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## BACKGROUND

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Ministry of Health

### **INNOVATIONS IN HEALTH CARE BEST PRACTICES**

#### **South Community Birth Program**

Dr. Sue Harris, Lee Saxell and Denise MacKay – PHSA/VCH

The South Community Birth Program has improved health outcomes of low-risk pregnant women in South Vancouver by providing them with collaborative care from family physicians, midwives, community health nurses and doulas. This is the first such multidisciplinary program of its kind in Canada where care takes place in a community-based, culturally appropriate manner during pregnancy, birth and the newborn period. The program was established in October 2003 to pilot a unique maternity program to be situated in the south community area of Vancouver.

#### **Innovations in Primary Health Care: Physician and Nurse Practitioner Collaborative Practice**

Tom Fulton, Dr. Allison Rankin and Wayne Senner – Interior Health

The Physician and Nurse Practitioner Collaborative Practice is a new model developed to allow nurse practitioners (highly trained nurse specialists) to work closely with doctors as part of an interdisciplinary team, where they are able to diagnose and treat a wide range of patient health concerns. The practice model is currently being used at the Enderby Community Health Centre.

#### **Hip and Knee Collaborative**

Bob Clark – Vancouver Island Health

In the last year, five Vancouver Island health professional teams changed practice and improved the care for elective hip and knee replacement patients. This was achieved through an interdisciplinary team that included surgeons, physiotherapists, nursing, occupational therapists, and dietitians among others. Successes include a savings of 1,900 surgical bed days over this time period.

#### **Evidence to Excellence Initiative**

Dr. Grant Innes, Dr. Julian Marsden and Dr. Kirk Hollohan – Vancouver Coastal Health/Providence Health

This community of practice initiative aims to inform health professionals of best practices, such as the Sepsis Protocol. The protocol utilized a multidisciplinary team from the Emergency Department and Intensive Care Unit at St. Paul's Hospital and outlined practices that improved patient care and reduced deaths from sepsis – a systemic infection that kills tens of thousands of Canadians each year – by nearly 50 per cent.

## **Implementation of a Clinical Decision-Making Tree for Pain Assessment and a Persistent Pain Clinical Practice Guideline**

Dr. Michael McBryde, Brenda Bailey and Cindy Robertson – Fraser Health

Fraser Health's presentation demonstrated how clinical guidelines implemented in residential care facilities throughout region have helped seniors deal with persistent pain. The guidelines aim to support 78 (100 per cent) of the health authority's residential care facilities to enhance clinical practice of assessing and managing persistent pain for over 7,000 residents. Over a one-year period, Fraser Health residential care facilities will report a moderate or high rating of their practice for assessing and managing persistent pain.

## **Care North Strategy**

Dr. Dan Horvat and Judy Huska – Northern Health

Building on experiences learned in the Primary Health Care Transition fund projects (2003-2006), this three-year plan for the north aims for a healthier population and better health outcomes. This strategy involves family physicians and multidisciplinary teams providing better care for patients in the primary care setting. Improvements include quality improvement collaboratives, office redesign, advanced access, alignment of the health region's services to primary care, information sharing through information technology and measurement of process and outcomes of care.

## **Patient safety in British Columbia: A Focus For Innovation In Health Care**

Dr. Doug Cochrane – Chair of the Patient Safety Task Force

The Patient Safety Task Force focused a presentation on innovation and design of the spinal injection safety system and prevention of IV tube entanglement and oxygen mismatching. It also looked at the relationship of safety and quality in conjunction with cost and capacity in the health system, as well as the work of teams in the province who are improving safety and quality of care across B.C.

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