

MEDICAL STAFF ASSOCIATION Minutes of September 19, 2016

Privileged & Confidential – For Quality Assurance Purposes Only

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| Attendees: 5:00 – 6:00 pm Chan Auditorium | R. Abrahams K. Afshar G. Al Rawahi J. Arneja V. Barakauskas G. Blair A. Braunstein K. Bretherick S. Bright G. Brinkman J. Brown J. Bush C. Bush B. Butler D. Cabral A. Campbell L. Casey N. Chadha WS Chan LA Cheng S. Cheng R. Comfort | A. Cooper A. Datta J. Dionne D. Dix S. Dow W. Duncan C. Dunham A. Eddy T. Evans F. Feng J. Freed J. Friedman N. Froese A. Gagnon S. Gandhi J. Gardiner C. Glasner R. Gordon V. Gunka M. Harvey K. Hayes E. Henkelman | M. Hosking L. Huang J. Hukin K. Jacobson B. Jung T. Kemp N. Kissoon L. Knox A. Lee C. Look G. Marquette S. Massey J. Masterson A. Mattenley D. McFadden Q. Metcalfe E. Mickelson H. Montazer-Haghighi K. Mulpuri T. Nelson H. Osioviich C. Panagiotopoulos | T. Parkin M. Patel O. Popescu S. Pride S. Puttappa-Shivananda B. Rakic R. Rassekh R. Rees W. Rehmus C. Reichert A. Reid C. Reilly E. Reimer S. Rhone P. Rogers M. Sargent L. Sauve L. Saxell L. Seibert G. Sinclair C. Skala P. Skippen | A. Skoll J. Smitten J. Srigley P. Steinbok L. Stewart S. Swartz A. Synnes F. Tessier P. Thiessen P. Tilley L. Tucker S. Vedam D. Vo Y. Vostrcil L. Wang C. Warf S. Weissinger D. Wensley S. Whyte L. Willihnganz H. Woo |
| Regrets Sent: | JP Chanoine A. De Souza D. Fast R. Freeman | W. Gibson J. Hailey K. Harris G. Hunt | R. Kennedy F. Kozak K. Lim J. Ludemann | P. Moxham H. Nadel R. Nouri R. Preston | D. Pugash D. Shaw M. Van Allen |
| Guests: | J. Christilaw, MD FRCSC Vice President - BCWH | G. Miller Vice President – QSOI, PHSA | | | |
| Quorum: | Active staff Attendees = 80 | | Quorum = 50 Active staff | Quorum attained – YES | Total Attendees = 109 |

| Agenda Item | Discussion | Action Item |
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| 1.0 CALL TO ORDER | The President called the meeting to order at 17:15 | |
| 2.0 APPROVAL OF MINUTES | Minutes from the June 27, 2016 meeting were accepted as presented. | <i>June 27/16 minutes approved</i> |
| 3.0 STANDING REPORTS | <p>3.1 <u>Site Redevelopment Update</u> <i>E. Reimer</i></p> <ul style="list-style-type: none"> • <i>Deferred</i> <p>3.2 <u>Clinical Systems Transformation Update</u> <i>A. Gagnon</i></p> <ul style="list-style-type: none"> • <i>Deferred</i> <p>3.2.2 <u>Clinical Informatics Update</u> <i>T. Black</i></p> <ul style="list-style-type: none"> • <i>Deferred</i> <p>3.3 <u>CW Physician Engagement Society</u> <i>L. Casey</i></p> <ul style="list-style-type: none"> • MASES is the non-profit society that has been created to handle funding from DoBC. • Incorporation has been finalized and Terms of Reference are being established along with a framework on how to establish priorities and make decisions. • Common issues that are felt to need attention are Medical Staff wellness, intra MSA engagement & communication. • A survey was sent out to assist H. Woo on the search and select committee for the new VP position at CW, to represent us as Medical Staff. • The general discussion has been regarding how to better engage and communicate with the MSA and share ideas. • The discussion regarding projects being solicited to receive funds will come out soon. <p>3.5 <u>BCCH & MHSUS President Report</u> <i>L. Arnold</i></p> <ul style="list-style-type: none"> • <i>Deferred</i> <p>3.6 <u>BCWH President Report</u> <i>J. Christilaw</i></p> <ul style="list-style-type: none"> • <i>Deferred</i> | |

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| | <p>3.7 MAC Chair Report N. Kent</p> <ul style="list-style-type: none"> A report of new Appointments is appended to the minutes. Due to summer schedules, there were no new Motions passed prior to the September MSA. <p>3.8 PHSA CEO and President Report C. Roy</p> <ul style="list-style-type: none"> <i>Deferred</i> | <p>See attachment</p> |
| <p>4 NEW BUSINESS</p> | <p>5.1 Quality at C&W and PHSA</p> <p>BC WOMEN'S HOSPITAL & HEALTH CENTRE</p> <ul style="list-style-type: none"> J. Christilaw gave a brief overview of the changes that have been made to the Quality Structure at BCWH and the intentions behind them. Initially, everything reported to the Maternal Fetal Newborn QoC Committee who reported to the CW MAC. This was very inefficient and involved several redundancies. A more streamlined quality structure was designed to ensure Quality was central to everything we do, but minimize repetition. The Executive Quality Council was formed in 2009, to decrease redundancies including senior administrators attending several committees involving the same content. This made the best use of committee members time and ensure the right people were in the right place at the right time. The name of the Executive Quality Council was changed to ESPIC (Executive Safety and Performance Improvement Committee) to integrate safety and efficiency into open communication. <p>BC CHILDREN'S HOSPITAL</p> <ul style="list-style-type: none"> N. Kissoon gave a brief overview of the changes that have been made to the Quality Structure at BCWH and the intentions behind them. The ownership of Quality & Safety at BCCH is everyone's business. The current committee structure is being reviewed currently. At the physicians level, both at bedside and in clinics, there are quality leads embedded at all levels. This is where the majority of the work is done, with regards to patient quality & safety issues and opportunities for improvement. Several systems generate qualitative data, including the PSLs, as well as multi-level initiatives from the Ministry, PHSA, Accreditation Canada (through ROP's), various outcome measures etc. All levels meet together as a group to discuss what issues may cross levels or common themes, to decide what needs to be brought forward through the Quality of Care Committee, the Executive Committee and then to the MAC. <p>QUALITY, SAFETY & OUTCOME IMPROVEMENT, PHSA</p> <ul style="list-style-type: none"> G. Miller gave an overview of the multiple facets to the PHSA QSOI Department and a brief synopsis for each was included. <p>Patient Care Quality Office (PCQO)</p> <p>As legislated, each health authority has to have a centralized office to deal with patient, family and consumer complaints through review investigation with a strict timeline. Complaints are ideally resolved at the point of care, with information coming back to the care provider where applicable.</p> <p>Accreditation & Patient Experience</p> <p>Responsible for the overall process with Accreditation Canada. This includes, working with Accreditation Canada on timelines, preparations as accreditation approaches, training, implementations, dissemination of communications regarding Required Organizational Practices, etc.</p> <p>Accreditation happens every 4 years, and is required to be an educational facility.</p> <p>PIPCS</p> <p>Develop, implement and monitor strategies for Infection Control.</p> <p>Medical Affairs</p> <p>Centralized Credentialing and Privileging processes for Physicians, Dentists and Midwives to the Medical Staff of BCCA, BCCH, BCWH, BCCDC & BCMHSUS.</p> <p>Physician leader educational offerings including PMI courses, leadership development training through the UBC Sauder School.</p> | <p>Slides Attached</p> |

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| | <p>Physician Practice Profiles are a new initiative that has been started with BCWH. In-Depth Review process utilizing the multisource feedback process. This is being released electronically in the coming year.</p> <p>Coordination of Departmental Reviews, to be done every 5 years.</p> <p>Integrated Risk Management</p> <p>Source of information for activities with potential risk, or concerns about consent, custody, pilot interactions, photography etc. Biannual risk register is reported to the Board.</p> <p>Monthly education sessions on a multitude of topics.</p> <p>Quality & Safety</p> <p>Quality planning, quality improvement, quality control/mgmt. Clinical observation, complaint information & PSLs data.</p> <p>SSC - Doctors of BC are providing money to PHSA – for Quality Improvement to support capacity building.</p> <p>Steering committee med staff representative across PHSA developed proposal including finding allocation.</p> | |
| <p>5 OLD BUSINESS</p> | <p><i>To be updated at the December meeting</i></p> <ul style="list-style-type: none"> • 5.1 T&C for salaried physicians R. Rassekh • 5.2 Participatory Action Research Exercise Results D. Duffy • 2.3 Multi-sited Clinicians and MSA Fees H. Woo • 2.4 BCCH Foundation & BCWH Foundation update • 2.5 PHSA update from Carl Roy | |
| <p>6 ADJOURNMENT</p> | <p>The meeting was adjourned at 17:58.</p> | |