

Report of the President of the Medical Staff Association June 2021

One would think that this being the 13th such report that I have written that it would be a simple exercise, but it has been a struggle to put my thoughts “on paper”. The year was far from uneventful and certainly anything but ordinary, however, to capture the essence of what practising medicine through the waves of a pandemic is a real challenge. I hope I can adequately describe how the last 12 months have been for my hospital family and hopefully, not just from the physician point of view.

Reviewing my report from a year ago I think I was mistakenly under the false impression that we had survived the worst that the COVID-19 could bring. At the time of its writing, the first wave had essentially passed, and we were looking toward a summer where we could perhaps see the return to at least some semblance of normal. I suspect that we anticipated being with family and friends, a gradual reduction in restrictions and perhaps even seeing people’s faces in public again. In my little world, my days became more routine bolstered by increases in surgical cases and fracture clinic volumes returning to normal. Unfortunately, that was the only “normal” part of my summer. I suffered a significant personal loss in early August with the passing of my best friend, lifelong companion, and mentor...my father, finally succumbing to year-long fight with metastatic cancer. I got to feel firsthand how patients and families struggled with the restrictive visitation policies hospitals had to employ and it was simply awful. I quickly lost the MD and wasn’t any more understanding than the general public when the restrictions affected me personally. I do, however, think that the experience made me a better advocate for patients and families when it came to the healing potential of visitation.

I suspect, if asked, people would focus on the struggles of the past year and rightly so; but my personal example shows that there is a silver lining to be found within the dark COVID-19 cloud. In fact, there were many examples of how the pandemic brought about positive change.

With a definite negative connotation, the medical structure within a hospital has been often described as siloed. For example, look no further than the nomenclature within departments.... divisions. For years we have unsuccessfully tried to eliminate the siloed approach to health care yet, the “divisions” were too firmly entrenched. However, the pandemic challenges forced us to rethink and reorganize our approach. Committees were struck and included leaders from seemingly disparate groups including all aspects of clinical medicine and administration with a collective focus on a single problem that affected each of them and those that they represented. The result was a new spirit of co-operation between departments and a clear understanding of what both the unique and the common challenges were. Colleagues became allies and friends, supporting each other when the challenges both clinical and emotional became seemingly insurmountable.

Although described as the second and third waves, denoting separate occurrences, the second wave was more of a ramp to the third or perhaps wave 2B. As we saw the province-wide ICU numbers increase nearly collapsing hospital systems the predicted surge could only be stifled by shutting down the province and increasing the rate of vaccination. The fear we experienced in the first wave of 2020 returned as we saw our own ICU and inpatient numbers rise even higher than those seen a year hence. We had to consider how we were going to accommodate the increasing volume of patients who required life-save support by opening non-conventional spaces such as recovery rooms in the OR and even begin to categorize or rank patients in preparation for the previously unthinkable task of determining who would not get a ventilator should our capacity be exceeded. No amount of training could have prepared us for such a task and the emotional toll it had on both physician and our nursing colleagues lingers. Fortunately, we didn't have to make any of these upsetting choices and were able to manage the increased demand in a large part because of the new approach to the management of the provincial ICU beds. In this cooperative systematic approach, critically ill patients were moved out of pressured ICUs sometimes hundreds of kilometres to less challenged centres effectively redistributing the load. This systems approach is another unique example of how siloes were eliminated resulting in better patient care.

I have always been proud of my medical colleagues and their commitment to patient care. This year, however, I saw more than a hundred of them volunteer to help in surging areas often within unfamiliar disciplines. Surgeons in the ICU or helping out on medical wards, who would ever have imagined? As vaccines became available, we had to ask our staff once again to dig in and help, calling for vaccinators. Of course, they stepped-up. We successfully transitioned from less than 100 vaccines per day at the Southlake's COVID Assessment Centre to more than 1700 at the Ray Twinney vaccine clinic, often with more than 20 of our medical staff working 10-12 hour days; mixing and injecting vaccine. I was fortunate to be a co-medical director for the process and can now cross off organizing mass vaccination for a global pandemic off my bucket list. I will never forget in the early part of the vaccine process randomizing the medical staff and calling each individually as spots became available so they could receive their vaccine. To hear the joy in the voice of my physician colleagues as they received their appointment is an experience I will always remember and cherish. To date, every single Southlake member who has sought a vaccine has received it. We have over 90% of our medical staff fully vaccinated.

The loss of normal routines has been difficult during this past year. Many of us have languished as our previously assumed schedules have changed beyond recognition. I for one, have realized how important the ordinary is for my personal mental health and well-being. Our former means of interacting often through hallway happenstance have been eliminated and as such, more frequent formal communication has become of paramount importance. Transparency and clarity regarding decisions is more critical than ever evidenced by the unrest caused by isolation. I think that moving forward we must strive to not only open our province but also our decision-making processes. I look forward to in

person meetings of the MSA, MAC and Board but recognize the ongoing benefit of virtual meetings. I am thankful to have been able represent my colleagues in a variety of ways over the past year including: the BIG review, the selection of the new Foundation CEO and being the ambassador for the Southlake Run.

To say that I look forward to the upcoming year as the final one of my presidency would be false. I have enjoyed the experience immensely and have had the opportunity to take part in things I would never have imagined. I am thankful for each and every one of these opportunities and consider the position an honour. The job description has changed significantly during my tenure mostly because I embraced new experiences and opportunities. I hope to accomplish a few final items over the next year and then will pass on the torch to pursue other interests.

In closing, I would like to thank the members of the Board, the Senior Leadership, the Clinical Directors, and my medical colleagues for their efforts and support during this most difficult time. Special thanks to my long-time friend “the Beats” as well as to Deb, Gio and Ola for their unwavering dedication and often unrecognized work on behalf of the medical staff over the past year.

There are only two days in the year that nothing can be done. One is called *yesterday* and the other is called *tomorrow*, so today is the right day to love, believe, do and mostly live.

Dalai Lama

Respectfully yours,
Dr. John Randle