

Quality – the leadership challenge

As an Intensive Care Physician I learnt that outcome improves as a result of high performing teams.¹ Of course, that is true of any specialty. High performing teams do not develop without leadership – people creating a way for people to contribute to making something extraordinary happen.² The clinician leader holds the key to ensuring quality, efficiency and performance.

Quality is care that is clinically effective, personal and safe. It has dimensions of safety, effectiveness, patient centeredness, timeliness, equity and efficiency. Safety requires a culture of openness, reporting, and safety consciousness. The leader gets beyond the question of who is responsible and what is the sanction, to how can we learn and improve. Effectiveness involves the translation of evidence to practice, and timeliness involves system changes to remove wasted steps in the patient’s pathway. Both require leaders to create the climate for change to happen.

Communication within the team and standardisation of approach, both dependent on effective leadership, are strong determinants of outcome. Patient centeredness involves ‘walking the talk’ to deliver service that respects patients’ values, preferences and expressed needs.



Dr. Andrew Webb

Equity and efficiency in resource use require appropriate reduction in demand, reduction in inappropriate use of healthcare, and delivering proven treatment to those who benefit. For the clinician this often involves conflict with his/her role as the patient’s advocate. The clinician leader must also advocate for society to ensure equitable access to limited resources.

The leadership challenge for Clinicians is to play their part in helping Fraser Health to be the ‘best in healthcare’. ▲

¹ Shortell SM et al. Med Care. 32(5):508, 1994

² Kouzes J, Posner B. The Leadership Challenge. Jossey Bass, California, 2007

Spotlight on the People Behind the Titles

In the previous issue of Drs. in the Know we spotlighted Fraser Health’s new Program Medical Directors. Here are the Program Medical Directors that were not included in our last issue. We thank them for their willingness to give us a peek into their personal lives.

Dr. Mohamud Karim, Renal

My Best Holiday: Visiting the Al-hambra in Spain, and the great mosque of Cordoba

Favourite Book: *Cairo Trilogy* by Nahguib Mahfouz

Best decision: Going back to spend four years in East Africa with my family. Even better decision was returning back to Canada and joining FH.

Extra-work activity: Volunteer work within the Ismaili Community

Proudest career moment: Being touched by thank you notes and voices of appreciation from my patients



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Dr. Terry Isomura, Mental Health & Addictions

My first summer job: While in high school, I worked 2 summers as an assistant in a hospital microbiology lab in Montreal

My best holiday: Family holidays at my husband's family cottage on Shuswap Lake - swimming, biking, boating, roasting marshmallows on bonfires at the beach

My favourite book: *Three Cups of Tea* by Greg Mortenson

Best decision I ever made: Marrying my husband and having three wonderful daughters

I relax by: Knitting

My biggest extravagance: Sleeping in on the weekends

My proudest career moment: Graduating from medical school



Dr. John Hamilton, Primary Health Care

My first summer job: Busboy

My best holiday: Annual road trip with family – always somewhere never previously explored

My favourite book: *Three Day Road* by Joseph Boyden

Best decision I ever made: Working up the courage to speak to the girl in History class

I relax by: A cup of tea on the porch in the early morning sun

My biggest extravagance: New skis, when the old ones would have done

My proudest career moment: Working with colleagues/partners to improve wellbeing in my community



Why Worry About Research Results?

Dr. Werner Müller-Clemm will address this question in his keynote address at Fraser Health's 5th Annual Research Week symposium, June 14 – 18, 2010.

If you've ever learned of some exciting new research that seemed to promise solutions to a major health care issue you faced in your work, you may well have been disappointed when those results never seemed to come to fruition. This scenario is not uncommon, and it is the challenge that keynote speaker Dr. Werner Müller-Clemm will address on Day 3 at Fraser Health's 5th Annual Research Week.



Dr. Müller-Clemm is the Director of Strategic Evaluation at the Canadian Health Services Research Foundation (CHSRF)—an independent, not-for-profit corporation that brings researchers and decision makers together to understand each other's goals and professional culture, to forge new partnerships, and to influence each other's work.

A major focus of Dr. Müller-Clemm's career has been to find ways to close the gap between research carried out by the academic world, and the practical, realistic application of that research knowledge in ways that bring measurable benefits to the population.

"If the question is 'why worry about research results?' says Dr. Müller-Clemm, "Then my answer is yes, you should worry, because there continues to be huge variations in the way research knowledge for decision making is applied. Also, there is little evaluative evidence of health services outcomes attributable to evidence-informed decision-making."

How do we take research knowledge and apply it? And how do we know what the results of that application are? How do we go about evaluating that research knowledge and its health services and systems results? These are some of the questions that Dr. Müller-Clemm will address and suggest solutions to in his keynote speech.

"A stereotypical criticism of research is that academics produce research which may be very interesting and thought provoking, but which either can't be, or isn't always applied in reality," explains Dr. Müller-Clemm. "It is very important for us to improve our evaluation of outcomes in health services, knowledge translation, and research."

Dr. Müller-Clemm talks about a self assessment tool developed by CHSRF that allows health care organizations to assess and understand whether their organizations can find, obtain, and use the best available and relevant research findings to make evidence-informed decisions in a valid and effective way. CHSRF

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Mindcheck.ca > early intervention website launch

The new mindcheck.ca website went live on April 14 as part of a Youth and Young Adult Mental Health and Addictions Early Intervention Pilot Project. It targets people ages 13-25, as well as parents, friends and professionals, dealing with mental health and addictions issues such as anxiety, depression, substance use and psychosis, that often challenge young lives.

Early intervention is a critical opportunity to invest in young people, and proven to have a significant effect on reducing the negative impact of mental illness and substance use on a young person's self-image, self-esteem, social development and personal relationships, education, independence, and working life.

The project's objectives include:

- ▶ Increase public awareness about mental health and substance use disorders
- ▶ Increase the health literacy of young people, parents, friends and professionals
- ▶ Increase recognition/improve early identification of symptoms



- ▶ Reduce stigma of mental illness and addiction
- ▶ Increase help-seeking
- ▶ Improve access to services at an earlier stage of illness.

The launch of the project comes after months of work by Fraser Health youth, and young adult mental health professionals, in collaboration with the Ministry of Children and Family Development, school representatives, community agencies, young people and family members.

There are three components that will focus initially on the southern communities of Fraser Health:

1. Health Literacy Project – mindcheck website, posters, postcards & targeted education
2. Building Community Capacity
3. Enhancing Clinical Services (this component will be developed at a later date)

For more information about www.mindcheck.ca, the project or the posters, please contact: Karen Tee, Manager, Child, Youth and Young Adult Mental Health & Addictions, karen.tee@fraserhealth.ca ▲

Submitted by Marie Nightingale

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Research with Dr. Muller-Clemm

also sponsors a fellowship program where health care leaders can learn how to evaluate research and find ways to make that knowledge applicable and useful to their organizations.

"I became involved in the evaluation field because I felt the need to be out in the real world, helping improve life for large numbers of people.

"I also recognized a fatal flaw in many of the social sciences, which due to resource, cultural and political constraints, is often the inability to bridge the gap between academic and theoretical rigor, with the reality of practical application and use of research knowledge," says Dr. Müller-Clemm.

Prior to joining the CHSRF, Dr. Müller-Clemm was manager of the corporate evaluation unit at the Canadian Institutes of Health Research, where he conducted evaluations of major health

programs and guided the development of a revolving five-year corporate evaluation plan.

He has also worked with the Canada Revenue Agency, where he was responsible for the Governance and Accountability Division, with stewardship of the agency's performance management, service standards, and annual reporting. Dr. Müller-Clemm has also worked with the Office of the Auditor General of Canada, Natural Resources Canada, and the Canada School of Public Service.

Registration is now open and free for FH personnel. For more details contact Camille Viray at camille.viray@fraserhealth.ca or call (604) 587-4628. For physicians and non FH personnel, register by emailing Camille Viray and specifying the course code in the subject line of your email. Fraser Health personnel can register by going to the On-Line Course Registration System at: <https://fha.primesignal.com> ▲

Surrey Outpatient Care and Surgery Centre continues to plan for takeoff

// This project is like planning for a new airport,” says Dr. Urbain Ip, physician sponsor for the Surrey Outpatient Care and Surgery Centre and emergency physician at Surrey Memorial Hospital.

“We need to ensure everyone can find their gate; coordinate arrivals, connections and departures on time; and make sure that clients enjoy their travel with us,” said Dr. Ip as he opened a recent physician planning conference.

Planning for the new Care and Surgery Centre is a major undertaking with a vision for a June 2011 opening day. In April 22 physicians gathered with a group of clinicians and project staff to discuss the project’s progress. Dr. Nigel Murray, President and CEO, opened the conference affirming that this new facility is a priority for Fraser Health.

“We are getting a new building but it’s not just about the bricks and mortar,” he emphasized. “It would be a waste not to take the opportunity presented by a new facility to redesign how we work—so that we can be as effective and efficient as possible. The Care and Surgery Centre was created with patient satisfaction in mind— so that the patient experience is improved, and so that we can better meet demands within the Fraser Valley.”



Construction of Surrey Outpatient Care and Surgery Centre

Previously called the Surrey Outpatient Facility or Surrey Outpatient Hospital, the name was changed to the Surrey Outpatient Care and Surgery Centre to better describe this purpose built outpatient facility, and the services offered within it.

Physician recruitment is underway; interested candidates can contact Barbara Turnbull (barbara.turnbull@fraserhealth.ca or 604-431-2848). ▲

Submitted by Angela K. Wilson

The Scoop on ‘Pull’ Strategies

With the introduction of Program Management, it is crucial that all Fraser Health programs work together in new ways to improve flow and transitions across our health care system. The Access and Flow steering committee is overseeing several new projects to help us succeed with this important work.

One of those projects is about ‘Pull’ Strategies, which will help us improve access for our patients, clients and residents.

Although we are still some months away from being ready to implement these strategies, here is an overview about the pull philosophy. The Pull Philosophy means:

- ▶ Programs working together to develop strategies to pull a person to the right service quickly.
- ▶ Programs looking ‘upstream’ and identifying their next patient/client/resident and looking at those whose needs can be met in their program.

- ▶ Health care professionals identifying their patient/client/resident as soon as their need is identified, regardless of where they are in the system.
- ▶ Programs developing systems and written plans to deal with excess demand.

Program directors across the system, from acute to community, and including as many program medical directors as possible, are currently doing the complex work of developing pull strategies for their programs. In May, all directors are meeting in a day-long session to compare and mesh their strategies.

Managers, frontline leaders and physicians will then assist directors to refine the processes to implement the strategies involving their programs. The final step will be implementation throughout the organization, which is expected in early September. ▲

Submitted by Bonnie Irving

Pharmacy Services Consolidates to Enhance Service and Reduce Costs

In August 2009 when the four Lower Mainland health authorities announced plans to consolidate a number of services, Pharmacy was included in those plans. The consolidation of Pharmacy Services across the Lower Mainland health authorities enables Fraser Health to take advantage of opportunities for optimizing pharmaceutical care and services to the population we serve, while reducing non-clinical operating costs to protect direct patient care.

The new Pharmacy Services structure that comprises 10 new functional portfolio groupings and consolidates hospital pharmacies from across the four organizations, came into effect March 29, 2010. The new structure has been developed in consultation with Pharmacy leaders and stakeholders across the Lower Mainland. The portfolios and the appointed directors are in the table below.

Director	Functional Portfolio	Operational Portfolio: Hospital Pharmacies ¹
Mark Collins	Medication Safety	Lion's Gate Hospital, Squamish General Hospital, St. Mary's Hospital (Sechelt) and Powell River General Hospital
Gerald Driver	Information Systems and Technology	Vancouver General Hospital, UBC Hospital and GF Strong Rehabilitation Facility
Luciana Frighetto	Pharmacotherapy Evaluation	St. Paul's Hospital and MSJ Acute
John Hope	Provincial Services	BC Children's Hospital and Riverview/Forensic Hospital
Keith McDonald	Residential Care	Richmond Hospital, Vancouver Community Residential Care, Queen's Park Care Centre and Providence Health Care Residential
Bruce Millin	Business Support	Royal Columbian Hospital, Peace Arch Hospital, Delta Hospital and Eagle Ridge Hospital
Mits Miyata	Community Based Pharmacy Programs	Surrey Memorial Hospital, Surrey Outpatient Care and Surgery Centre and Downtown Community Health Center
Linda Morris	Pharmaceutical Production	Pharmacy Drug Distribution Centers Langley and St. Paul's Hospital, and Langley Memorial Hospital
Adil Virani	Professional Practice and Education Programs	Burnaby Hospital
Anne Vojt	Medication Order Management	Abbotsford Regional Hospital, Chilliwack General Hospital, Mission Memorial Hospital and Ridge Meadows Hospital

¹ Some hospital-based pharmacies listed above provide pharmaceutical services to other facilities that do not have an on site pharmacy. These other facilities are not listed.

The new structure reduces the number of director positions by two. Sincere thanks go to Dr. Robin Ensom, Regional Director, VCH-PHC Pharmacy Services for his significant leadership, vision and dedication to patient care, and Mr. Francis Hu, Director, Pharmacy Services at Riverview Hospital, for his commitment to care and service over the years.

To ensure strong central links with our stakeholders and staff across all four organizations as we transition, the primary administrative contacts for Lower Mainland Pharmacy Services will be the following:

Fraser Health: Shallen Letwin (shallen.letwin@fraserhealth.ca),
Vancouver Coastal Health: Gerald Driver (gerald.driver@vch.ca),
Providence Health Care: Luciana Frighetto (lfrighetto@providencehealth.bc.ca),
Provincial Health Services Authority: John Hope (jhope@cw.bc.ca) ▲

Submitted by Dr. Shallen Letwin, Executive Director, Lower Mainland Pharmacy Services.

A more physician-friendly system for accessing patient data will come on stream in July

Fraser North's Meditech Magic clinical information system will be converted to Meditech Client-Server on July 11 as part of the myHEALTHSystem initiative.

The conversion from Magic to Client-Server means physicians will still be able to generate patient lists and run reports but with a more user-friendly and intuitive way of seeing and navigating the system. Viewing patient information electronically from more locations is also enabled (VPN required).

It means there will be one standard Meditech clinical information system across the entire Fraser Health Authority.

Rotating drop-in training sessions and training by appointment at all Fraser North acute care facilities will be offered to physicians a few weeks prior to the roll-out of Client-Server. Please check the Physician Support Tools site on the intranet, your mailbox, email, and/or postings in the physician lounge regularly for updated training/support information.

Physician Support Tools site on the intranet: <http://fhaweb/Education+and+Research/Physician+Support+Tools/default.htm>

Questions or concerns can be directed to:

IMfeedback@fraserhealth.ca. ▲

Submitted by Kathleen Allisen

High Rate of Cardiovascular Disease in South Asian populations is addressed at upcoming conference

Several Canadian and international studies show that the South Asian population, comprising the largest single cultural group in B.C., has double the risk of coronary disease compared with the general population. The combination of diet, lifestyle choices and genetically pre-determined insulin resistance, are known risk factors prevalent in South Asian populations in India and in Canada.

The Canada-India Cardiovascular Health Conference, sponsored by Fraser Health and SFU, is scheduled for this June, and will address this critical health care issue. Canadian and Indian leaders from medicine, academia, research, industry, and government will meet to share current clinical practice in order to help strengthen the research collaboration between the two countries.

Organized by Canada India Network Society (founder Dr. Arun Garg) and co hosted by Fraser Health and Simon Fraser University, the conference is a first step to reduce the burden of cardiovascular disease in both countries.

Presentations on the latest research, population health and health promotion, social policy, and technology from leaders in both countries will provide action plans that will work to improve the health of South Asians around the world.

For more information and to register for the Canada-India Cardiovascular Health Conference, June 19 to 23, 2010, go to www.mitacs.ca/conference/CINI2010 ▲

Submitted by Eileen McAlear

'Lung Attacks' Targeted with New Tools

A February 2010 report released by the Canadian Thoracic Society (CTS) details how "Chronic Obstructive Pulmonary Disease (COPD) is among the most overlooked and misunderstood chronic conditions in Canada."

- ▶ Hospital admission and readmission rates in Canada are higher for COPD than for any other major chronic disease.
- ▶ COPD is the only chronic disease with increasing mortality rates.
- ▶ COPD lung attacks cost Canadian health care an estimated \$1.5 billion a year.

The term "lung attack" refers to a COPD exacerbation or flare up. In 2009, Fraser Health began a concerted effort, with assistance from provincial funding (LMIIF), to target lung attacks. This includes improving accessibility to COPD services, and developing tools to assist in providing best practice COPD care, with the goal of reducing COPD admission rates and length of stay. A COPD Clinical Pathway, Pre Printed Order Set and Discharge Plan are in the final stages of development. Physician consultation is planned for the near future, followed by pilot site trials. ▲

Submitted by Jennifer Grover

DOCTORS KNOW

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Editor: Ellen Baragon

Contributors: Kathleen Allisen, Jennifer Grover, Bonnie Irving, Shallen Letwin, Eileen McAlear, Marie Nightingale, Angela K. Wilson

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