

August 2019  
Issue 19  
Supplement 1

## SUSTAINABLE INPATIENT CARE—BACKGROUND

By Dr. Theresa Shea

The IDOW program, the PCMU, and the attachment rota are three programs under the umbrella of “Sustainable Inpatient Primary Care.” As a group, members decided a couple of years ago that we did not want to move to a hospitalist model, so these pro-

grams are functioning with the goal of preserving and enhancing primary care provision in the hospital. The PCMU leaders are working hard to change practice, which is not always easy—please be patient, and if you have feedback, please reach out!

## IDOW UPDATE

The IDOW program has been running since late May - one doc on, 24/7 for a week, managing new patients admitted through the ER with no GP, unattached transfers back to the north via PTN, and patients stepping down from ICU or internal medicine. The feedback from physicians has been that it’s a busy but manageable week, and most have really enjoyed a more intensive week of hospital medicine. Certainly the work has not always been straightforward, we’ve been through some clinically and politically challenging cases (but survived!). Feedback has been that it’s

been nice to have a medical lead for support.

If you’re interested, shifts run Friday to Friday, pay is \$1000/day plus all MSP billings. Currently, uncovered weeks are:

February 21 to February 28 2020  
February 28 to March 06 2020  
March 13 to March 20 2020  
March 27 to April 3 2020

## ATTACHMENT ROTA UPDATE

Currently, we have 23 practices signed up for a total of approximately 35 spots on the attachment rota. In the first 6 weeks of the program, we went through the entire rota once. This escalated a bit in July, with many of the rota doctors away on holiday. At this point, it seems that the vast majority of pa-

tients handed through the rota are for inpatient care only (ie, out of town patients). Thank you so much for being part of the rota, and **if you’re not on the rota, please consider helping out.** Inpatient care for Family Medicine patients is only sustainable if the workload is shared.

### Inside this issue:

Sustainable Inpatient Care Background	1
IDOW Update	1
Attachment Rota Update	1
Learners	2
Interprofessional Patient-Side Rounds	2
Electronic Documentation	2
Future Projects	2

### SAVE THE DATE

for our

Fall

Members

Meeting:

Thursday

November 28th

5:00-9:00pm

Watch for details!

Watch for our  
new  
newsletter name  
in  
November!

To join the Attachment Rota or IDOW, please contact:

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## LEARNERS

We were excited this month to welcome our first student to the PCMU, and over the next 6 months we will have a steady stream of 4th year med students joining the IDOW program, and a couple of 2nd year Family Practice Residents as well, coming for electives. Please

remember that this is a learning-based, not a service-based, rotation. As we become more comfortable in our roles, we're hoping to expand to taking 1st and 2nd year students as well, to continue to encourage excellence in inpatient care among our future colleagues.

## INTERPROFESSIONAL PATIENT-SIDE ROUNDS

While there are many new nursing processes that we're working on for the PCMU, there is one physician process that we may need some help implementing - daily patient-side rounds. This is actually an 'old-fashioned' way of rounding - bring the whole team (nurse, PT, OT, SW, pharmacist, physician) to the patient, and review their problems, their treatments, and their plans.

Initially we thought that this would be something that would be easy to implement for the IDOWs, but it turns out that it is very challenging to cohort IDOW patients on the PCMU, so most IDOW patients are currently elsewhere in the hospital. **This is a golden opportunity**

**for non-IDOW docs to get in on these team rounds - any time you have a patient admitted up to PCMU, you should get a phone call that day, inviting you to join team rounds - please come!** And if you don't get that call, ask Kyla (Program Lead) when you get up there whether you could do one. They are fun, enlightening, and a great way to avoid the all-too-frequent phone call in the middle of your afternoon, asking, "so, what's the plan with 17B...."



## ELECTRONIC DOCUMENTATION UPDATE

One of the goals for the PCMU was to move forward with electronic documentation. This did not happen in time for opening, but is still in the works. Hopefully before Christmas of this year, the nurses will be documenting exclusively in Powerchart, so you'll be able to look up vitals, nursing notes, and all forms in Powerchart, *when you're on the PCMU.*

Also in the works are two new technologies for physicians, Dynamic Documentation and Dragon Nuance dictation system. Dragon Nuance system is a handy phone program that allows you to connect to Powerchart or MOIS, and have what you say into your phone be translated in real time into the EMR. NH has rolled this out as a prototype to some lucky docs, and are hoping that in the near future it will be expanded to include all physicians.

Dynamic Documentation is a very cool next step towards full physician electronic charting (one day, we may even see computer physician order entry!). Again, this is in early stages, and we are working with NH to figure out how to get docs doing it. It totally overhauls the way you write notes - you have an inpatient 'workflow' page, that functions much like the 'Problem List' page in MOIS, and as you enter information, it collects it all, then you simply choose which note type you want to create, and it pulls any relevant info into that note. It's slow to start, but the notes you can easily create, once you're comfortable with it, are incredible. Stay tuned for more info as time goes on.

## FUTURE PROJECTS

Through these programs, we're identifying a number of areas that will require some work - in particular around shared care with psychiatry, shared care with medicine, and looking at working with IPT to optimize their involvement with our admitted patients, as well as working more closely with IT to design, implement and train docs on new ways of documenting.