

MEDICAL STAFF ASSOCIATION

Minutes of December 5, 2016

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Attendees: 5:00 – 6:00 pm Chan Auditorium	G. Al Rawahi A. Aliamenti L. Armstrong J. Arneja V. Barakauskas T. Black G. Blair K. Bretherick S. Bright G. Brinkman J. Brown D. Cabral K. Campbell L. Casey M. Cassidy N. Chadha E. Chan JP Chanoine LA Cheng A. Cheung	A. Cooper D. Courtemanche Y. Csanyi-Fritz J. Davis MF Delisle R. Deyell J. Dionne D. Dix A. Eddy T. Evans M. Farmer J. Friedman N. Froese A. Gagnon S. Gandhi W. Gibson R. Gordon E. Grant V. Gunka D. Haughton	K. Hayes E. Henkelman D. Human G. Hunt B. Jung N. Kent L. Knox G. Lauder R. Lee A. Lee L. Leveille C. Loock J. Ludemann D. Malherbe J. McDermid C. Miceli K. Morishita J. Moxham K. Mulpuri M. Murray	W. Norman M. O'Donnell H. Osioviach N. Pick O. Popescu J. Potts R. Preston S. Pritchard R. Rassekh C. Reilly E. Reimer L. Riley P. Rogers J. Rozmus S. Sanatani M. Sargent L. Sauve L. Scheepers L. Seibert G. Sinclair	P. Skippen D. Smith A. Spurko C. Strahlendorf T. Tam I. Tam J. Terry M. Tran L. Tucker L. Turnham D. Vo L. Wang C. Warf S. Weissinger D. Wensley M. Wong H. Woo J. Wu L. Yan L. Yeates
Regrets Sent:	S. Albersheim N. Au A. Barlow R. Beauchamp A. Brett K. Buhler A. Chau M. Choi M. Connolly	R. Craggs L. Dahlgren S. Davidson A. De Souza J. Druker C. Dunham P. Enarson R. Fernandez J. Hailey A. Hegde	G. Henderson A. Humphrey R. Kennedy N. Kissoon F. Kozak N. Lanphear C. Lee K. Lim M. Linekin S. Lewis	D. McFadden T. Nelson T. Oberlander D. Panagiotopoulos M. Patel E. Peddie D. Pugash B. Rakic M. Remington R. Rothstein	J. Russel E. Ryan C. Seaton D. Shaw C. Skala J. Strigley P. Steinbok S. Stockler P. Tilley S. Vercauteren
Guests:	J. Christilaw, MD FRCSC Vice President - BCWH	T. Nicholas President – BCCH Foundation	G. Greening President – BCWH Foundation		
Quorum:	Active staff Attendees = 77		Quorum = 50 Active staff	Quorum attained – YES	Total Attendees = 101

Agenda Item	Discussion	Action Item
1.0 CALL TO ORDER & APPROVAL OF MINUTES	The President called the meeting to order at 17:08 Minutes from the September 16, 2016 meeting were accepted as presented.	<i>Sep 16/16 minutes approved</i>
2.0 OLD BUSINESS	<p>2.1 Terms & Conditions for Salaried Physicians R. Rassekh</p> <p>At the beginning of the summer, ~130 salaried physicians operating within the terms and conditions from 2002, received word from Human Resources that the terms and conditions would be changing quite dramatically, without much input into the new terms.</p> <p>This brought these people to together in a very short period of time and set up working groups. Outside legal assistance was sought as a group and challenged the changes and the level of engagement.</p> <p>The group is wanting to formalize this group of salaried physicians to have a voice in both these discussions as well as all hospital activities that affect them.</p> <p>Thanks to the group that has met and been working regularly, including P. Skippen, K. Lim, J. Terry, R. Rassekh.</p> <p>2.2 MSA Participatory Action Research D. Duffy</p> <p>At the June meeting, a Participatory Action Research activity was lead by D. Duffy with the Medical Staff. This was in an effort to assess what the MSA members wanted to see at the quarterly meeting.</p> <p>Participatory Action Research is used with group that have trouble with communication and hard to reach populations. Working in small groups, members present were asked to identify their top 3 priorities for the Medical Staff Association.</p> <p>A lot of early work has been done in these areas, and a number of working groups have been set up to work towards these goals by the MSA and MASES.</p>	

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	<p>2.3 Multi-sited Clinicians and MSA Fees H. Woo</p> <p>Currently, at VCH/PHC there is an arrangement to allow multi-sited clinicians to have their Medical Staff Dues waived at sites where they are doing less than 20% of their clinical work. It has been requested to include BCCH & BCWH in this arrangement.</p> <p>In essence, Medical Staff would pay their MSA Dues at the site where they do the majority of their clinical work, and have it waived at sites where they do less than 20% of their clinical work. A motion will be brought forward at the next MSA meeting in March to vote on, and finalize this.</p>	
<p>3.0 STANDING REPORTS</p>	<p>3.1 BCCH & MHSUS President Report L. Arnold <i>Deferred</i></p> <p>3.2 BCWH President Report J. Christilaw</p> <p>Work on the budget has been the primary focus of late, in order to have all information submitted by the end of the day today. It has been a very large piece of work, as the coming year will see major effects on the budget to include decanting into the new building, moving clinics to allow for renovations in the current building, etc. Everyone has been very positive during a difficult process and it is very much appreciated.</p> <p>The site is in the process of trying to find a single leader. Much time is spent trying to ensure the transition will be smooth and the team is left as strong, and as positive as possible. It has been a great honour to work in this role and has been an amazing opportunity.</p> <p>3.3 Medical and Allied Staff Engagement Society L. Casey</p> <p>Four MASES meetings have been held, and the members are very engaged, with many ideas and issues brought forward and much progress made.</p> <p>Due in part, to the participatory action research results, there have been 4 key areas identified; Wellness, Communication (within the MSA), Communication (between MSA and HA/Administration) and Projects.</p> <p>There is a Wellness Committee at the site already, which was Children's focused but is now recruiting within Women's as well. They have tentative plans to address some of the wellness needs of the site, and at the last meeting, MASES agreed to approve 50k to go towards the first step of these plans.</p> <p>There was also a need identified within the four groups to have a contact person to assist in moving the work forwards. A project manager has been hired to accomplish this, Newton Hoang (newton.hoang@cw.bc.ca).</p> <p>The decision has been made that the membership will divide among the 4 working groups to better define plans, budget requirements, and evaluation components and build a plan. These will be presented to the working group at the end of January.</p> <p>MASES Working Group members:</p> <p>Communication with HA Doug Courtemanche, Renee Fernandez, Derek Human, Rod Rassekh, Paul Rogers</p> <p>Communications within MSA James Brown, Sanjiv Gandhi, Tiffany Wong, Henry Woo</p> <p>Projects Michelle Bélanger, Karen Buhler, Edmond Chan, Anthony Cooper, Gillian Lauder, Jan Lyons, Kishore Mulpuri</p> <p>Wellness Doug Courtemanche, Damian Duffy, Alison Humphrey, Ashnoor Nagji, Theresa Newlove, Shubhayan Sanatani, Caron Strahlendorf</p> <p>3.4 Site Redevelopment Update E. Reimer</p> <p>The countdown is on! We are under a year until the move into the new hospital with the date officially set, though subject to change, as there is still work needed before we get the keys. Service commencement is currently July 5, with the actual move date set for October 29.</p> <p>All Department heads will be contacted in the next 2 months to organize area specific orientation sessions for their members. Everyone will need to attend a 3-4 hour orientation session and many will be involved in 3 'day in the life' activities will happen in August, September, and October to testing flows, equipment, and how the building works.</p> <p>3.5a Clinical Systems Transformation Update A. Gagnon</p> <p>The question was brought forward of how we will learn from the difficulties in the Island Health/Nanaimo implementation of CST. D. Cochrane has completed an external review of the implementation and includes 26 recommendations. project has reviewed them and have been working closely with Lion's Gate, as they will be the first site for implementation in 2017.</p>	

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	<p>Most areas on site have been well represented in the Enterprise Build, but there is still a lot of work to be done around the specialty work done on site at CW. The project team is well aware of the move and understand it will require time and involves a significant part of the timeline in our go live pre-planning. The current go live will be in the Fall of 2018.</p> <p>3.5b <u>Clinical Informatics Update</u> T. Black Front end speech recognition should be launched in the early part of 2017, as launching too closely to the TACC centre launch would be unadvisable. The Clinical Informatics team is focused, in 2017, on ensuring that TACC works well and technology requirements are met to ensure new technology is usable and accessible both within the new centre as well as outside the building.</p> <p>The other significant focus on local site issues are communications solutions for physicians and clinical staff at CW. This would include a special App that would allow the location and communication with a staff member on site in an easy and secure way.</p> <p>If you are having issues with technology implementation at your clinical work site, please email Diane Gulbransen dgulbransen@cw.bc.ca or Tyler Black TBlack@cw.bc.ca</p> <p>3.6 <u>MAC Chair Report</u> N. Kent A report of new Appointments is appended to the minutes.</p> <p>3.7 <u>PHSA CEO and President Report</u> C. Roy <i>Deferred</i></p>	<i>See attachment</i>
<p>4.0 NEW BUSINESS</p>	<p>4.1 <u>BC Children's Hospital Foundation</u> T. Nicholas CHIPS Process received 52 proposals this year, with 28 approved for fundraising. A 5 year blueprint has been created to help guide the hospital and the foundation to understand the directions the hospital is moving in.</p> <p>Children's Hospital logo has received an update: softening of font, and one less ray to the sunshine to allow it to be digitized and displayed clearly on devices. This is coming with website updates and an increase of visibility in social media channels.</p> <div style="text-align: center;">   </div> <p>4.2 <u>BC Women's Hospital Foundation</u> G. Greening Welcome to Genesa Greening, the newly appointed President of the BC Women's Hospital Foundation.</p> <p>Many thanks to J. Christlaw for your passion and leadership at BC Women's.</p> <p>A strategic session will be held with the Board of Directors January, and information will come forward in the future. Discussions have begun regarding support for the soon to be released Women's Health Strategy from the Ministry of Health.</p> <p>We are committed to renewing our commitment to the Women's Health Research Institute, and leading the '<i>Ending Reproductive Cancers Collaborative</i>' between BCWHF, WHRI, UBC, BCCF, and VCH UBC Hospital Foundation to support cutting edge research, and supporting the new Women's Health Centre.</p>	
<p>5.0 ANNUAL GENERAL MEETING BUSINESS</p>	<p>5.1 <u>Officers of the Medical Staff Association</u> As per Medical Staff Rules 6.2, 6.3 & 7.1, there are 3 elected members of the Medical Staff Executive; President, Vice President and Secretary Treasurer. The past president acts as the Chair of the nominations committee. Members can hold each of the elected positions for 3 years per position and are elected on an annual basis.</p> <p style="padding-left: 40px;">President: Henry Woo Vice-President: Linda Casey Secretary / Treasurer: Grace Brinkman Past President: Doug Courtemanche</p> <p>H. Woo called for nominations from the floor for each position, no other nominations were brought forward. The members listed above were acclaimed and will retain their positions for 2017.</p> <p>5.2 <u>Secretary Treasurers Report</u> Expenses and revenues for the year were presented with a comparison to 2015. The budget has remained approximately the same over the past 5 years with the exception of ~7k spent</p>	<i>See attachment</i>

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	<p>on legal fees for the salaried physicians. These funds are to be recouped and returned to balance the report.</p> <p>MOTION, by H. Woo, that the Medical Staff Dues remain the same amount for the 2017 year with Active staff paying \$125.00, and Provisional Active & all Clinical Associate staff paying \$63.00.</p> <p>CARRIED</p>	
6.0 ADJOURNMENT	The meeting was adjourned at 18:17.	