

MEDICAL STAFF ASSOCIATION & MASES

Minutes of March 27, 2017

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Attendees: 5:00 – 6:00 pm Chan Auditorium	A. Abrahams K. Afshar G. Al Rawahi A. Alimenti J. Ansermino K. Armstrong B. Baadjes V. Barakauskas M. Barker C. Beitel M. Belanger G. Blair K. Blake K. Bretherick A. Brett K. Buhler C. Bush S. Butterworth A. Campbell L. Casey N. Chadha E. Chan JP Chanoine	C. Chin L. Dahlgren J. Davidson J. Davis A. De Souza R. Deyell S. Dow W. Duncan C. Dunham S. Dow W. Duncan C. Dunham A. Eddy P. Eydoux J. Freedman J. Friedman N. Froese A. Gagnon S. Gandhi W. Gibson C. Glasner D. Goldfarb R. Gordon	J. Halparin M. Harvey D. Henderson G. Hendson M. Hosking D. Human A. Humphrey G. Hunt N. Jetha B. Jung N. Kent F. Kozak A. Lee K. Lim C. Look G. Marquette J. Masterson J. McDermid P. McDonald M. Bedaiwy J. Moxham K. Mulpuri S. Murthy	T. Nelson M. O'Donnell H. Osioviich C. Panagiotopoulos E. Peddie N. Pick F. Purdy B. Rakic R. Rassekh R. Rees E. Reimer L. Rowat J. Rozmus D. Ryan S. Santani C. Saunders L. Sauve L. Scheepers L. Seibert C. Senger D. Shaw S. Shivananda C. Skala	E. Skarsgard A. Skoll P. Steinbok C. Strahlendorf A. Synnes J. Terry M. Tran L. Tucker L. Turnham H. Vallance M. Van Allen S. Vedam D. Vo L. Wang C. Warf E. Webber D. Wensley L. Willihnganz T. Wong H. Woo J. Wu L. Yan
Regrets Sent:	J. Arneja M. Choi J. Druker D. Fast R. Freeman	S. Gudapati K. Harris G. Horvath K. Houghton R. Kennedy	L. Knox J. Ludemann D. McFadden A. Miller O. Popescu	P. Rogers M. Sargent R. Schreiber G. Sinclair J. Srigley	L. Straatman F. Tessier
Guests:	J. Christilaw, MD FRCS Vice President - BCWH	C. Ellis, RM UBC Midwifery	L. Lemke Interim Vice President - BCCH	C. Roy President & CEO, PHSA	
Quorum:	Active staff Attendees = 83		Quorum = 50 Active staff	Quorum attained – YES	Total Attendees = 114

Agenda Item	Discussion	Action Item
1.0 CALL TO ORDER & APPROVAL OF MINUTES	The President called the meeting to order at 17:14. Minutes from the Annual General meeting, December 6, 2016 meeting were accepted as presented.	Dec 6/16 minutes approved
2.0 OLD BUSINESS	N/A	
3.0 STANDING REPORTS	<p>3.1 BCWH President Report J. Christilaw</p> <p>Thanks to all Medical Staff who helped obtain some of the highest marks ever given to a Canadian Hospital on accreditation. We really impressed the accreditors and showed that we have a culture of respect, innovation and passionate people, committed to patient care and high quality.</p> <p>J. Christilaw will be stepping down officially March 31, so this is the last MSA meeting as President. Many thanks to everyone. It has been a wonderful experience. C. Davies, Chief Ops Officer will be acting as President until the new position is filled.</p> <p>3.2 BCCH President Report L. Lemke</p> <p>Thank you and congratulations to everyone on excellent results coming in and sincere recognition. The results received thus far were excellent and are recognition of all the hard work and our everyday efforts.</p> <p>Ambulatory Care review is underway and also impacts the gynecology side of the house. It is very dense work with many results through over 100 clinics.</p> <p>(MAPS) Maintaining access to pediatric surgery program has closed. 15 RN's have been hired, a specialty training program in our own environment has been created and being held up in the province on how to best react.</p> <p>Surgical services 3 year planning – going to be a journey and bringing to life the ministry plan. Some of it is focused around health human resource, and utilization resources, as well as waitlist and wait times.</p>	

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CST remains rolling out with upcoming need for medical staff input and some quick decisions.

3.2 MASES - Facility Engagement

L. Casey

All medical Staff are members of MASES, and is the non-profit society put in place to receive and spend the Docs of BC engagement funds. We are all members, but there are about 20 members who have formed the engagement working group, and meet to develop plans to most effectively use those funds to facilitate engagement. 4 priority areas have been developed.

1) Communication within MSA

- How to identify common issues and come to resolutions. Several activities are ongoing. An MSA website is being created, and will serve many purposes. This will allow information about activities, events notices, etc. Go live is scheduled for April.
- Events upcoming/in planning: Thanks to Jan/Leslie – June 13, Dec MSA luncheon, Family Summer event, MSA sponsored lounge/dining hall
- Support of education for MSA, particularly around quality improvement etc.

2) Communication between MSA and PHSa

- Develop TORs on how we will communicate moving forwards, and development of a 'partnership table'. One idea is to develop a compact to lay out the rules of engagement to work on a go-forward basis with health administration.
- Using the MSA website to encourage communications.
- Look forward to develop a relationship with the new President of the institutions

3) MSA Wellness

- Many activities have been happening around the site. A wellness survey was sent to the BCCH staff. This will be expanded to Mental Health and BCWH staff to create a more all-inclusive picture.
- Work towards obtaining training for critical incident support.
- Development of an MSA based mindfulness training delivered over 8 weeks, offered twice per year (in June and Sep).
- Yoga on Tuesdays at 5pm for all MSA members.

4) Projects

- Money available to use for projects to enhance engagement on a broad scale. Call for projects (max budget is 50k, with a max of 500k in the first call) is coming. There will be no minimum, all requests will be reviewed. It is a 2 step process with a letter of intent being submitted. People are available to help plan/define the projects.
- Call for applications is likely to come April 15 with a proposed deadline of May 15 for letters, full applications Aug 1, Decision received Sep 1, and Money released Oct 1
- Next working group is next Monday for final decisions and plans. Info will come out via MSA website, with applications posted.

3.3 Site Redevelopment Update

E. Reimer & M. Friesen

The excitement is growing as we watch the building become complete. This will be more than just a move.

The project is, relatively speaking, on time, with service commencement on July 5. There are 4 months needed to figure out how we will work in the new building. Current Patient Move day is Oct 29, and Nov 1 the demolition is coming in for SHHCC and SRMC beds.

What is needed in training before we can start seeing patients:

New Facility Orientation – basic info – what are the adjacencies between programs, location of on-call rooms, how to exit in an emergency, general building walkthrough.

Department specific training & orientation – new technology, new equipment, new patient work flows. Dept Heads have been consulted to discuss training needs and

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	<p>when is best to make that work. The Medical Staff schedule is being released in roughly 2 weeks. This is tailored to Medical Staff recognizing that time is valuable and limited, but also ensuring you feel prepared and comfortable to practice. Most sessions will be 3-4 hour sessions between Aug 14 – Oct 13.</p> <p>DitL (Day in the Life) is an interdisciplinary process using mock scenarios to check process flows that have been designed will work and continue to improve the processes. These also validate training is working and safety has been covered. We expect to find many items needing correction, (approximately 400 issues are expected to come out of each session) so we will run 3 DitL, one per month - Aug 10, Sep 14, Oct 5.</p> <p>Moving: We have hired an experienced group (almost 400 moves across North America) to assist us in moving into the new hospital. Meeting with Dept Heads to review plans for each area. Eg. Surgical suites have devised a plan to slow down over the week prior to decrease patient stays, and pack equipment. It is going to take time to get up to speed in the new building. There is a 4 week ramp-up, starting with 1 ER, and 1 elective room to test the systems slowly. Lots of info is out there and Dept/Div Heads are the best sources to go to for questions.</p> <p>3.5 MAC Chair Report <i>N. Kent</i> This is the last MSA meeting for N. Kent as MAC Chair. New MAC Chair is E. Webber, from Pediatric General Surgery. It has been a pleasure and thank you for everyone who have been so wonderful to work with.</p> <p>3.6 PHSA Report and Leadership Update <i>C. Roy</i> Search process update: we have been working with a very dedicated search committee. Each candidate who applied has been interviewed. Compliments to the members who have been involved in meeting and interviewing the candidates. There have been 3 candidates go through the broader process, 2 were short-listed and have gone through detailed testing. In February, the search committee decided to call for additional candidates and run the process again. A couple more went through the interview process. One candidate is being made available for the broader interview process. The selection committee has been very clear about the characteristics needed for the incumbent and the search would continue until we found the right person for the position. It should be a matter of weeks until a candidate is selected and an announcement is made. The negotiation process can take some time, as we have a mix of internal and external candidates.</p>	
<p>4.0 NEW BUSINESS</p>	<p>4.1 MSA Bursaries - UBC Midwifery Students Global placements to Nepal & Uganda C. Ellis, a Senior Instructor, UBC Midwifery involved in the Global Placement Program since 2005. Many thanks to the MSA, who have assisted each year in providing this opportunity. Thank you for contributing to our learning, skills, and experience. It was not only valuable clinical skill, but also personal growth, impactful relationships and learning values and cultures impacted our experience.</p> <p>4.2 Staff Opportunities for PMI and Courses <i>D. Courtemanche / L. Casey</i> Physician Management Institute courses are available with funding through Docs of BC, as well as PHSA being generous and sponsoring a course as well. These courses are well worth doing including theoretical and technical aspects, leadership, intro to skills training, and practice. D. Courtemanche is happy to answer questions.</p> <p>4.3 Medical Staff Dues Waiver Proposal from last MSA meeting: MOTION by H. Woo, seconded by G. Brinkman, for multi-sited clinicians, the annual C&W MSA dues will be waived for any member for whom their clinical activity at C&W does not exceed 20% of their entire clinical work or and/or one day per week. For this waiver, the member must submit a receipt of payment of the annual MSA due for that same calendar year from the clinical site at which the majority of their clinical work takes place. PASSED</p>	

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	<p>4.3 MASES Items</p> <p>The meeting of the MSA and MASES will be considered co-incident with each other for the quarterly meetings in March, June, September and December. The AGM of MSA occurs at the December Meeting. The AGM of MASES will occur at the June meeting. This will be voted on at the June 2017 MSA/MASES meeting.</p> <p>The Societies Act in a new provincial legislation that can into effect November 28th, 2016. This applies to C&W MASES. The following changes are required as an update to our MASES constitution and bylaws. This will be voted on at the JUNE 2017 MSA/MASES meeting.</p> <ul style="list-style-type: none"> a) Financial statements must include a note setting out remuneration paid to its directors and employees/contractors paid more than \$75000 per annum; b) Directors and senior managers have an obligation to disclose conflicts of interest; c) The majority of the Board of Directors may not be employed or under contract with the society; d) All Directors must provide written consent to be Directors <p>Currently the MASES directors (5) are L. Casey (President), D. Courtemanche (Vice-President), H. Woo (Secretary and Treasurer), E. Reimer (Director) and T. Kung (Director)</p> <p style="padding-left: 40px;">MASES Project Manager is Newton Hoang (employed by MASES)</p> <p style="padding-left: 40px;">C&W Engagement Consultant is Damian Duffy</p> <p>MASES Working Group (21 members)</p> <table border="0" style="width: 100%;"> <tr><td>Henry Woo</td><td>OBGYN</td></tr> <tr><td>Michelle Belanger</td><td>OBGYN</td></tr> <tr><td>Janet Lyons</td><td>OBGYN</td></tr> <tr><td>Alison Humphrey</td><td>MIDWIFERY</td></tr> <tr><td>Renee Fernandez</td><td>FAM MED OB</td></tr> <tr><td>Karen Buhler</td><td>FAM MED OB</td></tr> <tr><td>Donna McLachlin</td><td>FAM MED OB</td></tr> <tr><td>Ashnoor Nagji</td><td>FAM MED OB</td></tr> <tr><td>James Brown</td><td>OB ANAESTHESIA</td></tr> <tr><td>Gillian Lauder</td><td>PED ANAESTHESIA</td></tr> <tr><td>Linda Casey</td><td>PED GI/COMPLEX NUTRITION</td></tr> <tr><td>Kishore Mulpuri</td><td>PED SURGERY - ORTHO</td></tr> <tr><td>Anthony Cooper</td><td>PED SURGERY - ORTHO</td></tr> <tr><td>Sanjiv Gandhi</td><td>PED SURGERY - CARDIAC</td></tr> <tr><td>Paul Rogers</td><td>PED HEM/ONC</td></tr> <tr><td>Caron Strahlendorf</td><td>PED HEM/ONC/BMT</td></tr> <tr><td>Rod Rassekh</td><td>PED HEM/ONC/BMT</td></tr> <tr><td>Derek Human</td><td>PED CARDIOLOGY</td></tr> <tr><td>Shu Sanatani</td><td>PED CARDIOLOGY</td></tr> <tr><td>Edmond Chan</td><td>PED ALLERGY/IMMUNOLOGY</td></tr> <tr><td>Tiffany Wong</td><td>PED ALLERGY/IMMUNOLOGY</td></tr> </table>	Henry Woo	OBGYN	Michelle Belanger	OBGYN	Janet Lyons	OBGYN	Alison Humphrey	MIDWIFERY	Renee Fernandez	FAM MED OB	Karen Buhler	FAM MED OB	Donna McLachlin	FAM MED OB	Ashnoor Nagji	FAM MED OB	James Brown	OB ANAESTHESIA	Gillian Lauder	PED ANAESTHESIA	Linda Casey	PED GI/COMPLEX NUTRITION	Kishore Mulpuri	PED SURGERY - ORTHO	Anthony Cooper	PED SURGERY - ORTHO	Sanjiv Gandhi	PED SURGERY - CARDIAC	Paul Rogers	PED HEM/ONC	Caron Strahlendorf	PED HEM/ONC/BMT	Rod Rassekh	PED HEM/ONC/BMT	Derek Human	PED CARDIOLOGY	Shu Sanatani	PED CARDIOLOGY	Edmond Chan	PED ALLERGY/IMMUNOLOGY	Tiffany Wong	PED ALLERGY/IMMUNOLOGY	
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<p>5.0 ADJOURNMENT</p>	<p>The meeting was adjourned at 18:18.</p>																																											