

MEDICAL STAFF ASSOCIATION MEETING & MASES

Minutes of September 24, 2018

Privileged & Confidential – For Quality Assurance Purposes Only

Attendees: 5:00 – 6:00 pm Chan Auditorium	R. Abrahams	L. Comfort	F. Hou	K. Morishita	C. Senger
	H. Al-Nashef	M. Connolly	K. Houghton	A. Morrison	G. Sinclair
	S. Amed	J. Copeland	D. Human	B. Moulson	P. Skippen
	N. AMram	L. Dahlgren	A. Humphrey	J. Moxham	P. Steinbok
	J. Ansermino	A. Dowling	S. Hynes	U. Mulpuri	C. Strahlendorf
	L. Armstrong	E. Duncan	A. Kakadekar	M. Murray	J. Terry
	J. Arneja	C. Dunham	T. Kemp	T. Nelson	P. Thiessen
	V. Avinashi	A. Eddy	N. Kent	H. Osioovich	P. Tilley
	E. Balaisis	L. Edwards	L. Knox	C. Panagiotopoulos	H. Ting
	V. Barakauskas	M. Entwistle	A. Lee	T. Parkin	M. Tran
	M. Barker	M. Farmer	A. Li	N. Pick	L. Turnham
	K. Blake	J. Freed	K. Lim	C. Plohman	C. Tyson
	J. Bowman	J. Friedman	C. Loock	O. Popescu	H. Vallance
	A. Braunstein	N. Froese	J. Ludemann	F. Purdy	M. Van Allen
	K. Bretherick	A. Gagnon	D. Malherbe	B. Rakic	D. Vo
	J. Bush	S. Gandhi	K. Mar	C. Reilly	L. Wang
	L. Casey	V. Gunka	C. Miceli	D. Ryan	E. Webber
	M. Cassidy	J. Hardial	D. Millar	S. Sanatani	L. Willihnganz
	M. Chan	D. Hendson	A. Miller	C. Saunders	H. Woo
	C. Chin	E. Henkelman	H. Montazer-Haghighi	L. Sauve	J. Wu
	S. Coad	M. Hosking	K. Montgomery	L. Scheepers	L. Yan
					J. Yue
Regrets:	A. Antrim	Y. Csanyi-Fritz	J. Mawson	D. McFadden	J. Srigley
	R. Beauchamp	A. De Souza	F. Kozak	J. Nguyen	F. Tessier
	N. Chadha	D. Fast	E. Lee	R. Preston	M. Turner
	M. Choi	G. Hendson	H. Lui	R. Rothstein	C. Verchere
					G. Yang
Guests:	S. Wannamaker CW Vice-President	C. Gregor VP Acute Specialty Services PHSA	H. Parslow Managing Partner Caldwell	N. Kissoon VP Medical Affairs BCCH	
Quorum:	Active staff Attendees = 78/387		Quorum attained – YES		Total Attendees = 106
	Total CW Medical Staff = 893		Quorum = 50 Active staff		

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 previous meeting on June 11, 2018 meeting were accepted as presented.	Jun 11/18 minutes approved
2.0 STANDING REPORTS	<p>2.1 CW President Report S. Wannamaker</p> <p>S. Wannamaker gave a verbal presentation regarding the status of the current budget, space planning and the Phase 3 plan to move Sunny Hill onto the CW campus.</p> <ul style="list-style-type: none"> ▪ At the end of Period 5 (Aug 23) is showing a deficit of 4.1 million ▪ SunnyHill nursing support services, includes over 200 kids in the community. We are working with the MoH for this ▪ Additional monies promised for the Surgical mandate has not been received yet ▪ Phase 3 – demolition is complete. Stuart Olson is construction agent on site (since Aug 16). ▪ Thanks for your indulgence working within a construction zone. ▪ Working to a revised schedule, for construction. Notice went out including Fir Square in May 2019, Sunny Hill in May 2020 and SRMC May 2020. ▪ Renovating a significantly old building and will find things that are unexpected. Incident caused some work to be shifted to ensure paramount safety for staff and patients. ▪ Town Halls on Oct 19 are being held to provide an opportunity for dialogue with the Redevelopment Team, as well as L. Lemke & C. Davies. ▪ CW, BC Cancer and BCEHS have been involved in a financial review with Ernston & Young to clearly understand the demands, budgetary constraints to ensure correct funding model and structures are in place. They are meeting with Physician and Operational Leaders by end of Oct and will report to Finance in Nov. 	

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	<p>2.2 CST Update <i>A. Gagnon</i></p> <ul style="list-style-type: none"> ▪ End of April CST went live at LGH and Squamish. Feedback regarding new system is that it is going well. It is new, can be cumbersome but it is workable. The right supports being in place is imperative, and much learning has occurred with the newest roll-outs. ▪ Some of the build that is in place and relevant to CW is general pediatrics for ER and general pediatrics, level 1 & 2 newborn care and maternity services; foundations used will be leveraged to develop specialty programs for this site. ▪ Focus is currently on BCCA, and Providence/Vancouver Acute build. ▪ Much work is ongoing and will be staying in touch with the various groups that have commonalities. ▪ Focusing on CW specifically will come once there is a better sense of when PHC will go live. CW will be the next focus, knowing 18 months of prep time will be required. ▪ Current order approved was SPH, CW, finishing at VGH but that can change. ▪ As sites go live, EMR are available. <p>2.3 MAC Chair <i>E. Webber</i></p> <p>A report was distributed with the meeting materials.</p> <ul style="list-style-type: none"> ▪ Governance issues being reviewed, and the addition of the Executive VP Medicine & Quality are also being discussed at the MAC. ▪ Health Records Committee is being resurrected this fall after several years of clemency. ▪ Support for the process selection of new BCWH Anesthesia Head, which has been a challenging position to fill. ▪ New Women's Radiology staff represents great effort on the part of Leadership and is a great accomplishment to bring full time people on site to support our patient care. ▪ A moment of silence was held for Dr. Colin White (Nephrology) who was well known as a superb clinician, and dedicated, passionate educator. <p>2.4 Facility Engagement – MASES https://msacw.ca/ <i>L. Casey</i></p> <ul style="list-style-type: none"> ▪ A variety of projects were funded over the last year, and work is ongoing. Project Team, lead by K Mulpuri, is seeking feedback to determine what support they may need. Events are being planned to allow project teams to discuss and display the work that is happening. More info to come. ▪ CW was approved for the next round of funding, which reaches to the end of the current physician master agreement and will then need to be re-negotiated. Evaluation of the engagement group process is occurring through a group affiliated with UBC. We are looking to engage with the project evaluation team but it isn't defined yet. ▪ This year of funding has not been allocated at this point, and discussion regarding what to do moving forwards is ongoing. One idea that came forward is to consider that we all work within our own structures, and there are issues and needs within those that deserve a voice. ▪ An email has gone to Division and Department to request an audience at a staff meeting for a MASES member to present what MASES is how they could support you, talk about your needs, pressure points, and an opportunity to identify distribution of this years funds. ▪ Parameters are in place regarding what moves forwards. In order for this funding to be sustainable we must demonstrate specifically the impact of these projects on the engagement on site. They must be really focused on increasing engagement not be quality assurance, patient care issues or quality improvements. ▪ New Recruits are needed within MASES. ▪ If you have questions, looking for opportunities or want information - contact Linda Casey, Henry Woo or any member of the working group. ▪ A newsletter will be coming out to describe the work being done by the various committees. It is expected to arrive in December. 	
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	<p>2.5 PHSA President & CEO Report <i>C. Roy</i> <i>Deferred</i></p>	
<p>3.0 NEW BUSINESS</p>	<p>3.1 Guideline on Email and Text Communications with Patients <i>H. Woo</i> <i>Deferred</i></p> <p>3.2 New position for Exec. VP Medical Affairs <i>J. Clark & H. Parslow</i></p> <ul style="list-style-type: none"> ▪ A review process has occurred, with recommendations forthcoming including proposal to restructure the medical staff governance, introduction of an Exec VP Medicine and Quality, addition of a HAMAC, MSA Terms of Reference restructuring within Agencies of PHSA, introduction of a secretariat, addition of VP Academic Services etc. ▪ Implementation will occur over approx. the next 2 years, with the search for the Exec VP position being presented today. The draft role description has been distributed, and Harry Parslow (Caldwell Partners) and Carla Gregor are supporting the search under C. Roy. ▪ Search committee has not yet been struck, very early stages but Medical Staff input is being sought regarding the fundamentals for an ideal candidate including suggested training, locations to be focused on including specific names of people you feel should be approached for this position. ▪ Feedback is highly encouraged, as this search is directly for you, the Medical Staff of PHSA. Please send suggestions to hparslow@caldwellpartners.com or carla.gregor@phsa.ca <p>3.3 Nominations for CW MSA Vice President Position <i>H. Woo</i> A position on the CW MSA Executive is coming available, as H. Woo's term is ending in January 2019. If anyone is interested in the Vice President position, or has suggestions on people to approach, please talk to H. Woo.</p> <p>3.4 Reducing Distractions in Order to Improve Productivity <i>H. Woo</i> A workshop is being held, including a light meal, on Oct 31 regarding reducing distractions. It is free to attend, but you are required to register.</p>	
<p>4.0 ADJOURNMENT</p>	<p>The meeting was adjourned at 17:55</p>	