

# Medicine & Quality Matters

News for the Interior Health Medical Community

September / October 2015



Interior Health  
*Every person matters*

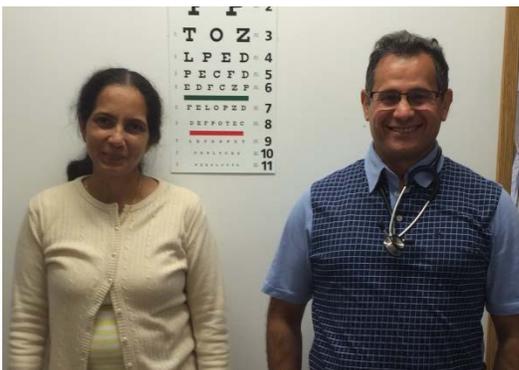
## Internationally-educated physicians joining our rural communities

Filling physician vacancies in our rural communities has long been a challenge. But thanks to the new Practice Ready Assessment program, four new physicians from around the world are now filling vacancies in several Interior Health communities.

We are pleased to welcome: **Dr. Bbdandama Makwati** (Castlegar), **Dr. Suman Sharma** (Lillooet), **Dr. Magdy Mandaloun** (Lillooet), and Dr. Maslowska (Invermere).

Practice Ready Assessment is a new program in B.C. where highly-qualified and internationally-educated physicians can obtain a license to practice in B.C. by agreeing to work in a rural community for three years. Over the first two years, IH will receive a total of eight physicians each year through this program, which is funded by the Joint Standing Committee on Rural Issues.

“These placements would not be possible without the support and commitment from the physicians, clinics, and IH staff at the assessment sites and the communities where these physicians will practice,” says **Dr. Peggy Yakimov**, Executive Medical Director, Physician Support and Practice Enhancement. “They have invested an incredible amount of time and energy in coordinating the assessments, securing accommodations, ensuring the physicians have the space and equipment to start their practice, and a smooth transition for all involved. Special thanks to the physicians, clinics, and staff in Ashcroft, Castlegar, Invermere, Keremeos, Lillooet, Logan Lake, Nelson, Princeton and Williams Lake.”



Dr. Sharma and Dr. Mandaloun



Dr. Makwati



Dr. Maslowska

## Changes to the patient removal process

Accurate patient records are essential to timely and appropriate care. When physicians move or retire, patients change health-care providers, or data entry errors are made, the Patient Removal Process allows physicians to request corrections on a patient record. To date, over 6,500 patient records have been updated through this process.

Currently, physicians can request a change to a patient record by faxing a completed form, or by submitting a secure online form. Given the substantial privacy risk associated with the faxing option, **as of Apr. 1, 2016 all patient removal requests can only be submitted using the secure online form.**

Thanks to all physicians for their work to ensure patient records are accurate and personal health information is safe and secure. If you have any questions about this process or using the secure online form, please contact [info.security@interiorhealth.ca](mailto:info.security@interiorhealth.ca).

## New resources for falls prevention

In time for Seniors Falls Prevention Week (November 2 to 8, 2015)

Everyone experiences a fall now and then. While most falls do not cause serious injury, occasionally we are reminded of how even a simple fall from standing can be catastrophic.

Falls are especially devastating for older adults. They cause more than 90 per cent of hip fractures and 60 per cent of head injuries. On average, every 10 minutes a senior is hospitalized because of a fall.

New resources are available to help you inform your patients, clients, and residents about easy ways to prevent falls including:

- Keeping your body active
- Having your eyes checked by an optometrist once a year
- Having your doctor or pharmacist review your medications
- Making your home safer

Visit [www.findingbalancebc.ca](http://www.findingbalancebc.ca).

**Every 10 minutes a senior is hospitalized for a FALL**

Good vision can reduce your risk of falling.  
**Have your eyes checked by an optometrist once a year**

Find more resources online at [www.findingbalancebc.ca](http://www.findingbalancebc.ca)

## Welcome Dr. Harsh Hundal!

We are very pleased to welcome **Dr. Harsh Hundal** as the Community Medical Director for East Kootenay, Kootenay Boundary, and some community sites in the Okanagan.

Dr. Hundal graduated from the University of Western Ontario in 1995, and completed his family medicine residency at Victoria Family Medical Centre.

After graduation, he completed a Masters of Public Administration in Health Policy at Queen's University, Kingston, and then promptly became a small town physician in Cobourg, Ontario, for seven years.

When his oldest child was diagnosed with autism, Harsh and family moved to Guelph in order to access services that were unavailable in a rural setting. He became a rehabilitation hospitalist at St. Joseph's Health Centre, where he and his teams were able to improve the quality of care and reduce the number of "bad things" that can happen to patients in hospital.

In 2010, as the first Clinical Leader for the Medical Care at Homewood Health Centre, an addictions and mental health facility in Guelph, Harsh was the lead physician for Accreditation 2011, Outbreak Management, and electronic medical record development. He was involved in strategic planning, program positioning, and physician leadership. His approach to leadership involves listening to others, building relationships, and helping people and teams succeed.

Harsh turned to locum practice in 2012 at community health centres and other facilities, when his second child was diagnosed with autism.

Dr. Hundal has always been concerned about the risks of patient care. During his medical education as a clinical clerk, he worried about the effects on OBGYN patients when there was an inconsistency in medical orders. The result was a self-published edition of "[Head First: an OB/GYN Clinical Clerks Companion](#)", which is currently in its tenth edition and used throughout Ontario by residents and clerks.

Welcome to the IH team Dr. Hundal!



## New standard of practice to reduce catheter associated urinary tract infections

Catheter associated urinary tract infections (CAUTI) are preventable, yet they account for 40 per cent of all health-care associated infections. Removing catheters as soon as they are no longer required will decrease the prevalence of CAUTI within Interior Health.

**It is now within the scope of practice for RNs and RPNs to insert or remove a urinary catheter (with or without a physician's order).** IH has updated and developed new [clinical decision support tools](#) for nurses so that they have reference and educational documents to guide their decision making. This will be a collaborative practice between nurses and physicians. Each facility will receive education on the new practice over the next several months.

"I had no idea that I could cause potential harm to patients by inserting a catheter. Historically it was a bit of a knee-jerk reaction with most patients who had mobility or cognitive issues for the nurse to call you for a catheter and it was an automatic yes," says **Dr. Mike Ertel**, Chief of Staff and ED Physician and Kelowna General Hospital. "This is a game-changer that has changed my practice and I'm sure will change the practice of my colleagues."

## MedRec – helping keep our patients safe



Dr. Todd Ring

Physicians and staff working in acute care have been great adopters of Medical Reconciliation (MedRec) and are helping to keep our patients safe. As part of our MedRec measurements, we know that 96 per cent of the time in acute care, a patient's best possible medication history (BPMH) form has been put on the chart. Residential Services is also doing some great work with the majority of their areas completing MedRec on admission 100 per cent of the time.

No one knows the value of having a good BPMH more than **Dr. Todd Ring**, Emergency Physician at Royal Inland Hospital.

"As an emergency physician, it is imperative that we are aware of the medications our patients are using, and that any changes we make to our patient's medications are relayed on to all members of the team. Medication Reconciliation is a key step in verifying a

patient's current medications and doses, and also helps to ensure that any changes to medications and/or dosing are correctly reflected."

Don't forget to check out the [MedRec Toolkit](#) for access to the [policy](#) and answers to all your questions.

## IH Wi-Fi access on your mobile device

IHGENX is an encrypted wireless network that provides internet access for physicians and IH employees.

When using IHGENX, your device and credentials are linked through a combination of your IH user account and a security certificate stored on your handset. Unlike the GuestInternet network, when accessing IHGENX, you won't need to see or accept the terms of use splash page.

For further information regarding Wi-Fi network access on your mobile device, visit the [Voice and Mobile Services page](#) on InsideNet or email [telecom@interiorhealth.ca](mailto:telecom@interiorhealth.ca).



## IH Anywhere... our new remote access solution

Have you checked out IH Anywhere? It's the latest remote access solution for use by physicians and staff across IH.

If you haven't, please take a moment to get familiar with IH Anywhere as **all other remote access solutions, including iConnect4 and the Remote Access Portal (RAP), are no longer available.** IH Anywhere offers many benefits including an improved experience, faster access to information and improved security. If you have any questions, or would like more information, please visit the [IH Anywhere webpage](#) on [www.interiorhealth.ca](http://www.interiorhealth.ca).

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## Improvements coming to transcription services

Do you use Transcription Services? If so, you should know that some improvements are on the way.

The current platform is being replaced, which will make the processing of dictated reports more efficient and timely, ultimately improving patient care.



“There is significant variation in the way dictation services are accessed and recorded across IH, with physicians using different key prompts, work types, and templates. This is inefficient and contributes to increased workload,” says **Dr. Mike Purdon**, Executive Medical Director and Chief Medical Information Officer. “As the system is upgraded to a new transcription platform, the Health Authority Medical Advisory Committee has endorsed a standardized transcription service throughout IH. This will require some minor changes to the way clinicians dictate. However, it will ultimately improve our efficiency and quality of care.”

To prepare for this transition, we are standardizing processes across IH including work types, report templates, turn-around times, and transcription processes.

This is a staged rollout with the first site planned at Vernon Jubilee Hospital in December 2015. The second site is Penticton Regional Hospital in January 2016. Stay tuned for further site-specific details and dates coming soon.

### IH Medical Executive Leadership

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

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