

CHIEF OF MEDICAL STAFF ANNUAL REPORT 2015/16

This report reviews the activities of Office of the Chief of Medical Staff and includes information on how the Yukon Hospital Corporation (YHC) strives to provide the safest and highest quality hospital and medical care for all Yukoners. To this end, the report also provides an overview with respect to changes in YHC medical staff and visiting medical/surgical specialists as well as the opportunities and challenges for our territory's hospitals in the coming year.

The Chief of Medical Staff (COS) is the most senior Medical Administrative Leader in the YHC and is accountable directly to the CEO on all matters regarding the management and organization of the Medical Staff in Yukon's three hospitals, including Whitehorse General Hospital, Watson Lake Community Hospital and Dawson City Community Hospital. The Office of the COS includes the COS, an Associate Chief of Medical Staff, COS Delegates for WLCH and DCCH, and a physician Director of WGH's Emergency Department. The COS oversees appointing and privileging of physicians working at YHC facilities; ensures the medical staff remains accountable for the provision of safe and high quality medical care; implements and participates in auditing activities to ensure patient safety; recommends and/or enforces YHC policies aimed at improving patient safety and medical care; and, responds to and assists in the resolution of complaints or incidents involving the medical staff. The COS administers the Medical Staff Bylaws and Rules, which define the privileging of physicians, their activities and accountabilities when practicing in the hospitals and processes for resolution of disputes and complaints.

Continuous Quality Improvement and Patient Safety

The YHC endorses and has implemented a continuous improvement process aimed at the safety and quality of hospital and medical services. This is based upon Required Operational Practices (ROPs) developed through Accreditation Canada and other generally accepted principles of providing high-quality, safe hospital care. Accreditation Canada is a not-for-profit, non-governmental association that provides on-site evaluations of health care facilities to look at policies, programs, organizational structures, adherence to ROPs and standards that are being used to keep patients and staff safe, while providing for the highest level of medical care. They presently do on-site evaluations every four years. We are in the third year of the current accreditation period for WGH and WLCH with our next evaluation scheduled for 2018. The accreditation process is a dynamic on-going process. Each year, Accreditation Canada publishes a new handbook of ROPs, which YHC reviews and implements. YHC will endeavour to adhere to all existing and new ROP standards and be well prepared for the next evaluation, which will also include DCCH. In the meantime, YHC will review the ROPs and their applicability to DCCH to develop policies and procedures to conform to the standards.

The YHC also uses a number of auditing and assessment tools to improve our understanding of adverse events that occur in hospital. This allows us to learn and implement changes to enhance the patient experience and reduce the risk of harm.

Adverse events in hospitals do occur and these events may result in patient harm. These events could include patient falls, medication errors, blood clots that occur because of prolonged immobility, surgical complications, hospital acquired infections, etc. Accreditation Canada has identified that many of these adverse events are as a result of system problems. By identifying these system problems, they can be reviewed and assessed. We can develop or change hospital policies or procedures with the aim to reduce the number of these events occurring and ultimately reduce risk for patient harm. We also review every death that occurs in YHC facilities to determine if changes in patient care or services might have prevented the death. The most up-to-date literature is reviewed and recommendations are incorporated into policies, which are targeted at improving patient outcomes. Our hospitals also closely monitor hand hygiene,

surgical patient safety checklists, maternal/newborn care teams, hospital acquired infection rates and post-operative infection rate.

This year, monthly random chart reviews were introduced to look for triggers that have the potential for patient harm (e.g. patient falls, abnormal lab values, and surgical complications). Within a year, sufficient data will be collected and analysed to identify other system problems within the hospital that we could target and change to make our facilities even safer for our patients. On-going chart reviews are also performed, looking at the quality of the physician's documentation. We report back to the physician and provide any recommendations for improvement.

An antimicrobial stewardship program was introduced this year that will assist in the optimum use of antibiotics in the hospital and provide guidance to physicians on infection management.

Medical Staff Changes

In 2016, eight new family physicians were appointed to the medical staff. One of these physicians established his practice in Dawson City and seven in Whitehorse. We now have 52 resident physicians with privileges at WGH, including 41 family physicians, four general surgeons, two obstetrician/gynecologists, two psychiatrists, one fully trained anesthetist, and two medical officers of health.

Dawson City now has 7 resident physicians, and Watson Lake has two resident physicians. Watson Lake continues to require significant locum physician support to ensure continuity of medical care within the community.

We are presently revising the Medical Staff Bylaws and Rules to allow for the potential introduction of midwives and nurse practitioners to the hospital care model. Five nurse practitioners presently have community privileges at WGH.

Visiting Specialists

The Yukon is unable to support most of the specialty medical services that are available outside the territory. Resident specialty services available in Yukon include General Surgery, Obstetrics and Gynecology, Anesthesia and Psychiatry. Family physicians acquire the skills to fill some of the gaps in medical care and are very capable in following management plans recommended by the visiting specialist or outside specialists.

The WGH Visiting Specialist Clinic now has 45 active visiting specialists, covering 14 specialty areas for a total of 113 clinics per year. These clinics range from two days to one week in length. The specialty areas covered are: Cardiology, Dermatology, Gastroenterology, Otolaryngology, Internal Medicine, Nephrology, Neurology, Physiatry, Oncology, Ophthalmology, Orthopaedic Surgery, Pediatrics, Pediatric Cardiology and Rheumatology. We also have 14 visiting specialists for services in radiology, oral and maxillofacial surgery, pathology/lab services and infectious disease. The Department of Health & Social Services (HSS) has non-hospital visiting specialty services that include General Psychiatry, Child Psychiatry and Geriatric Psychiatry.

The YHC, in conjunction with HSS, continues to look for opportunities to improve visiting specialty services and reduce wait times. Some of the barriers to adding more visiting specialist services are budgetary constraints, available space at WGH, availability of OR time (which competes with the resident surgical specialty needs) and extra resources needed (e.g. physiotherapy, hospital beds) to support the activities of the visiting specialist.

Psychiatry

Since last year's report, a significant improvement in the hospital care of mentally ill patients has been achieved. In conjunction with HSS a contract for hospital psychiatric services was developed and a resident psychiatrist has commenced a WGH practice, starting in June 2016. Although there are still some gaps in care, the psychiatrist is available for most of the needs of our acute mentally ill patients. On-going evaluation of the psychiatry service will occur and recommendations may be considered to modify the contract in order to continually improve in-hospital psychiatry services.

HSS has also initiated changes in the provision of community care of the mentally ill, which will include the transitioning of care from the acute care setting to the community.

Watson Lake and Dawson City Community Hospitals

The YHC continues to work to enhance the safety and quality of care provided in our community hospitals. Bed occupancy rates in both of these hospitals indicate that they are providing a much-needed service in these communities. In some special situations, these hospitals are able to help reduce bed occupancy pressures at WGH. We continue to explore ways to expand the breadth of care in WLCH and DCCH. New services are introduced only after appropriate needs assessments and planning has been undertaken.

Whitehorse General Hospital

Bed pressure continues to be a significant problem. This is related to the number of patients designated as Alternate Level of Care (ALC). These patients are usually admitted from the community through the emergency department with a medical condition requiring hospital care. After that care is received, they are deemed unsuitable for returning home because they require either a higher level of care than can be provided at home or require home services that may not be readily available. In early 2018, we will see some relief with the opening of a new long-term care facility. In the meantime, a number of initiatives are being pursued to help mitigate the problem.

Patients admitted through the emergency room and after elective surgery are most affected. However, despite day-to-day occupancy rates of close to 100% very few elective surgeries have had to be rebooked (less than 3 per 1,000 surgical procedures).

The new WGH Expansion project is expected to be completed in the fall of 2017 and operational early in 2018. This is expected to provide a much improved environment for the evaluation of the emergency patients with respect to privacy, safety and security. This will also present opportunities for repurposing vacated space to broaden or enhance other existing medical services. The expansion project includes potential for the addition of more clinical space on the second floor. A needs assessment is underway to determine the best use of this space.

The Office of the COS, with the full support of the YHC, will endeavour to make your hospitals a place where you feel safe with the expectation that you receive the best possible care. All Yukoners will rely on the care our hospitals provide and we want it be there for us when we need it most.

Respectfully submitted,

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Chief of Medical Staff
Yukon Hospital Corporation