

SPOTLIGHT PHYSICIAN

QHC Physician Compact theme of the month:

RESOURCE MANAGEMENT & STEWARDSHIP

Dr. Phil Laird

In the spotlight



Getting to know Dr. Laird

I first started with QHC in 2010 as an emergency physician in Trenton while I was working as a Flight Surgeon at CFB Trenton. After a few more years with the military doing aviation and diving medicine, I went back to residency for Internal Medicine and Critical Care at Queen's after which I came back to BGH. I'm still involved with the military, working with 1 Canadian Field Hospital as well as with the Critical Care Aeromedical Evacuation Team which is also based in Trenton. It's been a great experience coming back to an organization with so many wonderful and supportive colleagues, many of whom I worked with in my previous life in the emergency department!

Reasons for recognition

"Dr. Laird has been a more recent addition to the ICU team. He has quickly integrated and taken on many improvement projects in the ICU including the development of a protocol for our new PulmoVista ventilator. He has also become the lead for the new order sets, and has already improved the current existing protocols in conjunction with the practice improvement RN. Dr. Laird is super pleasant to work with and always makes it a priority to ensure patients are taken care of in the most efficient and safe way with our resources and bed situation in mind. He certainly has been an excellent addition to our team of physicians at QHC and we are happy to have his support." – *Dr. Leandra Grieve-Eglin, Medical Director, Medicine & Critical Care*

Dr. Laird's thoughts on 'Resource Management & Stewardship'

Q: What is an example of a technological change that has significantly improved care in your specialty?

A: Point of care ultrasound, particularly bedside echo, has really allowed us to be more precise in our hemodynamic assessments and allows us to guide our treatments to individual patients.

Q: What is an example from your specialty of how physicians demonstrate good stewardship of our scarce resources?

A: ICU beds are a scarce resource that we have to manage carefully to avoid having to transfer potentially unstable patients to other hospitals even though we could ordinarily care for them here if we had space. These transfers are not without risk and it often makes it much harder for families to provide support. Our Critical Care Response Team (CCRT) model has been really helpful in providing outreach that can sometimes allow patients to avoid the ICU entirely. Part of this is making sure that everyone has a good understanding of what "ICU specific" therapies really bring to patient care and when there may be less invasive approaches that ultimately provide the same outcome.

Q: Who at QHC would you like to recognize for their willingness to embrace change? Why?

Our ICU Manager Shelley Kay has been fantastic in supporting our clinicians and staff both before and during the pandemic. She has always been willing to engage with the senior leadership to ensure that we have the tools we need to provide optimal patient care. For example, she advocated for us to get TEE probe for the ICU and a new non-invasive lung function monitor (EIT) which is really cutting edge and this will not only help us take better care of our patients but it makes us a leading edge ICU that will draw in trainees who want to get exposure to the latest technologies and standards of care.