

Medicine & Quality Matters

News for the Interior Health Medical Community

May/June 2014



Antimicrobial Stewardship at Interior Health

An Antimicrobial Stewardship Program has been introduced at Interior Health (IH) after it became a required organizational practice (ROP) for all Canadian health-care institutions as of January 2013. The impetus for this has been the rapid increase and global spread of multi-resistant organisms that threaten how effectively infectious diseases are managed. Although methicillin resistant *S.aureus* (MRSA), Vancomycin resistant enterococci (VRE), and extended spectrum beta-lactamase (ESBL) producing organisms continue to pose threats for patients, the emergence of pan-resistant carbapenemase producing organisms has created an emergent situation where previously treatable bacterial infections may no longer have therapeutic options – a return to the pre-antibiotic era.

Antimicrobial stewardship programs look at measures to ensure rapid effective treatment of infectious conditions while minimizing risk for development of resistance and adverse events from antimicrobial therapy. Such measures include but are not limited to:

- optimal dosing to optimize pharmacokinetics and pharmacodynamics;
- shorten duration of antibiotic therapy where indicated;
- automatic switch therapy from IV to PO when prescribing highly bioavailable antibiotics;
- de-escalation therapy to more narrow spectrum agents once the pathogen and susceptibility is known;
- choosing antibiotics to minimize risk of *C. difficile* and development of resistance;
- avoiding broad spectrum antibiotics or combination therapy where not necessary;
- development of management algorithms for common infections; and
- providing education on appropriate antibiotics use through rounds, seminars, and workshops.

The Antimicrobial Stewardship program has begun

engaging physicians and pharmacists across IH. A steering committee has been formed to oversee the activities of this program and to help support initiatives. A working group will engage pharmacists in various antimicrobial stewardship activities. Another team will look at antimicrobial metrics such as defined daily dosing (DDD) or days of therapy (DOT) in an effort to track the success of our antimicrobial stewardship initiatives and report back to the Ministry as recommended by their provincial expert group.

Antibiotics have collectively added 10-15 years to our lifespan. It will require a collective effort to ensure we preserve them. Any health-care professional wanting to have more involvement in these initiatives is encouraged to contact Dr. Edith Blondel-Hill, Medical Director at edith.blondel-hill@interiorhealth.ca, or Dr. Piera Calissi, Pharmacy Coordinator at piera.calissi@interiorhealth.ca.

- Submitted by Dr. Edith Blondel-Hill, Medical Director



What's New?

Dr. Maggie McKnight:

New Community Medical Director, Urban Communities

Dr. Maggie McKnight has accepted the position of Community Medical Director, Urban Communities for Interior Health.

Dr. McKnight graduated from the University of British Columbia and completed a rotating internship at St. Paul's Hospital in Vancouver. She spent 15 years working at the REACH (Research, Education and Action for Community Health) clinic in Vancouver where she was a member of the medical professoriate and taught medical students and residents. Dr. McKnight also worked in Enderby for ten years before relocating to Kelowna in 2012.

Dr. McKnight currently works as a General Practitioner at the Vernon Downtown Primary Care Centre and is involved in the planning stages of the Home Alcohol Detox Program. She is the physician contact for the Vernon Street Nurse "Take Home Naloxone" Program and has participated in community workshops devoted to methadone replacement programs and the integration of Accelerated Mental Health and Addictions Teams in Vernon.

Dr. McKnight has worked collaboratively with nurse practitioners and multidisciplinary team members throughout her career and is devoted to effective team-based care of the marginalized populations within our urban communities.

KGH Welcomes Dr. LeeAnne Luft

Kelowna General Hospital welcomes **Dr. LeeAnne Luft** as a new Infectious Disease Specialist. Dr. Luft joined **Dr. Dwight Ferris** in the Infectious Disease department on May 15.

Dr. Luft recently finished her Fellowship at UBC and is excited to begin her career in Kelowna. She is already providing infectious disease consulting service for inpatients as well as patients presenting to Emergency. Dr. Luft will also be providing consultation services for the Hepatitis Clinic.

"Our hospital is growing rapidly and being able to expand our infectious disease services will have an immediate benefit to our patients," says **Dr. Mike Ertel**, Chief of Staff, Kelowna General Hospital.

Welcome Dr. Luft!

Recruitment Guide Available

The *Interior Health Guide to Successful Long-term Physician Recruitment and Retention* is now available! This guide was developed jointly by IH's Physician Recruitment and Physician Compensation Planning & Initiatives teams. This high-level informational resource supports both family physician and specialist long-term recruitment to communities in the IH region.

Visit the [Better Here](#) physician recruitment website to download a copy.

Life is better here!

Recognition

Dr. Noel Donnelly Recognized for Excellence in Medical Practice

Dr. Noel Donnelly was one of four recipients of an Award of Excellence in Medical Practice from the BC College of Physicians and Surgeons Board.



Every year the College Board, through a peer nominations process, recognizes physicians who have made an exceptional contribution to the practice of medicine in teaching, research, clinical practice, administration or health advocacy.

A three-month contract to Williams Lake became more than 35 years of dedication for the Cariboo obstetrician and gynecologist. Born, raised, and educated in Ireland, with eight years at various hospitals in London on his credentials, Dr. Donnelly never imagined that he and his family would make a life for themselves in B.C.'s interior.

For 22 years he was the only obstetrician and gynecologist for the Cariboo Chilcotin region of south-central B.C. and was on call 24/7. He has worked 29 out of 31 Christmas days and has never once refused a patient. He is known in his community for always treating his patients with utmost respect and kindness.

He was able to utilize expertise gained over many years of clinical practice to mentor and train other physicians. He pioneered the technique of laparoscopic-assisted vaginal hysterectomies in the Cariboo.

Dr. Donnelly's legacy has helped shape the medical world of the Cariboo of today.

Congratulations, Dr. Donnelly!

After 47 Years, RIH Neurosurgeon Dr. Gur Singh Retires

After nearly half a century of providing care to patients at Royal Inland Hospital in Kamloops, **Dr. Gur Singh** will retire on June 30.

Dr. Singh joined the RIH medical staff on July 31, 1967, and in the years since has become one of the hospital's most prominent physicians.



Among his groundbreaking achievements, Dr. Singh was the first neurosurgeon to work in the Interior. He has also served as president of the B.C. Medical Association, and was Chief of Staff at RIH for many years.

But Dr. Singh is perhaps best known for lending his name, and his passion for those affected by brain injury, to the annual [Gur Singh Invitational Golf Tournament](#), the proceeds of which go toward supporting the Kamloops Brain Injury Association (KBIA). The 11th edition of the tournament will be held September 6, 2014, at The Dunes at Kamloops.

Since 2004, the tournament has raised \$1,034,240 for the KBIA to help brain-injured survivors live to their full potential and as contributing members of society.

Interior Health would like to wish Dr. Singh all the best in his retirement, and to thank him for his commitment to patient care in Kamloops over the past 47 years.

Quality Care

Physicians Add Value to PSLS

Quality is a core value at Interior Health (IH), where we are committed to safety and best practice. The BC Patient Safety and Learning System (PSLS) is one of the tools we have available to help continually improve patient safety. This provincial reporting system is available to physicians through any IH computer and allows physicians to report events from their point of view and provide recommendations for improvement.

The more reports entered into the PSLs, the more enriched the data becomes and provides a source for learning and analysis to help guide quality improvement and patient safety initiatives in a facility, through all of IH or across all of B.C.'s health authorities.

"I think quality and safety is a fascinating field of medicine," says **Dr. Michael Murray**, Executive Medical Director, Quality Improvement, and Chief Medical Information Officer at Interior Health. "I can often be heard telling my colleagues that it's clinical-based, it's about solving problems, and it's about coming up with diagnoses and recommendations to heal problems."

It takes about five minutes to report a safety event, hazard or near miss in PSLs. For more information, visit BC PSLs Central at <http://bcpslscentral.ca/>.

Incident Management Changes at Interior Health

Inclusion of the role of **Executive Medical Director for Quality and Chief Medical Information Officer** into the incident management process is just one of the recent revisions made to Interior Health's [Incident Management Policy \(AK0400\)](#) – available on our public website under About Us > Policies.

The addition of the Executive Medical Director will help ensure appropriate involvement of physicians and midwives in the review of adverse events including critical incidents, and that the outcome of reviews is communicated through appropriate channels in the Medical Advisory Committee structure.

Other key updates to the policy include:

- Mandatory reporting of adverse events causing serious harm or death in Hospital Act facilities to the Ministry of Health.
- More clarity around the Critical Incident Review Process (e.g. teams involved, as well as roles and responsibilities).
- Addition of a **Decision Review Team**, which is a group of senior leaders close to the event who will come together within 72 hours to determine if a review is required, the conditions for the review, and the composition of the **Critical Incident Review Team**.
- Criteria for a comprehensive review.
- Potential membership for a Critical Incident Review Team.
- The type of documents to be produced from a review and their flow through the organization to various medical and operational leadership tables.

IH Medical Executive Leadership

Dr. Jeremy Etherington, VP Medicine & Quality: 250-862-4010

Dr. Andrew Larder, Senior Medical Health Officer: 250-868-7867

Mr. Kelly Murphy, Corporate Director, EMG Strategic Development, Medical Affairs and Clinical Networks: 250-870-4789

Dr. Michael Murray, Executive Medical Director, Quality Improvement and Chief Medical Information Officer: 250-862-4008

Dr. Malcolm Ogborn, Executive Medical Director, EK and KB Acute Services: 778-214-4657

Dr. Mike Purdon, Executive Medical Director, Community and Residential Services: 250-870-4633

Dr. Jon Slater, Executive Medical Director, TCS and NOK Acute Services: 250-319-7875

Dr. Alan Stewart, Executive Medical Director, COK and SOK Acute Services: 250-862-4013

Dr. Peggy Yakimov, Executive Medical Director, Physician Support and Practice Enhancement: 250-870-4735