

Medicine & Quality Matters

News for the Interior Health Medical Community

May/June 2015



Interior Health
Every person matters

Celebrating Physician Leadership Excellence

The Canadian Certified Physician Executive (CCPE) Credential is in its fifth year and 142 physicians have been awarded this prestigious designation following a rigorous peer assessment process.



Dr. Chris Carruthers, Founder of the Canadian Society of Physician Leaders presents Dr. Slater with his credential

CCPE, administered and governed jointly by the Canadian Medical Association and the Canadian Society of Physician Leaders, is designed to recognize senior physician leaders who have accumulated a significant amount of health-care leadership experience and who have demonstrated extensive leadership accomplishments.

Dr. Jon Slater and **Dr. David Stoll** were among 19 physicians recognized this year as medical leaders by the CCPE.

“This designation is an excellent endorsement of the capabilities of Drs. Slater and Stoll” says **Dr. Jeremy Etherington**, VP Medicine and Quality. “They have the knowledge and skills required to be effective leaders and to influence change in our health-care environment.”



Dr. Stoll

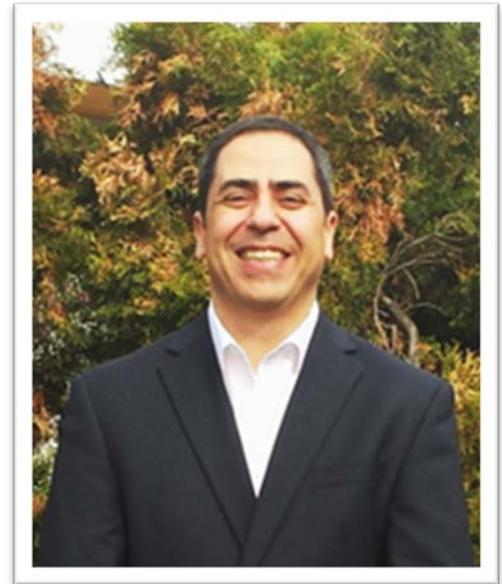
For more information on the CCPE designation, visit the Canadian Medical Association’s [website](#).

Welcome to Dr. Kam Golmohammadi!

IH is pleased to welcome our newest Medical Health Officer (MHO), **Dr. Kamran Golmohammadi**.

Dr. Golmohammadi emigrated from Iran in 2001 and worked as a health researcher at the Institute of Health Economics and the University of Alberta until 2008. He then completed residency training in Public Health and Preventive Medicine at the University of Alberta. He later worked as a clinician and researcher at the St. Paul's Hospital Healthy Heart Program Prevention Clinic.

For the last 14 years, Dr. Golmohammadi has conducted collaborative research on clinical outcomes and economic evaluations of interventions related to chronic diseases. He is currently working on developing clinical care models that improve access to multidisciplinary chronic diseases prevention teams, and prevention of injuries due to falls among senior populations. Dr. Golmohammadi is an author member of the Cochrane Collaboration, an international initiative to inform health decisions across the world. He has a keen interest in evidence-based medicine and transforming health data to health knowledge.



In addition to his regular MHO duties, Dr. Golmohammadi will focus on prevention of chronic diseases and injuries.

Goodbye to Dr. Rob Parker

After 23 years of serving the public of B.C. as a Medical Health Officer, **Dr. Rob Parker** has decided to take advantage of early retirement and will be leaving Interior Health effective July 20, 2015.

Dr. Parker began his public health career as a Medical Health Officer (MHO) with the East Kootenay Health Region in 1992. He spent a decade as an MHO in the Fraser Health Region, followed by the last ten years with Interior Health, based out of Kelowna.

Dr. Parker would like to thank all his public health colleagues and staff in IH and across the province for their support and friendship over the years. "On behalf of Interior Health, I would like to thank Dr. Parker for his contributions to the organization and his commitment to improve the health care system" says **Dr. Trevor Corneil**, Acting Chief Medical Health Officer. "We wish him all the best in whatever future endeavors he pursues in the coming years."

IH Welcomes Dr. Fedor as HAMAC Chair

We are pleased to welcome **Dr. Glenn Fedor** as the new Chair of the Health Authority Medical Advisory Committee (HAMAC).

Dr. Fedor is a family physician from Williams Lake. He has been a member of HAMAC since 2004, spending the last six years as Chair of the Thompson Cariboo Shuswap Medical Advisory Committee. Dr. Fedor was a founding member of the Central Interior Rural Division of Family Practice, where he was recently the board chair.

He has an active interest in mental health and has been heavily involved in medical affairs at Cariboo Memorial Hospital. In addition to his many roles, Dr. Fedor is also a clinical instructor with the University of British Columbia.



Dr. Fedor poses at Sparkling Hills. He claims to have a -110 degree solution for heated debates!

Dr. Fedor hopes to engage the physicians of Interior Health and is not afraid to tackle burning issues, deal with hot topics, or heated debates. He has found a solution at Sparkling Hills!

New Method for Physicians to Bill IH for Services

Starting this August, Interior Health will begin introducing a new method for physicians to bill IH for services. This new system will replace current manual processes for physician invoicing for services and expenses. The switch to the new system will offer physicians several benefits over the current manual system. These benefits include:

- The ability to track your payment and know exactly where it's at in the payment process
- Receipt of detailed cheque stubs that clearly indicate what the payment is for
- A clear outline of exactly what can be billed (no mystery, no surprises)
- Easier planning when you know exactly what expenses can be billed
- A central location for all invoicing and payments from IH

More information will be provided to you over the coming months to help you prepare for this transition. In the meantime, if you have any questions or concerns about this new system, please contact **Anita Bowker**, Director, Physician Compensation.

IH Introduces Hand Hygiene Program for Physicians

“Don’t spread problems. Wash your hands” says **Dr. Norm Kienitz**, one of the many supporters of the hand hygiene program for physicians. Last year, the hand hygiene rate among physicians was 64 per cent. That’s tremendous progress over previous years, but also highlights an opportunity for improvement. A short educational tool has been developed to provide physicians with the statistics, inspiration and motivation they need to make hand hygiene a constant and lasting practice.

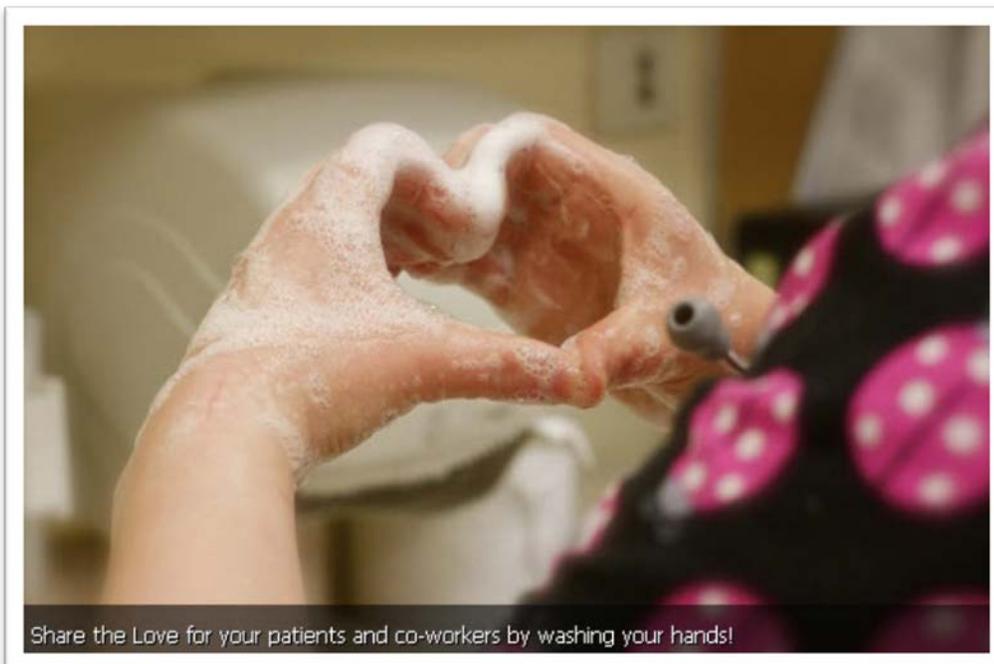
Reaffirm what you already practice and possibly learn something new. "You need training to use a firearm. Your hands can be even more dangerous. So get the training" says **Dr. Glenn Fedor**.

Here’s why you should take 15 minutes out of your day to complete the hand hygiene tutorial.

1. You have a chance to win a FitBit Charge.
Three winners will be randomly drawn from those who complete the tutorial by July 31.
2. This is required for appointment and reappointment.
3. We are pursuing CME credit for this course.

Dr. Anders Ganstal sums it up in a few simple steps. “Wash Your Hands. Kill Germs. Save Patients. It’s that Simple.”

If you have questions about the tutorial or accessing i-Learn as a physician, please contact **Peggy Scott**.



This is the winning photo in the national Clean Shots photo contest, a part of Stop Clean Your Hands Day (an event put on by the Canadian Patient Safety Institute). The photo was taken by Leahh Potyok from Elk Valley Hospital.

We Need Teamwork When it Comes to Medication Safety!

Have you heard about Medication Reconciliation (MedRec)? It's a critical part of ensuring safe medication care for our patients, clients and residents.

MedRec is a process where health-care providers work together with clients and caregivers to capture an accurate and comprehensive medication history. By creating comprehensive medication lists, the care team is then able to make safe medication decisions. The information is then documented and communicated throughout the client's health-care journey.

Want to learn more? Check out our [i-Learn module](#) for a short overview. Then visit the [MedRec page on InsideNet](#) for all the tools and resources you need to integrate MedRec into your work.

We all have a role to play in medical reconciliation. Encourage your patients, clients and residents to compile and carry a [list of their medications](#).

IH Support for Practice-driven Research

Six teams of IH researchers and their academic partners have been funded in the 2015 Interior Health Evidence Informed Practice (EVIP) Challenge. EVIP is an annual competition with a key objective of supporting research that addresses practice-driven questions and policy issues. To help build research capacity across IH, the [research department](#) will assist these six teams in conducting their research projects.

| Study Title | Principal Investigator |
|--|------------------------|
| Characterizing the Lung Cancer Surgical Time to Care in the Interior Health Thoracic Group for Quality Improvement | Dr. Rasika Rajapakshe |
| A review of the emergency department management and outcomes of head injuries in those aged 65 and older | Dr. Mike Ertel |
| Designing a food secure Kelowna: developing and implementing a local Community Food Assessment | Jill Worboys |
| Staffing Requirements in Rural and Urban Intensive Care Units | Jaymi Chernoff |
| Public Health Nursing and Comprehensive School Health | Susan Duncan |
| A Study of Preferences Regarding Perioperative Informational and Educational Resources for Patients Receiving Elective Surgery in the Interior of British Columbia | Brent Parker |

The Latest on our Antimicrobial Stewardship Program

Surgical Prophylaxis Recommendations

Surgeons have been provided with education on the recommended drug regimens for surgical prophylaxis. We are collaborating with the Enhanced Recovery After Surgery (ERAS) group and surgeons to review the use of selective oral decontamination and mechanical bowel preparation for the prevention of surgical infections associated with colorectal surgery.

Pharmacist-Managed IV-to-Oral Sequential Antimicrobial Therapy

We continue to provide education to pharmacists and physicians about highly oral bioavailable (>80%) antimicrobial agents. “Benefits of antimicrobial IV to oral conversion include: improved patient comfort, decreased length of stay, reduction in catheter-related adverse events, and better health-care resource utilization” says **Dr. Edith Blondel-Hill**, Medical Director of the Antimicrobial Stewardship Program.

Updated Febrile Neutropenia Recommendations

The febrile neutropenia guideline has been updated and approved by the Regional Pharmacy and Therapeutics Committee. “Engagement with IH oncologists, GP oncologists, emergency department physicians and pharmacists is ongoing” says **Dr. Piera Calissi**, Coordinator of the Antimicrobial Stewardship Program.

Asymptomatic Bacteruria - Do Not Treat!

Unnecessary treatment of asymptomatic bacteruria promotes antibiotic resistance and increases antibiotic-related adverse effects. Asymptomatic bacteruria is common in the elderly and is typically associated with pyuria. Physicians should refrain from ordering reflex urine cultures based on urinalysis results in this patient population. Standing orders for urine cultures are of no clinical value and are not recommended. As a quality improvement measure, the laboratory will now add comments to all reports in patients over 65 years of age, where a reflex urine culture has been ordered.

IH Medical Executive Leadership

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

Dr. Curtis Bell, Executive Medical Director, Community & Residential Services: 250-870-5899

Dr. Trevor Corneil, Acting Chief Medical Health Officer: 250-868-7849

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

Dr. Ron Collins, Executive Medical Director, Quality Improvement & Patient Safety: 250-862-4309

Dr. Malcolm Ogborn, Executive Medical Director, TCS Acute Services: 778-214-4657

Dr. Mike Purdon, Executive Medical Director, Chief Medical Information Officer : 250-870-4633

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

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

Dr. Susan MacDonald, Executive Medical Director, EK and KB Acute Services: 250-870-4633