

CHIEF OF STAFF REPORT and MEDICAL ADVISORY COMMITTEE

**REPORT TO ANNUAL MEETING
SOUTHLAKE REGIONAL HEALTH CENTRE BOARD OF DIRECTORS
June 17th, 2020**

Chairman of the Board, Directors, Ladies and Gentlemen, I am pleased to present my annual report as Chief of Staff at Southlake Regional Health Centre. This will update the developments and changes that have been initiated through the Medical Advisory Committee over the past year.

I extend my thanks to the all of the physicians and staff of this organization for their extraordinary contributions to patient care in extraordinary circumstances over the past year. To the Board and the Senior Leadership Team, I also wish to express my sincere appreciation for their support and teamwork. I would also like to thank Ms. Helena Hutton, our Chief Operating Officer, for her years of commitment, insight and positive direction. I have enjoyed her advice and counsel during my 7 years of our association. She will be missed. Thank you to the following leaders for their dedication and service to Southlake. Terms are ending as of July 1st for:

- Dr. Tim Barbetta & Dr. Lisa Plow-Jarvis, Co-Division Heads, Surgical Assisting (7 years)
- Ms. Kara Brockington, Head Midwife (2 years)
- Dr. Erica Mantay, Chief of OBGYN (1.5yrs)
- Dr. Ford Moore, Division Head, Dentistry (11 years)
- Dr. Adrienne Lebner & Dr. Cindy So, Co-Division Heads (1 year)

COVID-19 PANDEMIC

The COVID-19 Pandemic has required a collective intelligence and willingness to collaborate that I have not witnessed in other Southlake crises. COVID has surpassed HIV, SARS, and Ebola. All staff, from all levels of responsibility and all departments, worked together to keep Southlake and our patients whole. The collegiality and hard work have made an extraordinarily difficult situation that much better. Sixty of our own physicians volunteered to provide patient care at Southlake, should the need arise.

A special thanks goes to the Senior Leadership Team, Physician Leadership, IPAC and Occupational Health for their countless hours of expertise and guidance. In addition, a special thank you to the Physicians and Directors who provided guidance to the Emergency Operations Committee (EOC) through their work on the COVID Clinical Advisory Committee (CCAP). This group was co-chaired by Dr. John Randle and Dr. Julius Toth.

Community spread of COVID-19 peaked in April and is now on a downward trend for the community. There remain concerns in longterm care homes, retirement homes and congregate homes, which require intervention. In order to provide the necessary support for local longterm care homes, Southlake has deployed expertise in the form of nursing, occupational health, and IPAC to local LTC homes. Our ED physicians provided the first round of assessment at four local homes and identified COVID positive patients. In order to support the need for large scale testing in our community, Southlake emergency physicians have been at the forefront as well, providing easy access to testing through our ED.

We have begun to test nearly every patient admitted to the hospital through the Emergency Department for COVID-19. These “suspected” cases pending swab results, are largely admitted to MSK. For the near future, when the test result comes back positive for a “suspected” patient, that patient will be moved off MSK to Med 6. The ability to perform “in-house” testing has facilitated identification of infected individuals and allowed for their safe disposition. Testing of all people now presenting to our assessment centre will assist in establishing community prevalence and the identification of “hot spots”.

PPE - The EOC instituted a mask policy for Southlake aligned with the provincial directives. Donning & doffing of personal protective equipment education, as well as mask fit testing, has continued daily in the library for all staff, in recognition that improper removal off PPE was often responsible for transmitting the virus.

Code Blue & Code White- The Protected Code Blue policy and procedure was released. This policy was designed to provide maximum staff safety during cardio respiratory arrests. A pictorial is available on how a staff member is to respond based on the situation and manpower available. Protected code blues will be announced overhead. Similar to Code Blue, Code Whites are now protected Code Whites where staff respond in PPE but for a violent incident.

ER Map - The Emergency Department floor plan was revised to accommodate COVID positive or suspected patients. Triage nurses are triaging patients at the ED front entrance. Patients will be directed to separate areas within the ED, and will sequester those with COVID symptoms.

Ventilators – Shortages of ventilators were felt to be an inevitability early on, and “rationing” of the equipment may have required difficult decisions around who would access that support. A provincial plan for triaging patients was put in place, and a Southlake panel would be responsible for acting on those directives.

Physician Funding - Forms for tracking hours are available in the Medical Administration Office and will be filtered through the Chiefs and Physician Leaders of various departments to the Chief of Staff and CEO of the hospital for approval. The Ministry of Health (MOH) has provided the required reporting paperwork, but there are still no details around the funding logistics from the MOH.

Surgery & Procedure Ramp Up - The Ministry gave notice to begin planning for non-emergency surgeries and procedures on May 2. There are a number of requirements in place to be able to proceed including having 85% acute care capacity available, not using unconventional spaces, have physical distancing in place and enough PPE and drugs for anaesthesia in place for the hospital to work safely. This is the planning component and there is no definitive date associated with the ramp up at this time. Directive 2 was enacted on March 19th, 2020, and on May 26 was amended to allow for a gradual resumption of all deferred and non-essential services. Resumption of their services will require a continuation of some practices started during reduction of services. In addition, a careful assessment of the resource implications for various medical conditions will be required.

Versus Badges - Medical Staff have been reminded to wear their Versus badges to assist with contact tracing for COVID-19. They are available to pick up through the Medical Administration Office or Facility Operations Centre.

CPSO – Continuity of Care Policy Changes

The College of Physicians and Surgeons of Ontario has approved four interrelated continuity of care policies. The policy updates include: availability of coverage, managing results, tests, transitions in care, and walk-in clinics. The Medical Staff Office is in the process of reviewing and updating our own rules and regulations, where needed, to align with the updated policies.

Disclosure Training

Mr. Patrick Hawkins, legal counsel from Borden Ladner Gervais, provided disclosure training for the Medical Advisory Committee as well as Southlake's Directors. He gave an overview of legislation governing quality reviews and disclosures; critical incidents; disclosure and quality review of a critical incident; similarities and differences between disclosure and review of critical incidents and patient safety events.

The Board is responsible for ensuring that Administration has a system for making sure an incident is analyzed and a plan is developed with systemic steps to avoid or reduce risk of a similar incident. These are our quality reviews.

Iron Infusion Divestment

The current wait list to book an infusion appointment is approximately 3 months, with no capacity to further expand to decrease wait list. Divesting iron infusions to community clinics will allow for more timely access for patients who require higher risk infusions that can only be done in a hospital run clinic (i.e. blood transfusion, IVIG, platelets).

The current annual spend on Venofer Iron Infusion is approximately \$200K and there is no annual budget for this expense. A review of peer hospitals shows Southlake is the only hospital that still covers all the costs of this medication. Data shows that approximately 25% of our clinic visits are not from patients in our catchment area. When peer hospitals made the change to charge cost of infusion directly to patient we started to see an influx of patients from out of our catchment.

For existing patients, a patient letter has been prepared to explain changes. The Infusion Clinic Nurses will assist to book further infusion dates in Community Care Access Clinics of patients choice; 8 clinics to choose from, and clinics operate 8am-8pm, 7 days per week to better suit patient needs.

Southlake will move forward with the practice of charging patients for all iron infusion medications. After administering hospital required 3 dose iron infusion, care to be transferred to CCAC. This will ensure clinic space available for high risk infusion medications that can't be done in community.

MAC Terms of Reference

The revised 2019-2020 Terms of Reference for the Medical Advisory Committee were approved. Changes included wording for Medical, Dental, Midwifery Staff to Professional Staff and the removal of the Medical Director of the Intensive Care Unit.

Mandatory Reporting of Serious Adverse Drug Reactions and Medical Devices Incidents

Legislation by Health Canada for reporting all serious adverse drug reactions and medical device incidents will begin on December 16th, 2019. This is to rapidly identify and address patient safety concerns with unintended drug reactions and medical device incidents. All hospitals and healthcare institutions are to follow the new legislation. It includes all pharmaceuticals, biologic drugs, radiopharmaceutical drugs, and disinfectants that contributed to serious adverse drug reactions, as well as all categories of medical device

incidents. Hospital staff and physicians are to report these reactions/incidents through Safepoint and notify the Risk Department immediately. The Risk Department will then submit the incident to Health Canada within 30 days of the first documentation of the reaction/incident. Human errors and minor errors are not to be reported.

Master Plan

Rick Gowrie and Peter Green gave an overview of the three options for the new master plan with 10, 20, and 30 year demands on services. The options are to rebuild the existing site; move either ambulatory or acute services to another facility; or build a new hospital on a greenfield site. Stakeholder engagement has taken place over the year with multiple sessions throughout the hospital and in the community. It is anticipated that costing for the three options will be completed by the end of November with a decision made by the Board of Directors in January. The timeframe for the new building for any of the options is approximately 10 years.

Medication Reconciliation

Dr. Randle noted there are pockets of concern with Medication Reconciliation. The goal was to reach 100% compliance prior to Accreditation but more so it is an important process for patient safety. Medication Reconciliation will get better once CPOE is implemented, however, that will not be until approximately June 2021.

Meeting Times for Physician Leadership

Senior Leadership has agreed to set the times for the quarterly leadership retreats a year in advance. This will allow physicians to plan accordingly, with the least amount of impact on patient care.

Professional Staff Human Resources Plan

The professional staff human resources plan for 2020 was reviewed and approved by MAC. The plan proposes future recruitment of physicians, dentists and midwives with projections to 2022. Presently, dermatologists have been a hard to recruit specialty.

Quality Care Committee Recommendation: Procedural Pause

Dr. Randle spoke to the necessity of a pause prior to any procedure to confirm the appropriate side or site. He requested that the physician leadership review procedures in their department and apply the practice of a pause prior to the procedure.

Quality Improvement Plan (QIP)

The Excellent Care for All ACT (2010) requires all hospitals to create an annual Quality Improvement Plan. Changes to last year's QIP include adding Ontario Health Team requirements and a patient satisfaction indicator and the removal of re-admit within 30 days to Southlake for MH&A. Each of the indicators were reviewed with MAC and no changes were made. The Workplace Violence Incidents indicator is starting with a baseline year. MAC was interested in the breakdown of types of incidents (i.e. physical harm, verbal abuse, harassment, etc.) and whether the incidents were staff with staff vs. patient with staff.

Revised Professional Staff Rules & Regulations: 19.0 Conflict of Interest

The professional staff rule on conflict of interest has been revised to incorporate relationship disclosure. All professional staff will be asked to declare any conflicts of interest or relationship disclosure on their annual reappointment and proceed with the necessary protocol in the event there is a conflict.

CMIO Overview

Training for front end voice recognition dictation system started in January. Microphones and double monitors have been set on the units and in the physicians' lounge. Front end dictation will save the hospital long-term in transcription costs. Windows 10 to be installed on all hospital computers. This will have an impact on PACS as physicians will no longer be able to access images through AFGA Xero on hospital computers. AFGA Xero will be available in Diagnostic Imaging and on the current PACS stations, as well, through Citrix.

Templates can be created for physician groups for ease of dictation. Templates for p-doc have been tested for transfer of progress notes and are working well. In the future, patient information will transfer from note to note so that it is not duplicated throughout the health record and easy for all to find. At this time, it will only be available for physicians and nurse practitioners.

Patient Portal has been live for the past few weeks. The delay of dictations being available on the portal moved from two weeks to one week in January. Eventually reports will have an immediate release once physicians are familiar with using p-doc for their dictations.

Discharge medication reconciliation draft "0" rolled out in January to meet the Accreditation guidelines in February. This allowed for a print out of the discharge medication reconciliation form which provides the medication plan for the patient, caregiver, and/or family practitioner.

Hand written discharge summaries will no longer be valid once CPOE is available. That is estimated to be in June 2021.

DOCUMENTS APPROVED BY THE MEDICAL ADVISORY COMMITTEE

Drugs & Therapeutics Committee Recommendations: 22

Medical Directives: 10

Miscellaneous: 9

Order Sets: 40

Policies and/or Procedures: 2

Practice Agreements: 2

Terms of Reference: 3

2020-21 MEDICAL LEADERSHIP TERMS

The incoming Medical Leadership for 2020/21 Medical Staff Executive, Chiefs and Division Heads are:

Medical Staff Executive:

Office of President	Dr. John Randle
Office of Vice-President	Dr. Eddie Chan
Office of Secretary/Treasurer	Dr. Tom Bertoia

Clinical Chiefs:

Department of Anesthesiology	Dr. Glen Hanna
Department of Complex Medical Rehabilitation	Dr. David Srouf
Department of Diagnostic Imaging	Dr. Raymond Chan
Department of Emergency Medicine	Dr. Gaurav Puri
Department of Family & Community Medicine	Dr. David Makary
Department of Laboratory Medicine	Dr. Syed Kazimi
Department of Medicine	Dr. Shahzad Qureshi
Department of Obstetrics	Dr. Genevieve Chang
Department of Paediatrics	Dr. Arif Manji
Department of Psychiatry	Dr. Mahdi Memarpour
Department of Surgery	Dr. Morrie Liquornik

Clinical Division Heads (Surgery):

Division of Cardiac Surgery	Dr. Stacy O’Blenes
Division of Dentistry	Dr. Brian Wong
Division of General Surgery	Dr. Shea Chia
Division of Gynaecology	Dr. Peter Watt
Division of Ophthalmology	Dr. Baseer Khan
Division of Otolaryngology	Dr. Taryn Davids
Division of Orthopaedic Surgery	Dr. Patrick Gamble
Division of Plastic Surgery	Dr. Bimpe Ayeni
Division of Surgical Assistants	Dr. Ian Soutter
Division of Thoracic Surgery	Dr. Salvatore Privitera
Division of Urology	Dr. Jerome Green
Division of Vascular Surgery	Dr. Alan Lossing

Clinical Division Heads (Medicine):

Division of Cardiology	Dr. Jeremy Cohen
Division of Endocrinology	Dr. Sunil Juta
Division of Gastroenterology	Dr. Brian Stotland
Division of Hospitalist Medicine	Dr. Mandana Kayedi
Division of Neurology	Dr. Usman Moghal
Division of Oncology	Dr. Peter Anglin
Division of Radiation Oncology	Dr. Charles Cho
Division of Respiriology	Dr. Moiz Zafar
Division of Rheumatology	Dr. Carter Thorne

Clinical Division Heads (Family Medicine):

Division of Palliative Medicine	Dr. Harold Yuen
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Head Midwife

Ms. Carolyn Scott

PHYSICIAN RECRUITMENT

Medical Manpower Requests (Form As)

The following Medical Manpower Requests were approved by MAC from June 2019 to May 2020:

- additional Cardiac Surgeon
- additional Geriatrician
- additional Interventional Cardiologist and replacement Cardiologist
- additional Medical Biochemist
- additional OBGYN (2) and replacement OBGYN

Active Search & Selection Process for the Following:

- Adult Psychiatrist
- Child & Adolescent Psychiatrist
- Critical Care Medicine Specialist
- Dermatologist
- Neurologist
- Pediatrician
- Respiriologist

Selection Committee Recommendations

The following Selection Committees occurred between June 2019 to May 2020:

- Medical Oncologist Selection Committee – June 23, 2019
- Midwife Selection Committee – July 22, 2019
- Division Head, Palliative Care Selection Committee - September 1, 2019
- Medical Biochemist Selection Committee – November 26, 2019
- OBGYN Selection Committee (3) – December 2, 2019
- Chief of Emergency Medicine Selection Committee – November 20, 2019
- Structural Heart Interventionalist Selection Committee (2) - January 28, 2020
- Pathologist Selection Committee - March 12th, 2020
- Critical Care Medicine Selection Committee – May 8th, 2020

MEDICAL STAFF CREDENTIALING

Southlake Regional Health Centre welcomes our new Associate Staff:

Dr. Soran Barzinjy	Laboratory Medicine
Dr. Graham Belovay	Surgery, Ophthalmology
Dr. Elaine Buttell	Medicine, Oncology
Dr. Emily Chan	Emergency Medicine
Dr. Lucas Djelic	Medicine & CMR, GIM Hospital Medicine
Dr. Heather Edwards	OBGYN & Surgery, Gynecology
Dr. Bryn Fell	Medicine, Critical Care Medicine
Dr. Niall Filewod	Medicine, Critical Care Medicine
Dr. Mehdi Golbabaei	Medicine & CMR, GIM Hospital Medicine
Dr. Houman Khosravani	Medicine, Critical Care Medicine

New Associate Staff continued...	
Dr. David Liu	Medicine & CMR, GP Hospital Medicine
Dr. Shabbir Mewa	Medicine & CMR, GIM Hospital Medicine
Dr. Shweta Mehta	Medicine, Medical Biochemistry
Dr. Christopher Overgaard	Medicine, Cardiology, Interventional Cardiology
Dr. James Shin	Emergency Medicine
Ms. Jacqueline Thiessen	OBGYN & Pediatrics (for Newborn Care) Midwifery
Dr. Vivian Xia	Family & Community Medicine
Dr. Helen Yang	OBGYN & Surgery, Gynecology

Courtesy Staff (Active Staff appointment at another health care facility)

Dr. Jonathan Chung	Diagnostic Imaging
Dr. James Daniels	Diagnostic Imaging
Dr. Omotayo Denton	Diagnostic Imaging
Dr. Andrea Evans	Pediatrics
Dr. Ricky Jrearz	Surgery, General Surgery
Dr. Ara Kassarian	Diagnostic Imaging
Dr. Lukas Kus	Surgery, Otolaryngology
Dr. Rizwana Lilani	Family & Community Medicine
Dr. Brandy Moran	Diagnostic Imaging
Dr. Samuel Ogunbiyi	Surgery, Surgical Assistants
Ms. Tara Peel	Family Medicine, Nurse Practitioner
Dr. Yasmin Pervez	Medicine & CMR, Hospital Medicine (GIM)
Dr. Adrian Reagan	Diagnostic Imaging
Dr. John Speirs	Diagnostic Imaging
Dr. Benjamin Thomson	Medicine, Nephrology

The following additional credentialing occurred from June 2019 to May 2020:

- 70 Locums
- 62 Locum Extensions/Renewals
- 33 Change in Status
- 9 Change in Privileges
- 149 Medical Students, Residents & Fellows
- 95 Observers

Extended Privilege List Addition

The Division of Cardiology is requesting to expand their EP list to include the following procedures:

- 1) Trans-catheter mitral valve repair

RETIREMENTS

Dr. Karen Tanaka, retiring from the Department of Family & Community Medicine as of April 15th, 2020. (30 years)

Dr. Kaarina Tikkanen, resigning/retiring from the Department of Family & Community Medicine as of December 31st, 2019. (32 Years)

RESIGNATIONS

Dr. Kenneth Craddock, resigning from Active Staff, from the Department of Laboratory Medicine effective April 17, 2020.

Dr. Niall Filewod, resigning from the Department of Medicine, Division of Critical Care Medicine effective January 12th, 2020.

CHOSE NOT TO REAPPLY FOR 2020 PRIVILEGES:

Dr. Kerri Best from Courtesy Staff, Department of Family & Community Medicine
Dr. David Crookston from Courtesy Staff, Department of Emergency Medicine
Dr. Kristina Dervaitis from Courtesy Staff, Department of OBGYN & Surgery, Division of Gynaecology
Dr. George Djaiani from Courtesy Staff, Department of Anaesthesiology
Dr. Farrukh Hussain from Courtesy Staff, Department of Medicine, Division of Cardiology
Dr. Naushad Hussein from Courtesy Staff, Department of Surgery, Division of Ophthalmology
Dr. Arnon Katz from Active Staff, Department of Medicine/Dermatology
Dr. Eleonor Kopylenko from Active Staff, Department of Family & Community Medicine
Dr. Samantha Martin from Courtesy Staff, Department of Paediatrics/Paediatric Oncologist
Dr. Sharon Morong from Courtesy Staff, Department of Surgery, Division of Otolaryngology
Dr. Norman Musewe from Courtesy Staff, Department of Paediatrics/Paediatric Cardiologist
Dr. Ajai Pasricha from Courtesy Staff, Department of Medicine, Division of Cardiology
Dr. Alla Raizman from Courtesy Staff, Department of Medicine, Division of Hospital Medicine & CMR
Dr. Barry Renick from Active Staff, Department of Surgery, Division of Dentistry
Dr. Mahsa Safavi from Active Staff, Department of Family & Community Medicine
Dr. Patrick Safieh from Courtesy Staff, Department of Emergency Medicine
Dr. Mehrnaz Salehidobakhshari from Courtesy Staff, Department of Medicine, Division of Hospital Medicine (GIM) & CMR
Dr. Mohammed Tawhari from Active Staff, Department of Medicine, Division of Hospital Medicine (GIM) & CMR
Dr. Deborah vanVliet from Courtesy Staff, Department of Surgery, Division of Surgical Assistants

Respectfully submitted,

Dr. Steven Beatty
Chief of Staff & Chair of MAC