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CHIEF OF MEDICAL STAFF
ANNUAL REPORT 2014/15

This report reviews the activities of Office of the Chief of Medical Staff. It includes information on how the Yukon Hospital Corporation (YHC) endeavours to keep hospitals safe for the residents of Yukon while receiving the highest quality of hospital and medical care. Overviews are provided with respect to changes in the medical staff of YHC facilities and of visiting medical and surgical specialities along with opportunities and challenges facing YHC for the coming year.

The Chief of Medical Staff (COS) is the most senior Medical Administrative Leader in YHC and is accountable directly to the CEO with respect to all matters regarding the management and organization of the Medical Staff of YHC. This includes Whitehorse General Hospital (WGH), Watson Lake Community Hospital (WLCH) and Dawson City Community Hospital (DCCH). The Office of the COS includes the COS, an Associate Chief of Medical Staff, COS Delegates for each of WLCH and DCCH, and a physician Director of the Emergency Department. The Associate COS, Delegates and Emergency Department Director all report directly to the COS. The COS oversees the privileging of physicians wishing to work at YHC facilities; ensures the medical staff remains accountable to the YHC and patients 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 performing hospital work and processes for resolution of disputes and complaints.

Continuous Quality Improvement and Patient Safety

YHC has embarked upon a continuous improvement process aimed at patient safety and quality of hospital and medical services. This is based upon Required Operational Practices (ROPs) developed through Accreditation Canada. Accreditation Canada is a national 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 these on-site evaluations every four years. We are in the second year of this accreditation period for WGH and WLCH and will be having the next evaluation in 2018. The accreditation process is a dynamic ongoing 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 the DCCH. In the meantime, YHC will be reviewing the ROPs and their applicability to DCCH to develop policies and procedures to conform to the standards.

Adverse events in hospitals do occur and these events can result in patient harm. 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 analyzed, and policies or procedures changed to reduce the number of these adverse events and ultimately reduce the risk of patient harm. Examples of adverse events that occur in hospital are patient falls, medication errors, blood clots that can occur because of prolonged immobilization, surgical complications, hospital acquired infections, etc. Every death that occurs in a YHC facility is carefully reviewed to determine if changes in patient care or patient services might have prevented the death. Prevention of blood clots is a priority and a committee works on developing and implementing guidelines that will help prevent this serious event from happening in the hospital. The most up to date literature is reviewed and recommendations incorporated into the guide to improve patient outcomes. Medication errors are probably the most common adverse event to occur in any hospital and a therapeutics committee monitors all recognized medication errors, develops a report, and makes recommendations on how to reduce these errors. Other monitoring includes hand hygiene, surgical patient safety checklists, maternal/newborn care teams, hospital acquired infection rates and post-operative infection rates. Ultimately, random chart reviews will be introduced to look for triggers that potentially may result in patient harm (e.g. patient falls, abnormal lab values, surgical complications). When performed on an ongoing basis a large repository of data can be accumulated to further identify potential system problems within our facilities that could be targeted and changes made to make our hospitals safer for our patients.

Medical Staff Changes

Between 2012 and the present, YHC has privileged at total of 20 new physicians including 14 family physicians to WGH, four family physicians to DCCH, one obstetrician/gynecologist, and a Medical Officer of Health. It is expected that there will be six new family physicians coming to the Yukon in 2016. These physicians are well trained and bring a variety of skills and knowledge with them and improve Yukoner's access to physicians and ultimately patient care.

Dawson City now has five resident physicians all of which are on the Active Medical Staff, and Watson Lake now has two physicians who are on the Active Medical Staff. Watson Lake continues to need significant locum physician support to ensure continuity of medical care within the community.

Visiting Specialists

The Yukon is unable to support most of the specialty medical services that are present outside the Territory. Resident specialty services available in Yukon include General Surgery, Obstetrics and Gynecology and Psychiatry. We also have one certified specialist in Anesthesia. Family physicians acquire the skills to fill the gap in many situations and are very capable in following management plans recommended by the visiting specialist or outside specialists. The Specialist Clinic now has 37 active visiting specialists covering 13 specialty areas for a total of 113 clinics per year. These clinics range from 2 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 and Rheumatology. We also have visiting specialists for services in radiology, oral and maxillofacial surgery, pathology and infectious disease. Other Department of Health specialty consultants include Child Psychiatry and Geriatric Psychiatry.

A cost/benefit analysis would likely support the addition of other specialty services. 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

Psychiatry and care of the mentally ill patient is probably the largest gap in service in the Yukon. This is secondary to a number of barriers of care including but not limited to: availability of psychiatrists providing hospital care, insufficient care providers such as mental health nurses and social workers, a lack of a proper psychiatric unit that would be able to treat the patients in a safe and secure environment, a lack of programs and services necessary for the treatment of the hospitalized mentally ill patient, poor co-ordination of services within the community, lack of proper triaging of patients to direct them to appropriate programs and services in the community, lack of close follow up of patients treated in the hospital and then released but not yet seen by a community agency, etc.

There may be some opportunities within the next couple of years to address some of these issues. A report is being prepared to present to YTG outlining the problems, providing recommendations and making a proposal for changes that would improve care of the mentally ill patient.

Watson Lake and Dawson City Community Hospitals

Over the past two years the Watson Lake and Dawson City Community Hospitals have come under the umbrella of the YHC. Since then significant oversight of physician activities within those facilities has occurred. This includes close monitoring of all patient records for inpatients and outpatients to ensure conformity with acceptable standards of medical practice along with patient safety and quality of hospital care. Significant improvements in charting and monitoring of patient care have been observed. Continued monitoring on a monthly basis will occur. All serious adverse incidents are reviewed by the Office of the COS.

Bed occupancy rates in both of these hospitals indicate that they are providing a much needed service for these communities. Ways of expanding the breadth of care in WLCH and DCCH continue to be explored and then implemented when a solid case can be made for introducing the new services.

Whitehorse General Hospital

Bed occupancy rates in WGH indicate that the hospital is running at or beyond capacity for much of the time. This is mostly related to significant numbers of patients designated as Alternate Level of Care (ALC). These patients are usually admitted from the community or through the emergency department with a medical condition requiring hospital care. After that care is received they are identified as requiring a higher level of care than can be provided at home and thus deemed unsuitable for returning home. On some occasions Home Care Nursing is able to assist with patient care at home. There are few assisted living facilities in the Territory and long term care beds are in short supply. If the patient is unable to be placed in long term care facility or not suitable for Home Care then they will occupy an acute care bed for extended periods of time. Bed occupancy by ALC patients can range from 20% to greater than 40% of the total beds of WGH.

This situation has an impact on patients requiring admission following surgery, admitted through the emergency department, or a direct admission from the community. A long term care facility is being developed which will eventually assist in alleviating the problem but is unlikely to be opened before 2018. Some respite may be seen with the expected opening of 10 assisted living beds in Whitehorse early in 2016. Patients have occasionally had their elective surgery cancelled because there was no available bed for them to go to after their surgery. Sometimes as many as 8 patients are waiting in the emergency department for a bed to open up. These challenging-to-solve problems will continue until long term solutions are in place.

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 patient with respect to privacy, safety and security. We are presently seeing a patient load increase of about 500 in the ED on an annual basis. The proper functioning of the new ED is dependent upon lower acuity patients being seen in the community rather than in the ED. Many patients come to the ED as they have no family physician and they use the ED as their source of general medical care that would normally be provided by a family physician. The Department of Health is working on establishing a collaborative care clinic that would take over the care of this group of patients as well as provide care for patients with minor ailments. This should reduce wait times in the ED and improve patient satisfaction and care.

The Office of the COS, with the full support of the YHC, will endeavour to make YHC facilities places where patients will feel safe and have the expectation that they will receive the best possible care. YHC facilities are where we all might require care someday and we want it be ready for us when we need it.

Respectfully submitted,

Wayne MacNicol, MD
Chief of Medical Staff
Yukon Hospital Corporation