you must enter your banking information via [MyHR Self-Service](#) no later than **10 days after your start date** or as soon as you have received your Employee Identification number.

## 2.5 Queen's Teaching

### Educational/Training programs

- FRCP Anesthesia Program – 4 to 5 residents per year, 5-year program, competence-based
  - 4 stages: transition to discipline (2 mos), foundations (18 mos), core (36 mos), transition to practice (9 mos)
  - Resident call is similar throughout the program; new residents have 4 to 5 months of call buddied with a senior resident; at which time they are assessed to do independent call.
  - Faculty must provide residents with daily assessments online.
  - Residents will provide feedback to staff online, anonymized and collated q3-4 mos
  - Kim Asselstine is the Program Administrator
- Family Practice Anesthesia – 2 residents per year, 12-month program after a 2-year family practice residency
  - 3-4 months buddied with a senior FRCP resident, then assessed to do independent call.
  - Daily assessments by Faculty are expected.
- Fellowships
  - General fellowships and focused or subspecialty fellowships such as Simulation, POCUS, Cardiac and Obstetrics are offered.
  - Some fellows have FRCP, other have international degrees and training.

### Undergraduate Medical Education

- Faculty leadership in our department: Amanda Jasudavicius (Director, Perioperative Medicine Clerkship Rotation -Anesthesia & Emergency Medicine), Louie Wang (Director, Procedural Skills Curriculum), Mike McMullen (Career Advisor), Lindsey Patterson (Director, Pre-clerkship Curriculum),
- Emma Renard coordinates our faculty to ensure all teaching responsibilities are met
- Daily online assessments are expected.
- The department is involved in a wide variety of learning events over all four years of the curriculum. These are negotiated with the Department Head/UGME coordinator

according to your interest and as required by the Department, except for supervision of Clerks within the OR setting and small group clerkship teaching, which are assigned to all Faculty. Additional UG teaching opportunities include:

- Lectures
  - Clinical/Communication Skills: teaching hx and physical exam in year 1-2
  - Facilitated Small Group Learning (FSGL): discuss cases in small groups on a variety of clinical scenarios in year 1-2.
  - Procedural Skills: teaching in small groups a variety of procedural skills
  - Small group teaching sessions associated with the Perioperative Medicine clerkship rotation.
  - Supervision of clerks (year 3-4) within the OR setting: required by all Faculty.
  - Supervision of medical students in OR on Observerships (year 1-2)
- Review of Medical School Admissions Files and/or participation in the Medical School Admission Interview process are expectations of all Faculty on a periodic basis.

## 2.6 Queen's University's Expectations

### 2.8.1 Annual report

- It is MANDATORY even if you have not been with the department for a full year.
- Find it on the Elentra website <https://elentra.healthsci.queensu.ca/>, under 'more', click on Annual Report.
- Due in January each year.
- Components of the report: education, scholarship, clinical, service, self-education, awards.
- Make it an ongoing project by submitting published papers as they come out and enter CME as you attend. This will make the work in January much less onerous. All official UG teaching will be captured in this program, so you don't have to add to it.
- Grant data should be entered automatically from Queen's Financial Services but should be double-checked each year, as inaccuracies have occurred.
- Once you enter your clinical requirements the first time, they can be carried-over to the following year if they don't change.
- The process requires an updated CV.

### 2.8.2 Reappointment to Queen's Faculty

- All Queen's faculty must apply for reappointment; this usually occurs every 3 years for the first 6 years, then every 5 years. This involves submitting a letter, a teaching dossier, a CV and references. You will be informed by Queen's when your reappointment is coming up. More information on the process is available at:

<https://www.queensu.ca/secretariat/policies/senate/health-sciences-statement-promotion-policy-geographically-full-time-and-adjunct-1>.

- Teaching Dossier,
  - helpful information from the Centre for Teaching and Learning: <https://www.queensu.ca/ctl/resources/evaluation-teaching/teaching-dossier> or from QHS: <https://healthsci.queensu.ca/opdes/faculty-development/teaching-support/teaching-dossier>.
- Teaching and other evaluations are critical parts of reappointment and promotion, so start saving these to a dedicated file.

### 2.8.3 Promotion

- Most faculty are appointed as Assistant Professor unless you came from another academic center at which you had already achieved a promotion.
- After about 5 years as a faculty member (assuming this is your first faculty position), you may apply for promotion. This also requires a letter, a teaching dossier, an updated CV and references, some of which are required to be external to Queen's. More information and criteria for promotion is available at: <https://www.queensu.ca/secretariat/policies/senate/health-sciences-statement-promotion-policy-geographically-full-time-and-adjunct-1>. You will need to demonstrate scholarly work and commitment in all spheres (clinical, scholarly, education, administration) to be promoted.
- Must maintain good standing for CPSO and Hospital.
- Centre for Teaching and Learning (CTL) helps with teaching dossiers.
- FHS assigns a staffing officer to help with reappointment and promotion [qhsstaffing@queensu.ca](mailto:qhsstaffing@queensu.ca).
- Promotion to Associate Professor or Full Professor does not come with additional income, just respect for the hard work you put in to achieve it.

*\*NOTE: Associate Professor is not to be confused with what we call an 'Associate'. The former is a Queen's faculty member who has been promoted, the latter is an anesthesiologist who is providing clinical service for our department and is not a full Queen's faculty member.*

## 3.0 Kingston Health Sciences Centre

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Your Onboarding Champion will arrange a time for you to meet them onsite for a tour of the areas that you will be working in. At this time, you will go to security to pick up your badge and IT information. KHSC has two sites (Kingston General Hospital and Hotel Dieu) at which our staff work, and you will be given privileges to work at both sites. We also support ECTs at Providence Care hospital. You will meet with medical affairs and potentially the Program Medical Director.

Please review [our website](#) and pay particular attention to the “[Clinical guidelines](#)” [webpage](#) as there is a lot of information on certain subspecialty procedures and other information unique to our hospital.

Our normal working day is ~0715 to 1600h. If you are not on call, you are usually relieved of your clinical duties by 1600h.

### 3.1 Kingston General Hospital

Located at 76 Stuart Street, Kingston, Ontario

- Chris Gillies, VP Medical Affairs, offers to meet with all new faculty and orientation is individualized and focused on needs.
- View the [hospital organizational chart](#) for more information regarding the hospital’s organizational structure.

### 3.2. Hotel Dieu Hospital

Located at 166 Brock Street, Kingston, Ontario At this site we:

- Perform ambulatory surgeries (7 ORs)
- Host the Chronic Pain Clinic
- Host Pre-Surgical Screening

### 3.3 Providence Care Hospital

752 King Street West, Kingston, Ontario

- We provide support of ECT treatments here, therefore you will require privileges.
- Leadership team can be found at <https://providencecare.ca/about-us/senior-leadership-team/>

### 3.4 Expectations from KHSC

- We provide anesthesiology services to two hospitals: KHSC (made up of the KGH and HDH sites), and the Providence Care Hospital (for ECT treatments).
- Hospital privileges must be renewed yearly...don't ignore the emails.
- Charts must be signed off or privileges will be suspended.
- KHSC is divided into Programs. We are mainly involved in the Perioperative program, but we also work in the Mother/Child program (for OB and providing pediatric procedural sedation), the cardiac program (Cardiac Surgery, EP and CSU), Diagnostic Imaging (MRI, interventional radiology) and many others. Each program has a Program Operational Director (POD) who is usually a nurse by training, and a Program Medical Director (PMD) who is a physician. The Perioperative Program co-PMDs are currently Dr. Romy Nitsch and Dr. Janet van Vlymen.

### 3.5 KHSC CPSO Partnership QI Program

KHSC has formed a Partnership with CPSO to allow our physicians to complete the Quality Improvement Project licensing requirement as a group. Our department is involved in a QI project on Wellbeing. This project started in 2022, and therefore will fulfil the requirement for the 5-year cycle 2022-2027. Please see Dr. Chris Haley or Dr. Melanie Jaeger for more information.

[KHSC CPSO Partnership QI Program](#)

## 4.0 Department of Anesthesiology and Perioperative Medicine

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### 4.1 Organizational Structure and Administrative Support

#### Organizational Structure

**Note:** These are living documents and will be updated as changes occur.

- [Organizational Charts](#)
- [Important Telephone Numbers](#)
- [Orientation and Onboarding Checklist](#)

#### Administrative Support:

We have several administrative support personnel in our department. Please see the list below, so you are directing any queries/support requests to the correct individual. If you are uncertain about who you should be contacting, please contact Sabrina Clark and she can either assist you or redirect your query to the correct individual.

**Anne Marie Loricchio**- Administrative and Scheduling Assistant responsible for:

- QGenda (Scheduling software) updates
- Vacation time
- Non-clinical Time

[annemarie.loricchio@KingstonHSC.ca](mailto:annemarie.loricchio@KingstonHSC.ca)

**Debby Leach** - Postgraduate Program Assistant.

[Deborah.Leach@kingstonhsc.ca](mailto:Deborah.Leach@kingstonhsc.ca)

**Ainsley Gilson**- Postgraduate/Undergraduate Program Assistant.

[ainsley.gilson1@KingstonHSC.ca](mailto:ainsley.gilson1@KingstonHSC.ca)

**Ola Bienkowski**- Administrative Coordinator, Assistant to Department Head, responsible for:

- Physician & Locum Recruitment,
- RTP Committee, Promotion/Reappointment support for faculty,
- LOA/Sabbatical requests, Research Hospital Appointment (RHA), Department Assistant Hospital appointments (DA),
- Department Executive Meetings,
- New Staff Orientation,
- Meetings with Dr. Arellano.

[ola.bienkowski@queensu.ca](mailto:ola.bienkowski@queensu.ca)

**Sabrina Clark**- Administrative and Communications Coordinator/Office Manager, responsible for:

- Annual Reports,
- Performance Reviews,
- office management,
- space allocation,
- website oversight.

[sd171@queensu.ca](mailto:sd171@queensu.ca)

**Charlotte Hannah**- Administrative and Communications Assistant, responsible for:

- Department Meetings,
- Research Day,
- Website Updates.

[charlotte.hannah@KingstonHSC.ca](mailto:charlotte.hannah@KingstonHSC.ca)

**Leslie MacLean**- Administrative Assistant

- Intake of Anesthesia Consult Requests from services throughout the hospital and distribute to staff,
- Anesthesia Billing Sheets processing,
- office supplies orders,
- General Office Responsibilities,

[leslie.maclean@kingstonhsc.ca](mailto:leslie.maclean@kingstonhsc.ca) or 613 548 -7827

**Rachel Phelan**- Research Officer

literature searches

- HSREB and DSS applications (includes Hospital impact, consent forms, protocol development, draft data spreadsheets etc)
- writing and/or editing manuscripts (includes the background literature and current research to ensure is relevant)
- writing and/or editing grants (often includes background, rationale, proposal up to date with current literature, protocol, budgets, letters etc.)
- revising manuscripts and responding to reviewers comments
- grant & manuscript submissions/resubmission.
- Health Canada paperwork for applicable clinical trials
- Clinicaltrials.gov registration and maintenance for all clinical trials

[Rachel.Phelan@kingstonhsc.ca](mailto:Rachel.Phelan@kingstonhsc.ca)

**Anju Soni**- Financial Coordinator, responsible for:

- Department Finance meetings/QAA,
- Financial Reporting,
- SEAMO Reporting and Billing,

- FAST / acQuire / emails / PeopleSoft / Journal Entry / TRAQ / ERS  
[as356@queensu.ca](mailto:as356@queensu.ca)

## 4.2 Billing and Finance

All work must be billed. Familiarize yourself with the Schedule of Benefits. Fellows are covered by the OR manager (there is a group of anesthesiologists that perform the manager role) or another staff anesthesiologist. The assigned anesthesiologist is then responsible for submitting a billing sheet for the fellow's work. The fellow should meet up with you at the start of the day to review plans. If there is an emergency situation, the fellow is to call the manager at x7071 as that person is the only anesthesiologist that can reliably be able to leave their room immediately to provide support.

### Reimbursement structure and Statements

OMA resources for billing:

- <https://www.oma.org/member/practice-professional-support/billing/ohip-billing/ohip-billing-resources/>
- <https://www.oma.org/member/practice-professional-support/billing/>
- <https://www.oma.org/member/practice-professional-support/billing/billing-for-uninsured-services/uninsured-services-billing-resources/>

### **Departmental billing tip sheets:**

- [CABMD billing instructions](#)
- [APMS billing instructions](#)
- [Toronto billing tips](#)

## 4.3 On Call Work

The KGH site always has a staff in-house on call (24/7).

- If you are on home call, you are expected to be able to deliver anesthetic management within 30 minutes of being called.
- Additional home call is assigned for backup (second call), as well as cardiac and pediatric subspecialty, if not already on call.
- On Saturdays, Sundays, and stat holidays, a second OR staff is assigned from 0730-1530 hours. After 1530 hrs, that staff remains on backup home call until 1800 hrs.



- Acute Pain call is assigned every Saturday and Sunday morning. The staff does APMS rounds with the on-call resident, after which they provide home call until 1530 hrs for emergencies when the in-house staff are occupied.
- Staff members have the optional opportunity to be part of a group of staff that cover EPACU. EPACU coverage involves managing codes and emergent inpatient issues for patients overnight at Hotel Dieu Hospital. The shifts are currently for weeknights only (Monday through Friday nights) and start at 1800 hrs and end at 0800 hrs the next morning. Shifts are paid as per the practice plan.
- Call is distributed in such a way as to equalize year end income. The distribution of call will be based on your FTE status (for example a 0.8 FTE will do approximately 80% of the call of a 1.0 FTE). Please understand that these hours may not work out perfectly, but we do our best. The goal of call distribution is to equalize income at the end of the year (not necessarily to equalize certain amount of specific types of call although this is generally adhered to). Your monthly distribution is based on a total annual income of 400k, prorated to FTE. This includes both day work and your call. Because this distribution approximates actual work, at the end of the year your total day work and your total call work is calculated using established amounts for daily rate and call rates. This amount is then compared to the actual amount that was paid and a reconciliation takes place. Surplus funds are then distributed to each member based on their proportion of the total work done.
- The normal daytime working hours are 0715-1600 hrs. If you end up working after regular hours when you are not on call, you may be entitled to extra payments. Our policies state that you need to work more than 1 hour past when you should have been finished. For example, if you are not on call and end up staying late you would need to work until at least 1700 hrs to get paid extra. Payment is at in-house call rates. In these cases, please email the finance chair with the details of the case. Please note that 4th call is paid until 5pm, 3rd, and late heart are paid until 1800 hrs, and 2<sup>nd</sup> and Cardiac are paid until 1900 hrs.
- We have a similar policy (trial) that allow for payment if someone is called in while on home call. If the home call person is already in house, this is subject to the same requirements to work 1 hour past the time you ought to have been in house. For example, for 2nd call to qualify, they would have to work past 2000 hrs.
- Submit call-in on the yellow Call-in billing sheets that are in the blue binders in the anesthesia cart (or in the mailroom). If you start a case that extends from the daytime into home call hours (eg 2nd call that starts a case at 1600 hrs and it goes until 2200 hrs) please use the regular pink sheet and send the finance chair an email with the details.
- Each call has a dollar value, so if you would like to swap this is done via QGenda. There is also the option of 'giving' a call shift to someone else, who then gets the

money for that call, while it is deducted from your income. This won't be reflected in your monthly draw; however, it will be addressed in the reconciliation process at the end of the year. By doing so, your total calculation of work done will be affected, meaning that your 1.0 FTE may decrease, depending on how much call you actually do. This revised FTE status will then be used to calculate additional flow through compensation at the end of the year. New faculty who are FFS are expected to do all assigned call, as work given to others will permanently impact the money allocated for that position thereafter.

#### **Overnight call backs (second, cardiac, or pediatric call)**

- Staff members, at times, are required to do emergent overnight work when scheduled to work the next day. It is at your discretion whether you feel safely able to resume your list later in the morning or to fulfil any teaching responsibilities in the afternoon.
- It is assumed that if you do not work past midnight that you can safely complete your tasks the next day
- If you are required to work past midnight, you will not be expected to work first thing in the morning but you may be able to work the afternoon
- If you work until 0300 hrs or 0400 hrs you are unlikely to be able to work at all the next day.
- We aim for staff to have the opportunity to have 8 hours to 'sleep'.
- In terms of notification: Please text and email the manager for the day by 0600 hrs so that they can begin to sort out coverage for the day. Please also email [AnesthesiaQGenda@kingstonhsc.ca](mailto:AnesthesiaQGenda@kingstonhsc.ca) so that your assignment can be adjusted in QGenda. Half or full days that are not worked will be counted and paid as a 'post-home call day' during reconciliation.

## **4.4 Resident Supervision**

Resident supervision is a critical component of the training program for Anesthesiologists at Kingston General Hospital (KGH), which is affiliated with Queen's University. This process ensures that residents gain the necessary skills and knowledge while providing high-quality patient care under the guidance of experienced practitioners.

## **4.5 Academic Events**

Throughout the year there are a number of academic events that you can participate in, below is a short list of some of the academic events. Please watch your emails for additional events and information.

- Weekly Rounds – You will receive invitations on a weekly basis to several rounds. There are general and specialty rounds that take place, you will receive invitations

accordingly. Some of the rounds are: Grand Rounds, Pain Rounds, Trauma Rounds, Case Management Rounds, Bi-Weekly Tee Rounds, M & M Rounds, etc.

- [Research Day](#) – Annual resident research day.
- [LUCAS](#) – We are on the organizing committee for the Lower and Upper Canada Anesthesia Symposium, held annually
- [CAS Annual Meeting](#)

## 4.6. QGenda

QGenda is the software that we use for our staff scheduling. Once you have been added to the program you will receive an email from QGenda to set up your account.

### 4.6.1 Vacation, Weekly Schedule, Call Schedule, and Payment

We are allotted a total of 40 days off per year (unpaid, and includes both vacation and conference leave), pro-rated for those < 1.0 FTE

- The Administrative and Scheduling Assistant (Anne Marie) along with the Deputy Head (Joanna) schedules weekly activity taking call schedules into account –
- schedule is posted on QGenda. All requests for time off should go through QGenda.

Clinical assignments are based on subspecialty experience, desire and ability.

- Call schedules are posted 2 to 4 months in advance. Call schedule/vacation requests must be submitted as soon as you are able. You will receive email
- notifications regarding when call schedules will be released.

Booked vacation must be spread out over the fiscal year (May 1 to April 30). Five weeks must be booked between May 1 and December 31, with the remaining

- three weeks booked between January 1 and April 30 (prorated for those who are FTE<1.0). A maximum of 3 weeks may be booked in the summer (July and August). Unused vacation may not be paid out if booked improperly. Any exceptions can be applied for in writing to the Department Head.

### No Call Requests

- Members may request a total of four weekend “no-call” requests for each 4-month call schedule period.
- Members may request up to twenty weekday (Monday – Thursday) “no-call” requests for each 4-month call schedule period.
- Additional requests may be submitted above these amounts but will be granted only if the resulting call schedule allows the other department members to have their call evenly distributed.

## Christmas/March Break Policies

- Please email [AnesthesiaQGenda@Kingstonhsc.ca](mailto:AnesthesiaQGenda@Kingstonhsc.ca) with your requests for Christmas and March break. These two holiday periods are in high demand and are treated differently than the rest of the year, where vacation requests are put into QGenda for approval. For March break consideration is given to whether an individual had March break off the previous year. For Christmas and New Years timeframes, each staff is given a minimum of 5 days off in a row surrounding at least one of Christmas or New Years Day. Please request which of the two time periods (Christmas or New Year) you would prefer off and if you would like both time periods off.

## How We Get Paid

Please review the [Department Practice Plan](#) and [QAA](#).

The distribution of all funds to department members follows the rules of the Practice Plan. These rules are established by the Queen's Anesthesiology Association (QAA), of which all Geographic Full Time (GFT) Faculty are members, and which hold semi-annual meetings. All GFT members (whether SEAMO or Fee For Service funded) are paid the same by QAA, based on days worked, call and FTE status. Income is paid monthly to your Corporation or personal account, at your choice. Additional funds are distributed by the Department on a periodic basis as availability from SEAMO.

- SEAMO members – notional rate plus additional flowthrough and reconciliation at the end of the fiscal year (April 30) – all members must shadow bill fully for every service they perform. NOTE that we receive >20% of all shadow billings as additional income that we distribute periodically. Funds flow to departments via SEAMO.
- Fee for Service (FFS) members – actual money flows to department based on billing but monthly draw and all additional monies (flow through and reconciliation) is identical to SEAMO funded faculty. At the end of ~18 months, the ministry takes the total from the best consecutive 12 month billing period and that amount is then added to our department annually for that position. If the amount billed is greater than our notional rate, the department keeps half and SEAMO keeps half of the additional monies. That means, if a FFS faculty member bills \$100,000 more than what we get paid, our department will receive an additional \$50,000 per year. ALL new faculty positions in SEAMO must start as FFS.
- Everyone receives T4 income from Queen's - \$15,000 for most members. Be sure to take advantage of the benefits package associated with Queen's employment as it is well worth it.

- Everyone who does call receives Hospital On-Call Coverage (HOCC) money – this is from KHSC and is dependent on your FTE and call status and total number of people on the HOCC pool.
- Associate (Locum) members are hired for a period of time and are not members of our finance group, the Queen's Anesthesiology Association. They are paid a set rate per day of work and do not have any expectations beyond clinical work and teaching in the clinical setting.
- Locums are generally hired for a shorter duration of time and paid a set rate per day of work with no guarantee for how much work we will need them.

## 4.7 OR Scheduling, OR Staffing, and Other Services

### OR Scheduling

- OR assignments are done the day before and are available on the KHSC website after 1400 hrs. All attempts are made to accommodate requests, although consideration of fellow coverage, call status (we try to put 2nd and 3rd call into 10 hr ORs), and subspecialty requirement are taken into account, so some requests may not be able to be honored.
- Remember that you may be covering fellows and must bill for them. Please always check the whole OR list to see if your name is beside a fellow. APMS staff are sometimes assigned to cover a fellow. **FOR ANY CLINICAL EMERGENCY REQUIRING IMMEDIATE ASSISTANCE TO FELLOW OR FACULTY MEMBER, CALL THE OR MANAGER AT EXT. 7071.**

### OR Staffing

- The Anesthesia Assistants (AA) are always available if you need help with an airway, lines or other situations where you need an extra pair of hands. They can cover you for short breaks. There will always be an AA assigned to 'Out of OR' locations. There is always an AA on call so if you are running an extra OR overnight (ie both 1st and 2nd call are in the OR), doing a complex case or have a difficult airway, consider calling them in.
- Joe Raposo is the lead for anesthesia support for stocking and supplies. Biomedical engineering does regular maintenance and repair for our equipment.

### Remote anesthetic locations

- There is always an Anesthesia Assistant (AA) expected when you provide anesthetic services in remote locations (including MRI, Interventional Radiology, Cancer Clinic, EP lab).

- ECT is done offsite at Providence Care Hospital (752 King St W) except for certain circumstances (usually complex patient needs) where it is done at the KGH site. There will always be an AA, and on occasion a resident may also be assigned with you. You should be ready to start treatments by 0645 hrs. There is staff parking (off to the right) accessible for free with your PC ID badge (you may need to have it encoded by Security). You will need separate privileges for your work at Providence Care

### **Acute Pain Management Service**

- All patients are referred by the surgical service postoperatively or by other services for non-surgical patients experiencing pain that is difficult to manage.
- All patients must be entered into our Acupam software program and charted there. This program will also bill appropriately.
- All patients with a PCA or any regional technique must be managed by APMS. Only by entering your patient into Acupam will the patient be considered to be 'handed over' to the APMS. The program requires your KHSC username and password. When entering a patient, you must provide the procedure, the modality and a consultation note.
- If you perform a nerve block or a neuraxial procedure, you can have Acupam bill it for you or you can bill it on your pink sheet. Please don't do both!!
- Handover for APMS patients is done with the night resident to the APMS staff at 0730 and from the APMS staff to the night resident at 1530
- Neuraxial and peripheral nerve blocks can be placed preoperatively in the "west wing" of the PACU by the attending anesthesiologist or the APMS staff. If you wish your patient to be assessed for and receive a regional technique, please call the APMS staff at x7058 or the NP at x 7067. Please consult early to avoid delays in getting your patient into the OR on time.
- The APMS staff is also able to provide assistance, advice or answer concerns regarding your patient's acute pain management.
- We encourage involvement with APMS for all chronic high dose opioid users, those patients with addictions and those patients on opioid substitution therapy such as methadone or Suboxone

## **4.8 Research**

Funding competitions are offered annually through SEAMO, CTAQ. For any research support please connect with Rachel Phelan

## 4.9 Other Items

- Please speak with Charlotte Hannah about creating or updating your personal Faculty web page. She will need some information about you and a photograph.

## 5.0 SEAMO

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- Southeastern Academic Medical Organization
- Negotiates with MOH for our reimbursement.
- Detailed structure and function found at <https://www.seamo.ca>.

### Physician Wellness

Please visit: <https://www.seamo.ca/programs-resources/physician-wellness>

- [Request a family doctor for you and your family if you don't have one](#)
- [Access our Peer Support Program](#)
- [Access other Wellness Resources including our Speaker Series](#)
- [Physician Wellness Advisory Committee members and strategy](#)

### 5.1 SEAMO's Expectations

- The Southeastern Ontario Academic Medical Organization (SEAMO) is the body that negotiates with the government for remuneration of Faculty, and through which funding flows to departments. SEAMO negotiates accountability expectations with departments with respect to their funding. Departments, using the principles established by their individual Practice Plans, distribute the funds to their members. It is the responsibility of the Department Head to ensure that each member is accountable for the payments they receive.
- SEAMO funds our department for clinical (~70%) and non-clinical (~30%) work.
- Each department is required to shadow bill an amount equal to or greater than 70% of the total envelope they receive. They may be required to return funds if the billings drop below 70%. There is no additional money for billing at higher rates (eg 85%) although consistently high billing would provide rationale for additional department positions.
- The non-clinical portion is accountable through the Accountability Framework.



## 6.0 Other

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### 6.1 Life in Kingston

Kingston is a small city with easy access to culture, dining, nightlife, and outdoor activities as well as proximity to larger centers. Learn more about Kingston on their website <https://www.cityofkingston.ca/>