

CHIEF OF STAFF REPORT and MEDICAL ADVISORY COMMITTEE

**REPORT TO ANNUAL MEETING
SOUTHLAKE REGIONAL HEALTH CENTRE BOARD OF DIRECTORS
June 22, 2022**

Chairman of the Board, Directors, Ladies and Gentlemen, I am pleased to present my ninth and final Annual Report as Chief of Staff at Southlake Regional Health Centre.

I would like to first and foremost, provide my heartfelt thanks to all of the staff at Southlake for their ongoing excellence, dedication, compassion and above all, perseverance during the past 27 months of 6 successive waves of COVID-19. While the community effects have waned and there is some sense of a return to normalcy out there, the ongoing need for PPE, special processes for patient care, convoluted return to work requirements and a constant weariness, continue to obstruct and delay our return to the Southlake that was ours prior to this endless pandemic.

The “new normal” does not seem normal at all for those of us who are still here.

Despite the serious challenges and obstacles, they've faced over the past two years, our hospital staff have worked tirelessly to care for patients, for families and collaborated with health system partners to keep our communities safe and healthy. This war of attrition has had significant effects on the physical and mental health of those who have dedicated themselves to providing the required care, both in and outside of the Southlake walls. Many of our staff, both physician and allied health, have experienced burnout to varying degrees, leading to a withdrawal from their roles. An important outcome of it all is that there is a heightened awareness of mental health and the necessity of maintaining support of the same for our colleagues and ourselves.

Notwithstanding the environment, Southlake has been fortunate in attracting excellent physicians to join our staff in high demand specialties including Anaesthesia, Lab medicine, Infectious Diseases, Psychiatry, Adolescent Eating Disorders, Geriatric Medicine and Haematology. Physician turnover, other than retirement, remains at very low levels.

Specialties that are still understaffed include Anaesthesia, Psychiatry and Neurology.

I have been very fortunate to have the ongoing assistance and support from our Department Chiefs, Division Heads, Physician Leaders and the Medical Staff Executive throughout my tenure as Chief of Staff. The upcoming slate of physicians in those roles insures that excellent and necessary support for the next individual in this role. In particular, the partnership with the President of the Medical Staff, Dr. John Randle, has proven to be a particularly rewarding and effective relationship that has been essential in guiding the Office of the Chief of Staff. And last, but absolutely not least, I would like to thank the superb staff in the Medical Staff Office, who have not only guided, supported and maintained the entire privileged staff in an incredible way, they have also supported me in that same fashion for the past 9 years.

The Senior Leadership Team has also been a strong partner and advocate for patient care. Their advocacy under our CEO Arden Krystal, has made possible a new Southlake in our future. Moving forward, there

will be initiatives to engage the Physician Leadership in more direct roles and an active presence in decision-making and Hospital planning.

Next year, the medical administrative model will change, with a division of the Chief of Staff role divided into two roles; a Vice President of Medical Affairs and a Chief of Staff. This was a decision made by the Senior team, with input from the medical staff leadership. It is a model used briefly at Southlake in the early 90's, but was abandoned after a change in the CEO's office. Currently, most large institutions use this model and it will provide for two physicians on the Senior Leadership Team.

I have had the pleasure and privilege of collaborating with many Board Members and Chairs over the past 9 years as Chief of Staff, and from 1989 to 1992 as the Vice President and President of the Medical Staff. I have found, without fail, that everyone was committed to the cause of Southlake (or York County Hospital) and its service to the citizens we care for.

Board Chairs included Les Kensit, Jonathan Harris, Collette Nemni, Debra Dobson and last, but not least, Pat Horgan. Each brought their unique style and approach, but all brought their common goal of making York County Hospital and Southlake Regional Health Centre a better place.

Thank you all again for your current and future engagement with Southlake Regional Health Centre. A very exciting future is at hand for those who choose to participate.

Physician Leadership

Being a leader is more than just a position. It takes commitment and a vision that brings the team closer to their goals. Thank you to the following leaders for their dedication and service to Southlake. Terms have ended or are ending for:

- Dr. Tom Bertoia, Secretary/Treasurer, Medical Staff Association (5 years)
- Dr. Raymond Chan, Chief of Diagnostic Imaging (5 years)
- Dr. Genevieve Chang, Chief of OBGYN (2 years)
- Dr. Katie Mulhern, Co-Division Head, Palliative Care (1.5 years)
- Dr. Barry Nathanson, Medical Director, Critical Care Medicine (5 years)
- Dr. John Randle, President Medical Staff Association (10 years)
- Dr. Julius Toth, Physician Leader, Surgery Program (6.5 years) & Regional Thoracic Surgery (10 years)
- Dr. ZaeV Wulffhart, Physician Leader, Regional Cardiac Program (8.5 years)

Dr. Charles Peniston, Interim Physician Leader Regional Cardiac Program and Dr. Charmaine van Schaik, Interim Physician Leader Quality & Patient Safety are providing interim leadership coverage until the end of the summer.

Retirements

I would like to recognize the following medical staff members that have dedicated years of service to our hospital and community. Your many years of service are a true testimony of your loyalty to the organization, and you are truly valued for your contributions. Retiring/closing their office practice are:

Dr. Larry Alter retiring from Active Staff, Department of Family & Community Medicine effective June 30, 2022 (1988 – 34 years of service)

Retirements Continued...

Dr. Francine Brill retiring from Courtesy Staff, Department of Psychiatry effective June 30, 2022 (1993 – 29 years of service)

Dr. Lili Burstein retiring from Active Staff, Department of Family & Community Medicine effective June 30, 2022 (1990 – 32 years of service)

Dr. Rod Cameron, retiring from Active Staff, Department of Diagnostic Imaging effective December 31, 2021 (1986 – 35 years of service)

Dr. Robert Graham, retiring from Active Staff, Department of Diagnostic Imaging effective December 31, 2021 (1988 – 33 years of service)

Dr. John Hall, retired from Active Staff, Department of Family & Community Medicine effective January 1, 2022. (1982 – 40 years of service)

Dr. John Moffat retiring from Courtesy Staff, Department of Surgery, Division of Surgical Assisting effective December 31, 2021 (2009 -12 years of service)

Dr. Muniini Mulera retiring from Courtesy Staff, Department of Pediatrics effective June 30, 2022 (1999 – 23 years of service)

Dr. Lucien Persyko retiring from Courtesy Staff, Department of Medicine, Division of Gastroenterology effective March 25, 2022 (1969 - 53 years of service)

ITEMS FOR INFORMATION FOR THE GENERAL MEDICAL STAFF:

Capital Development Update

John Marshman provided MAC an update on the Master Plan including the recent announcement of the Ministry's \$5M to support planning of the next phase of the hospital expansion. We have received approval to become a two-site hospital. A new green filed site will be used for acute services and the existing building will be renovated to have a geriatric focus. During the first phase the number of beds for the sites will be finalized. Stage 2 will include defining the programs and services and launching a formal land acquisition process. It is anticipated that this will be a 10-year process and cost approximately \$2B. Future physician engagement for the planning of the new site is forthcoming.

Change in Privileges for Midwives

MAC has approved the addition of oxytocin privileges for midwives who have completed the oxytocin requirements. This privilege is to provide care to women receiving oxytocin for induction or augmentation of labour.

CMIO Updates

Dr. Yaariv Khaykin, Chief Medical Informatics Officer, provided the following updates:

The surgery e-referral project is in the preliminary stage. The purpose of the project is to improve the referral process for general surgery, ophthalmology and orthopaedic surgery. These are all programs with very long waitlists for procedures. The Ocean platform is set up to send and receive referrals from physician EMRs and integrates into the Hospital's Novari program. By automating workflow and eliminating faxing, it is anticipated to improve referral information, quantify metrics, automate referral status notification and

allow for patients to check on the status of their referral. Funding is being supported by the Ministry at the moment for surgery referrals only but once built may expand to other areas of the hospital.

The feedback from the recent survey has been implemented, including the ability to add external clinics to Meditech. Priority Pack 35 is underway and will refresh how templates look. There are two new data entry modes: rapid entry and review/refine. When using rapid entry, each section appears collapsed by default. A single default will apply to all of the templates across all specialities. The priority pack also includes a change in the layout of the allergies widget, nursing/allied notes are available to be printed and added to saved data, and a new chart prep widget was added. Future priority packs include a camera application that has the ability to insert pictures into patient notes and the ability for mobile rounding. The new telephony system will have an instant messaging system and possibly the ability to message across the OHT.

Concerns were brought forward by MAC members about the delay of Computer Physician Order Entry (CPOE). Oak Valley will be moving to Web Acute / Web ED over the next six months. Once we are on the same platform, we can implement the next version of Expanse with Web PCS and to CPOE. Financial approval will be required to move forward with CPOE as there is significant funding (\$2.5M) required for this initiative. CPOE plays a factor into Accreditation, which is scheduled for 2024. Further discussion will occur this fall.

Other smaller projects include:

- Consultation process for Ocean Referrals
- Fluency Direct is available for installation on user owned computers for front end dictation
- Review of desk top shortcuts
- Physician acknowledgement of orders through Meditech
- Ability to copy physicians that are not in the Meditech directory
- Ongoing work with importing diagnostic imaging reports into notes

Critical Incidents Update

Lorri Eckler and Sarah Alisch provided MAC an overview on Critical Incidents that have occurred since June 2021. There were 11 incidents between June 21, 2021 to April 14, 2022, which included four pressure injuries, two near miss critical incidents and one potential critical incident. Strategies are in place to help address pressure injuries including communication during quality and safety huddles, use of kardex for PI, daily Braden scores in high risk patients and increased mobility through PSPs. Further education and training on medical directives and policies, review of documentation, and use of TEAMSTEPS communication tool are some of the recommendations for the critical incidents that occurred.

Mandatory disclosure for Critical incidents is required ASAP following the incident including:

- Material facts, consequences as they become known, and actions taken/recommendations to address consequences
- A description of the cause or causes of the critical incident if known (new 2016)
- Must be documented in chart
- Call manager and admin on-call when it occurs
- Conduct review of critical incident

A plan for disclosure should be documented in the chart. MRPs are often involved in the discussions with families, even if the incident is not directly related to their actions. Obtaining legal advice beforehand from

the CMPA may provide guidance. Before meeting with the family, the care team should decide who is most appropriate to provide the disclosure, keeping in mind to always have a team approach. Systemic changes made as a result of the incident must be disclosed to the family.

Directive #2

The Ministry of Health implemented Directive #2 in January 2022 to require health care providers to temporarily cease non-emergent and non-urgent surgeries and procedures in response to earlier pandemic waves. An overview of the provincial requirements was provided to the MAC. Ms. Steed shared the COVID-19 dashboard that revealed the situation awareness of hospital operations. MAC members questioned what the indicator would be to allow ramp up procedures and felt that some other hospitals have not reduced their procedures as significantly as Southlake has. Throughout the spring, we were able to ramp up procedures once again and are currently running at 100% or more in certain areas.

Disclosure Obligations

Mr. Patrick Hawkins, legal counsel from Borden Ladner Gervais presented to the MAC and Clinical Directors on disclosure obligations. The CPSO updated their Harm Policy in 2019 that patient harm must be disclosed to the patient or patient's family. Southlake added "Near Miss" to their policy, which is a Patient Safety Incident that does not reach the patient (disclosure usually not necessary). It is the only difference compared to CPSO policy.

Division of Critical Care Medicine

A change in the model of care for patients requiring critical care services began December 4, 2021. The impact on the management of critically ill medical patients will be unaffected. This brought forward a number of changes to the management of critically ill surgical patients, while achieving three major goals:

1. Stabilize the Physician-led Critical Care Outreach Team (CCOT) introduced three years ago;
2. Further clarify the interactions between CCOT and other groups such as Internal Medicine, the Emergency Department, and the Cardiac Program;
3. Elevate the role of the Critical Care Medicine physician group in the management of surgical patients in the MSICU.

The Department of Anaesthesia will continue their current role in the early postoperative care of many patients. These changes do not impact individuals undergoing cardiac and/or vascular procedures. This evolution of the care model is intended to form the foundation required for the future Department of Critical Care Medicine. It has been with this vision in mind, and exclusively in the name of providing the best possible care for our patients, that many across Southlake have devoted much time and effort to achieve this essential first step. Further clarification is needed about handover between CCOT and the Anaesthesia group. MAC agreed further time is needed to examine how this will function; with a plan to review after a few months. Key members of the Critical Care Outreach Team (CCOT), Department of Surgery and Department of Anaesthesia will meet during this period to review the document and its framework.

Division of Infectious Diseases

The Department of Medicine recently hired their third Infectious Diseases Specialist and has formed the Division of Infectious Diseases. This will allow for representation from Infectious Disease at the Medicine Department meetings. In light of COVID, this is a benefit to the hospital.

Division of Palliative Care

The Division of Palliative Care physicians have conveyed concerns over the past year with transfer of palliative care beds, palliative patient flow, MAiD process changes as well as other Medicine related matters. The Division Head of Palliative Care met with the Physician Leaders of Medicine and discussed their concerns resulting in the request to transition the Division of Palliative Care from the Department of Family & Community Medicine to the Department of Medicine.

Equality, Diversity and Inclusion

Dr. Christopher Coutinho, Chief of Anaesthesia, brought forward the topic of equality, diversity and inclusion and the need for discussions with the physician group. Dr. Saroo Sharda was invited to speak with the anesthesiologists and surgeons about bias, discrimination and racism in healthcare. She is the inaugural EDI Lead at the College of Physicians and Surgeons of Ontario, where she works as a Medical Advisor. During her lecture, she touched on the following items:

- Define concepts of bias and discrimination including racism.
- Explore how bias and discrimination affect health care outcomes including perioperative outcomes
- Learn how bias and discrimination affect physician wellness
- Introduce concepts of cultural humility and critical allyship as tools to combat discrimination

The MAC supported the need for education on equality, diversity and inclusion and the effort to learn the new terminology on these topics. They suggested to bring Dr. Sharda back for another lecture open to the General Medical Staff.

Mandatory Southlake Email Use for Active & Associate Staff

The MAC has agreed that all Active and Associate Staff are to use their Southlake email for all Southlake business and patient care. This will allow for areas such Health Information and Occupational Health & Safety to reach medical staff directly. Medical staff will also be informed of service interruptions such as power shutdowns if they check their Southlake email.

Medication Reconciliation Project - BPMH

Patti Ferguson provided MAC with an update on the Medication Reconciliation project:

- Through an innovative corporate project/partnership, an electronic external medication profile will be pulled into the Meditech Home Meds profile section when patient is admitted
- Achieved with partnerships with community pharmacies/ HealthChain / Dr First/ Ontario Health for the DHDR information.
- This automated pull of information will create efficiencies in collecting admission BPMHs and will be available even when Pharmacy is not onsite to collect that info manually. The automated query will generate under the admitting physician's name and pull in that community pharmacy info, IF the pharmacy has partnered with us.
- Ongoing recruitment for the community pharmacies to enroll
- Planned implementation of Phase 1 by 1st week of October 2021
- Phase 2 (currently targeting Phase 2)
- To create a true partnership and in the absence of a 'provincial electronic record', we will be using an electronic tool to share the patient discharge summaries with the community pharmacy partners. This will aid them in medication reconciliation when the discharge prescriptions are brought in by the patients or when received over the fax.
- SRHC Project team includes Procurement, Pharmacy, IT, SLT and Nursing

Reminders for patient safety:

A printed / finalized BPMH placed in the chart does NOT mean we are recommending all the therapies are continued. Please read the notes and align the home meds against your clinical assessments/differentials. VERY often, the pharmacist has not yet reviewed the BPMH, it has just been produced by the technician or student. PLEASE sign the BPMHs and move them to the very front of the chart when completed so they are scanned to Pharmacy for processing. IF there has been a delay, please assess BPMH info against current therapies. Think about adding the 'widget' to your MT view so you are aware of BPMH/med rec status?

Quality Improvement Plan 2022/23

Ms. Lorri Eckler, Manager of Quality & Patient Safety, reviewed the 2022-23 Proposed Quality Improvement Plan (QIP) Indicators. Two indicators were removed from last year's QIP including discharge summary sent within two days and the ALC indicator. The Pressure Injuries indicator will now be based on a prevalence study, instead of an incidence study, as it provides a much larger sample size. The Falls Indicator will now be reported as a percentage of falls with serious harm. Injuries from falls can be minimized by implementing best practice falls prevention guidelines. MAC endorses the 2022-23 QIP indicators.

Unvaccinated Medical Staff & COVID-19 Immunization Policy

Currently to be fully immunized against COVID-19, one is required to have two doses of the vaccine. The number of fully vaccinated medical staff is exceptionally good at 98.1% compliance. There are 1.5% of medical staff who chose to decline the COVID-19 vaccine and have been placed on a leave of absence for non-compliance of vaccine policy. Staff are encouraged to keep their mask fit testing up to date and the use of N95 masks may be required in the near future.

COVID-19 Pandemic

The COVID-19 pandemic has been the forefront topic for the past two years but I chose to have it last in my report as we begin a new normal and reflect on the events that we have overcome. I would like to thank the staff and physicians for the extra efforts required to manage our patients during the pandemic.

A special thanks goes to the Incident Management Team (IMT), who had its last meeting on June 1, 2022. This was a similar but smaller group replacing the previous Emergency Operations Committee (EOC), which we had during the first two waves of COVID-19. This group met on a daily basis and later a weekly basis reviewing all COVID related challenges. The IMT included the Senior Leadership Team; Johnny Grajcar, Director of Facility Operations; Brigette Boaretto, Director of IPAC and Nisa Suthanthirakaran, Director of Occupational Health.

2022-23 MEDICAL LEADERSHIP

Medical Staff Executive:

Office of President	Dr. Eddie Chan, Emergency Medicine (new)
Office of Vice-President	Dr. Kira Tone, Anesthesiology (new)
Office of Secretary/Treasurer	- Dr. Emily Chan, Emergency Medicine or Dr. Tatiana Conrad, Medicine, Rad Oncology

Department Chiefs:

Department of Anesthesiology	Dr. Christopher Coutinho
Department of Complex Medical Rehabilitation	Dr. David Srouf
Department of Diagnostic Imaging	Dr. Philip Buckler (new)
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. David Rouselle (new)
Department of Paediatrics	Dr. Arif Manji
Department of Psychiatry	Dr. Mahdi Memarpour
Department of Surgery	Dr. Sara Temple

Division Heads (Surgery):

Division of Cardiac Surgery	Dr. Stacy O'Blenes
Division of Dentistry	Dr. Ford Moore
Division of General Surgery	Dr. Eda Deliallisi
Division of Gynaecology	Dr. Peter Watt
Division of Ophthalmology	Dr. Baseer Khan
Division of Orthopaedic Surgery	Dr. Patrick Gamble
Division of Otolaryngology	Dr. Taryn Davids
Division of Plastic Surgery	Dr. Bimpe Ayeni
Division of Surgical Assistants	Dr. Ian Soutter
Division of Thoracic Surgery	Dr. Crystal Kavanagh
Division of Urology	Dr. John Preiner
Division of Vascular Surgery	Dr. Alan Lossing

Division Heads (Medicine):

Division of Cardiology	Dr. Jeremy Cohen
Division of Critical Care Medicine	Dr. Steven Segal
Division of Endocrinology	Dr. Sunil Juta
Division of Gastroenterology	Dr. Brian Stotland
Division of Geriatric Medicine	Dr. Youmna Ahmed
Division of Hospitalist Medicine	Dr. Howard Gerson
Division of Infectious Diseases	Dr. Michael Lingley
Division of Medical Oncology	Dr. Elaine Bouttell
Division of Neurology	Dr. Usman Moghal
Division of Palliative Medicine	Dr. Alisha Kassam
Division of Radiation Oncology	Dr. Charles Cho
Division of Respiriology	Dr. Moiz Zafar
Division of Rheumatology	Dr. Nadil Zeiadin

Head Midwife

Ms. Carolyn Scott

PHYSICIAN RECRUITMENT

Medical Manpower Requests (Form As)

The following Medical Manpower Requests were approved by MAC from June 2021 to May 2022:

- Additional Acute Care Services General Surgeon
- Additional Acute Care Services Urologist
- Additional Anesthesiologist (2) & Replacement Anesthesiologist
- Additional Cardiac Anesthesiologist (2)
- Replacement Cardiologist
- Replacement Critical Care Medicine (2)
- Additional General Internal Medicine Hospitalist
- Additional Medical Oncologist / Malignant Hematologist & Replacement Haematologist
- Replacement Midwife (2)
- Additional & Replacement OBGYN
- Replacement Oral Surgeon
- Replacement Orthopaedic Surgeon
- Additional Paediatrician
- Replacement Pathologist
- Additional & Replacement Palliative Care Medicine
- Additional Psychiatrists (5) & Replacement Psychiatrist
- Additional & Replacement Child & Adolescent Psychiatrist
- Additional Radiologist & Replacement Radiologist

Active Search & Selection Process for the Following:

- Adult Psychiatrists
- Child & Adolescent Psychiatrists
- Dermatologists
- Neurologist

Selection Committee Recommendations

The following Selection Committees occurred between June 2021 to May 2022:

Pathologist Selection Committee - August 12, 2021

Chief of Anaesthesia – August 31, 2021

Anaesthesia Selection Committee – September 16, 2021

Physician Leader, Surgery Program Selection Committee – September 13 & 14, 2021

Paediatrician Selection Committee – September 15, 2021

Midwifery Selection Committee – November 1, 2021

Division Head, Medical Oncology Selection Committee – November 5, 2021

Division Head, Dentistry Selection Committee – November 15, 2021

Hematology Selection Committee – November 29, 2021

Anaesthesia Selection Committee – January 5, 2022

Pathology Selection Committee – January 24, 2022

Critical Care Selection Committee – February 9, 2022

Selection Committee Recommendations continued...

Psychiatrist Selection Committee – February 10, 2022
 Palliative Care Physician Selection Committee – March 7 & 9, 2022
 Palliative Care Physician Selection Committee Addendum – March 22, 2022
 Cardiology Selection Committee – April 6, 2022
 Midwifery Selection Committee – April 11, 2022
 Chief of Diagnostic Imaging Selection Committee – April 12, 2022
 Chief of OBGYN Selection Committee – April 26, 2022
 Acute Care Services General Surgeon Selection Committee – May 2, 2022
 Diagnostic Imaging Selection Committee – May 4, 2022

MEDICAL STAFF CREDENTIALING

Southlake Regional Health Centre welcomes our new Associate Staff:

Dr. Sena Aflaki	Anaesthesia
Dr. Li Jia (Mike) Hao	Anaesthesia
Dr. Daniel Mok	Anaesthesia
Dr. Christian Sawicki	Anaesthesia
Dr. Julian Manzone	Family & Community Medicine
Dr. Taylor Sedran	Family & Community Medicine with cross appointment to Surgery, Surgical Assistants
Dr. Mihai Sfranciog	Family & Community Medicine
Dr. Serge Koujanian	Laboratory Medicine
Dr. Kevin Song	Laboratory Medicine
Dr. Melissa Brijbassi	Medicine, Respiriology
Dr. Albert Chang	Medicine, Critical Care Medicien
Dr. Mohamed Hussein	Medicine, Endocrinology
Dr. Aera Jung	Medicine, Oncology (Haematology)
Dr. Ilia Makedonov	Medicine, GIM Hospital Medicine
Dr. Michael Poon	Medicine, GIM Hospital Medicine
Dr. Praveen Ranjit	Medicine, Respiriology
Dr. Melody Ren	Medicine, Infectious Diseases
Dr. Dana Trafford	Medicine, Geriatric Medicine
Ms. Karey Goheen	Obstetrics & Gynecology, Division of Midwifery with cross appointment to Pediatrics for newborn care
Ms. Katelin Goheen	Obstetrics & Gynecology, Division of Midwifery with cross appointment to Pediatrics for newborn care
Dr. Michelle Wang	Paediatrics
Dr. Ruth McWhannell	Paediatrics
Dr. David Gifuni	Psychiatry
Dr. Mary Feng	Surgery, Ophthalmology

Community Staff:

Dr. Pierre Geoffroy	Family & Community Medicine
Dr. Bose Ibude	Family & Community Medicine

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

Dr. Hisham Al-Shikarchy	Diagnostic Imaging
Dr. Noah Ditzkofsky	Diagnostic Imaging
Dr. Robert Moreland	Diagnostic Imaging
Dr. William Reginold	Diagnostic Imaging
Dr. Ilja Tchajkov	Diagnostic Imaging
Dr. Aman Wadhwani	Diagnostic Imaging
Dr. Alexander Leung	Emergency Medicine
Dr. Stuart Douglas	Medicine, Critical Care Medicine
Dr. Laith Ghazala	Medicine, Critical Care Medicine
Dr. Gil Gross	Pediatrics (Pediatric Cardiology)
Dr. Anastasia Patmanidis	Paediatrics
Dr. Cathleen Steinegger	Paediatrics (Adolescent Medicine)
Dr. Danielle Weidman	Paediatrics (Paediatric Oncology)
Dr. Kumar Naidu	Psychiatry
Dr. Sunita Rai	Surgery, Otolaryngology
Dr. Gian-Marco Busato	Surgery, Otolaryngology
Dr. Jonathan Yip	Surgery, Otolaryngology

Joining our Honourary Staff

Dr. John Hall Active to Honourary Staff, Department of Family & Community Medicine (1982-2021)

Joining our Legacy Staff:

Dr. Lucien Persyko Courtesy to Legacy Staff, Department of Medicine, Division of Gastroenterology (1969 - 2022)

The following additional credentialing occurred from June 2021 to May 2022:

- 59 Locums
- 78 Locum Extensions/Renewals
- 6 Temporary Staff
- 23 Change in Status
- 13 Change in Privileges
- 131 Medical Students, Residents & Fellows
- 18 Observers

RESIGNATIONS

Dr. Glen Hanna, Chief of Anaesthesia, resigned effective September 1, 2021

Dr. Farrah Kassam, resignation as Division Head, Medical Oncology as of October 1, 2021

Dr. Julius Toth, Physician Leader, Surgery Program, resigned effective September 30, 2021

Dr. Brian Wong, resignation as Division Head, Dentistry as of October 4, 2021

Dr. Zaev Wulffhart, Physician Leader, Regional Cardiac Program resigned effective December 15, 2021

Dr. Harry Felcenbuch, resigning from Active Staff, Department of Psychiatry effective February 17, 2022

Dr. Trudy McFarlane, resigning from Community Staff, Department of Family & Community Medicine, effective October 31, 2021

Dr. Atul Verma, resigning from Active Staff, Department of Medicine, Division of Cardiology effective April 1, 2022

CHOSE NOT TO REAPPLY FOR PRIVILEGES FOR YEAR JULY 1, 2021 – JUNE 30, 2022:

Dr. Tayo Denton, Courtesy Staff, Department of Diagnostic Imaging effective June 30, 2022

Dr. Sherif Eskander, Courtesy Staff, Department of Anaesthesia effective June 30, 2022

Dr. Michael Li, Courtesy Staff, Department of Emergency Medicine effective June 30, 2022

Dr. Dave Swartz, Courtesy Staff, Department of Emergency Medicine effective June 30, 2022

Dr. Chad Tyler, Community Staff, Dept. of Family & Community Medicine, effective June 30, 2022

Dr. Santosh Wasan, Courtesy Staff, Department of Family & Community Medicine and Department of Surgery, Division of Surgical Assistants effective June 30, 2022

Dr. Paul Chong, Courtesy Staff, Department of Medicine, Division of Cardiology, effective June 30, 2022

Dr. Mark Kotowycz, Courtesy Staff, Department of Medicine, Division of Cardiology, effective June 30, 2022

CPSO SUSPENSION OF PRIVILEGES:

Dr. Wameed Ateyah from Active Staff, Department of Family & Community Medicine (effective April 6, 2021)

DOCUMENTS APPROVED BY THE MEDICAL ADVISORY COMMITTEE

52 - Order Sets

10 - Medical Directives

29 - Drugs & Therapeutics Committee Recommendations

- Medical Advisory Committee Terms of Reference
- Professional Staff Human Resources Plan for 2021-2022
- Updated Application Form for Professional Staff Appointment

Respectfully submitted,

Dr. Steven Beatty

Chief of Staff & Chair of MAC