

# CW MEDICAL STAFF ASSOCIATION & MASES

## Minutes of March 26, 2018

*Privileged & Confidential – For Quality Assurance Purposes Only*

<b>Attendees:</b> 5:00 – 6:00 pm Chan Auditorium	R. Abrahams	D. Cabral	G. Hendson	P. McDonald	C. Strahlendorf	
	H. Al-Nashef	L. Casey	E. Henkelman	D. Morrison	J. Terry	
	N. Amram	E. Cattoni	Z. Hodgson	H. Nadel	M. Tran	
	J. Arneja	E. Chan	M. Hosking	T. Nelson	M. Turner	
	E. Balaisis	C. Chin	A. Humphrey	H. Osioviich	S. Vedam	
	V. Barakauskas	S. Cheng	C. Hunt	R. Rees	D. Vo	
	M. Barker	V. Cook	N. Johnson	C. Reilly	L. Wang	
	N. Barker	S. Dow	L. Knox	E. Rogers	E. Webber	
	C. Beitel	W. Duncan	F. Kozak	S. Sanatani	D. Wensley	
	G. Blair	A. Eddy	S. Langlois	C. Saunders	J. Werker	
	K. Bodkin	M. Farmer	G. Lauder	L. Scheepers	L. Willihnganz	
	J. Bowman	J. Friedman	K. Lim	K. Schlade-Bartusiak	H. Woo	
	K. Bretherick	A. Gagnon	C. Look	K. Schultz	G. Yang	
	L. Brown	S. Gandhi	J. Ludemann	L. Seibert		
	Z. Brown	J. Halparin	D. Malherbe	C. Senger		
	K. Buhler	J. Hardial	S. Massey	G. Sinclair		
	<b>Regrets:</b>	J. Collins	J. Druker	E. Lee	O. Popescu	L. Tucker
		R. Comfort	D. Fast	A. MacInnes	R. Rothstein	M. Van Allen
		M. Connolly	D. Human	P. Moxham	K. Saran	S. Vercauteren
		J. Copeland	R. Kennedy	W. Norman	D. Shaw	S. Weissinger
A. De Souza		A. Lee	C. Panagiotopoulos	F. Tessier	S. Whyte	
					J. Yue	
<b>Guests:</b>	S. Wannamaker CW Vice-President	C. Roy President & CEO, PHSA	W. Fan Director, Strategic Planning & Projects, PHSA	L. Bayzand Director, Inter Campus Operations, C&W		
	C. Davies Chief Operating Officer, BCWH					
<b>Quorum:</b>	<b>Active staff Attendees = 50/369</b> Total CW Medical Staff = 801		<b>Quorum attained – YES</b> Quorum = 50 Active staff	<b>Total Attendees = 77</b>		

Agenda Item	Discussion	Action Item
1.0 CALL TO ORDER & APPROVAL OF MINUTES	The President called the meeting to order at 17:05.  Minutes from the previous meeting on December 7, 2017 meeting were accepted as presented.	Dec 7/17 minutes approved
2.0 OLD BUSINESS	<b>2.1 CW MSA – AGM: Medical Staff Dues</b>  Since the Secretary/Treasurer was away last meeting, the required motion regarding the 2018 Medical Staff Dues was missed. The suggestion is to keep the Medical Staff dues the same for 2018.  <b>MOTION, by H. Woo, that the Medical Staff Dues remain the same for the 2018 year, with Active staff paying \$125.00, and Provisional &amp; Clinical Associate staff paying \$63.00. Seconded by J. Arneja</b>  <b>PASSED</b>  Medical Staff are reminded that they only need to pay fees at the site where they carry out the majority of their practice. (VCH/SPH/CW) St. Paul's has noted it specifically for this year, as some members had pushback in 2017.	<b>MOTION</b> 2018 CW MSA dues remain the same amount. <b>PASSED</b>
3.0 STANDING REPORTS	<b>3.1 CW President Report</b>  S. Wannamaker gave a presentation regarding the consolidated Children's and Women's budget.  The budget is ending with a deficit of 4.794 million, with final numbers towards the end of April, which shows an improvement from 2016. Key drivers are increased costs per case, increased high cost cases, and single time costs for the move and transition into TACC.  There is also increased revenue being seen due to the move into TACC, and an increase in revenue from out of country and out of province patient populations being served.  The 2018/2019 budget was presented in conjunction with C. Davies and L. Lemke to the budget committee, with an addition of 12.89 million added.  10 million for the annualization of the increased beds for BC Children's, and NICU beds in BC Women's. Additionally, monies were directed for surgical initiative 'catch up and keep up' which included 660k for dental surgeries, 344k to support the optimization project in low acuity gyne cases, 118k to support the sedation pilot and 145k to support OR training for	S. Wannamaker

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	<p>nurses.</p> <p>In 2018/2019, the initial funding letter to surgical services included an increase of 5.4 million and there will be in depth planning for those funds to ensure we can deliver on those promises</p> <p>The MoH has called all surgical leaders across BC to a special meeting on Apr 9 to continue to tackle the surgical waitlists and access to care, with additional focus on endoscopy and MRI.</p> <p>PHASE 3 – which will include moving SHH and SRMC beds, demolition is on track and on time. Tender for the construction will come out in a couple days with completion in fall 2019.</p> <p>New position: Dave Parker, COO for Intercampus Operations. He will help maximize the new TACC and further work coming with CST and more focused work related to CST for both C&amp;W.</p> <p>Posting for a new Chief Medical Info Officer (0.6 FTE) to support C&amp;W and ensure we have engagement, connection and partnership with the Medical Staff as we advance CST etc.</p> <p><b>3.2 Facility Engagement – MASES</b> <a href="https://msacw.ca/">https://msacw.ca/</a> <i>L. Casey</i></p> <p>L. Casey reflected on the past 2 years and the creation of the MASES, noting that a turning point is approaching and they are seeking input from the MASES/MSA members.</p> <p>An evaluation is pending to fulfill the expected deliverables for monies received and delivered, and how to document the work completed, and show our work is having an impact.</p> <p>There is greater clarity now, than when we started, about what the goals of this activity and what we are expected to be doing.</p> <p>The project has spotlighted the increasing focus on engagement, and the impact of that engagement. The group discussed the benefit in keeping the established working group structure, considering membership renewal (change and continuity), and the subcommittee structures. Items to change going forward included the need to broaden the representation and structures, identify/implement metrics to demonstrate success.</p> <p>Moving forwards, some members of the Working Group membership feel it is time to “pass the baton” and actively recruit colleagues and peers, to encourage participation. If you are approached, please do consider participating and you are welcome to contact <a href="mailto:hwoo@cw.bc.ca">hwoo@cw.bc.ca</a> or <a href="mailto:Linda.Casey@cw.bc.ca">Linda.Casey@cw.bc.ca</a> or working group members for information.</p> <p>Also, a desire to reach out to Medical Staff in alternative leadership structures, including Department and Division Heads to identify the priorities of their groups was noted, as well as the benefit in establishing new subcommittees including one for evaluation, to help explain how things at C&amp;W are changing due to the work being done by MASES.</p> <p>March 6<sup>th</sup> a site review and reporting activity was held, including a 15 mins presentation to provide info from the last 2 years, and present the case to request funding for year 3. A result is expected April 4.</p> <p><b>3.3 CST Update</b> <i>A. Gagnon</i></p> <p>Many thanks to those who have assisted and spent time on the project thus far. The roadmap beyond Group 1 is gaining clarity, and moving forwards. C&amp;W should have a solid base in maternity care, level 1 &amp; 2 newborn care, pediatrics - especially emergency and in-patient care.</p> <p>Group 1 go live is Apr 28 (Lion's Gate and Squamish) followed by BC Cancer by the end of the year. The next group will be Providence Health Care (SPH and MSJ specifically).</p> <p>In the next few months, CST will visit C&amp;W to start planning the clinical build. Go live is slated for early fall 2019. These are soft dates, and require further validation. It has been noted that fall of 2019 is when SHH moves onto C&amp;W campus and to ensure that is feasible to do at the same time.</p> <p>This site is ahead in regards to order sets, but there is plenty work left to do on the pediatric build, to cover the various specialties and to ensure it meets the needs of the site. The design, order set validation and working group activities will require input and CST will approach staff in Leadership positions and Medical Staff. Designing order sets can be difficult to ensure the interpretation from paper to electronic transfers accurately.</p> <p>Training will begin 3 months before go live, and will include a variety of methods: online modules, classroom sessions, skill sharpening, as well as after go live at the elbow support, and an advance analytics system to identify who needs more help. This will help find those who need extra efficiency training.</p>	
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	<p>Outpatient and inpatient are designed to work together, and will launch together. If you have questions, or concerns please contact <a href="mailto:agagnon@cw.bc.ca">agagnon@cw.bc.ca</a></p> <p><b>3.4 MAC Chair Report</b> <span style="float: right;"><i>E. Webber</i></span>  E. Webber reviewed the distributed report including the 4 specific motions. The MAC has been very busy, and was also involved in the governance review.</p> <p><b>3.5 PHSA CEO Report</b> <span style="float: right;"><i>C. Roy</i></span>  C. Roy gave a brief presentation regarding upcoming changes within PHSA. Fiscal year end brings the budget into focus, with a 66 million dollar deficit. The MoH has provided that money, and we approach the opportunity to negotiate a new budget. PHSA is in a unique position from other Health Authorities (HA) who focus on a specific geography. PHSA is focused provincially, and has been in discussion with the Ministry regarding being more effective in moving across clinical systems. The MoA has announced an expanded mandate for PHSA to include 4 areas, with more details to come:</p> <ul style="list-style-type: none"> <li>- Provincial oversight and coordination of clinical services</li> <li>- Provincial direct service delivery</li> <li>- Commercialization (includes BCCSS, and provincial lab services)</li> <li>- Provincial coordination and oversight of all things related to IMIT and digital technology</li> </ul> <p>The details are being worked through and will include significant work. Along with the expanded mandate, involves taking a hard look at what is going on inside PHSA and our own configuration and the review of our clinical governance structure. We have been working with a group of consultants who have now reported to the PHSA Board with recommendations. The Board will discuss these in June, to determine how to strengthen our clinical governance structure. There will be more opportunity to hear about that, and decisions will be forthcoming between June and September. It is not being seen as ominous, or to correct a problem, but as an optimization and will be helpful and enabling as an HA with a provincial focus.</p>	
<p>3 NEW BUSINESS</p>	<p><b>NOTE: MSA Survey</b> <span style="float: right;"><i>N. Hoang</i></span>  A survey was provided to the attendees on each table. Results will be compiled and presented to MSA Board members to help focus their priorities.</p> <p><b>4.1 Worklife Pulse Survey Results</b> <span style="float: right;"><i>W. Fan</i></span>  W. Fan gave a high level overview of the C&amp;W results. Agency summary reports were distributed, and not covered in the presentation. 2 surveys were used, separating the Medical Staff (1500) and Non-Medical Staff (12,000).</p> <p><b>4.2 Space Planning</b> <span style="float: right;"><i>C. Davies and L. Bayzand</i></span>  C. Davies and L. Bayzand gave a brief update regarding the refreshment of the Space Planning Committee (SPC), with regular updates to be forthcoming. The SPC was created to include representation of key stakeholders, mindful of more than just programs and operations, but include the academic and research partners as well. The SPC was on hiatus during the changes to the TACC, though the process for receiving requests was ongoing and all submissions have been retained. The challenge remains the demand for space greatly exceeds the space available. There will be space left in 1982 bldg after the integration of SHH that will be available. The first SPC meeting was held in the first week of Jan 2018. The other outputs of the team are to develop and improve tools. The request service tool will be simplified and should be available next month. Also, due for completion in the next week is a space planning tool, to help the SPC reflect on what kind of space is had, needed, and desired adjacencies. A day will be planned in the next few months for requestors to come present to the SPC and ensure understanding of the intricacies. Anyone who has submitted a request will receive a copy of any outstanding space request for validation. Part of the goal for the new tools is looking to evaluate what is being used, and how much is needed to deliver these functions. Space swaps will be considered, also with consolidation of programs there may be more space opened and the intent to focus administration in the SHY building. A summary of space inventory will be brought to MSA, with PHSA guidelines around space.</p>	

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4	ADJOURNMENT	The meeting was adjourned at 18:06.