

CHIEF OF STAFF AND MEDICAL ADVISORY COMMITTEE

**REPORT TO ANNUAL MEETING
SOUTHLAKE REGIONAL HEALTH CENTRE BOARD OF DIRECTORS
June 19, 2024**

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

First and foremost, I would like to share my immense pride in the dedication and outstanding care our clinical teams have provided in the past year. We have overcome many of the immense challenges of the past several years, improving our day to day function and planning expeditiously for the Human Health Resources required to support our clinical care programs. We all recognize that the new normalcy is different than the Southlake pre-pandemic, only better having learned and applied change, as well as forward improvement through annual seasonal surge plans, both within and across the Healthcare System.

Medical Staff are showing regained energy, despite their very demanding clinical workloads, and continue to support and recognize each other in a multitude of ways, also looking to us as leaders to support them, and the organization, further. This we do with tremendous pride: be there for each other, ensure accountabilities despite fatigue, model the behaviours we want to see in others and support the learning for civility, culture, diversity, and equity for all. A huge success this year was undertaking and implementation of Medical Leadership Review; bringing ELT support and recognition to our medical leaders for the vital work they do every day, alongside their clinical duties. Messaging and accomplishing this work has been received with tremendous gratitude by all the medical staff, independent of being in a leadership role.

Many of our staff, medical staff included, are taking increased opportunities for personal development, sharing their learnings, and supporting our culture and collaborative inter-professional team function. We have seen the successes in improved relationships, increased engagement survey responses & attendance at Medical Staff voice and feedback forums, and a strong presence and feeling of comradery at this years' Doctors' Day celebration... truly encouraging and uplifting!

None of this is achievable without the highly skilled and dedicated support of the Medical Administration Office. They are truly the unsung heroes of the successes achieved annually by the COS. As we look to expand this team with additional personal, our accomplishments will grow and our staff will be better enabled to support individual workloads and achievements. Our Department Chiefs, Division Heads, Physician Leaders, Medical Directors, and Medical Executive Staff all dedicate incredible amounts of time to achieve the progress made.

The Executive Leadership Team has experienced significant change in the past year, with each new member bringing expertise and collaboration in every element of my advocacy to advance care needs or medical staff support.

We are in the business of leading and supporting healthcare excellence for our community. We have learned that annual surge plans are essential to supporting our clinical teams and bed spacing resources. We once again experienced a significant pediatric surge alongside our annual adult patterns, providing continued collaboration across our care teams. A pediatric system level approach has also grown, paralleling our adult care pathways.

Many Departments/Programs have advanced their Human Health Resources with recruitment to build capacity or create new subspecialty expertise; cardiology, cardiovascular surgery, , endocrinology, hematology, , pathology, psychiatry, and vascular surgery to name a few. Despite this, we still have opportunities in our Human Health Resource planning to seek additional medical staff from a variety of specialties.

Additionally, we have numerous longstanding staff, whose career of dedication exemplifies the strengths of Southlake. To those who have retired this year, we are immensely grateful for their lifetime of commitment and compassion to their patients, and to our new recruits, we look forward to many years of excellent experiences as they build their careers.

Lastly, I wish to express my heartfelt gratitude to all those who have supported myself, personally and professionally, and the work I have endeavored to achieve. It is truly an honour to work with such an amazing team of Medical Staff, ELT, and staff towards providing health care excellence for our community and region. #the power of many, #by your side, #always with compassion

Physician Leadership

Thank you to the following leaders for their dedication and service to Southlake. Terms have ended or are ending for:

- **Dr. Bimpe Ayeni**, Division Head of Plastic Surgery (4.5 years)
- **Dr. Eda Deliallisi**, Division Head, General Surgery (2 years)
- **Dr. Arif Manji**, Chief of Pediatrics (5 years)
- **Dr. David Rouselle**, Chief of OBGYN (2 years)
- **Dr. Charles Peniston**, Interim Physician Leader, Cardiac Program (2 years)
- **Dr. John Preiner**, Division Head of Urology (3 years)
- **Dr. Remo Zadra**, Interim Chief of Cardiac Health (5 months)
- **Dr. Moiz Zafar**, Chair of Drugs & Therapeutics Committee (4.5 years)

We welcome Dr. Anne Fortier, incoming Chief of Obstetrics & Gynecology; Dr. Navneet Binopal, incoming Chief of Pediatrics, Dr. Christopher Overgaard, Chief of Cardiac Health, Dr. Kyle Goldberger, Division Head of Neurology, Dr. Morrie Liquornik as Division Head of Urology, Dr. Jeffrey Chan as Chair of Drugs & Therapeutics.

2024-25 MEDICAL LEADERSHIP

Medical Staff Executive:

Office of President
Office of Vice-President
Office of Secretary/Treasurer

Dr. Eddie Chan, Emergency Medicine
Dr. Kira Tone, Anesthesiology
Dr. Tatiana Conrad, Medicine, Radiation Oncology

Department Chiefs:

Department of Anesthesiology
Department of Cardiac Health
Department of Complex Medical Rehabilitation
Department of Diagnostic Imaging
Department of Emergency Medicine
Department of Family & Community Medicine
Department of Laboratory Medicine
Department of Medicine
Department of Obstetrics
Department of Paediatrics
Department of Psychiatry
Department of Surgery

TBD
Dr. Christopher Overgaard
Dr. David Srouf
Dr. Philip Buckler
Dr. Gaurav Puri
Dr. Mina Moussa
Dr. Syed Kazimi
Dr. Shahzad Qureshi
Dr. David Rouselle
Dr. Navneet Binopal
Dr. Mahdi Memarpour
Dr. Sara Temple

Division Heads (Surgery):

Division of Cardiac Surgery
Division of Dentistry
Division of General Surgery
Division of Gynaecology
Division of Ophthalmology
Division of Orthopaedic Surgery
Division of Otolaryngology
Division of Plastic Surgery
Division of Surgical Assistants
Division of Thoracic Surgery
Division of Urology
Division of Vascular Surgery

Dr. Stacy O’Blenes
Dr. Ford Moore
Dr. Frank Eng
Dr. Peter Watt
Dr. Baseer Khan
Dr. Patrick Gamble
Dr. Taryn Davids
Dr. Victoria Hayward
Dr. Ian Soutter
Vacant
Dr. Morrie Liquornik
Dr. Lukasz Boba

Division Heads (Medicine):

Division of Critical Care Medicine
Division of Endocrinology
Division of Gastroenterology
Division of Geriatric Medicine
Division of Hematology
Division of Hospitalist Medicine
Division of Infectious Diseases
Division of Medical Oncology
Division of Neurology
Division of Nephrology
Division of Palliative Medicine
Division of Radiation Oncology
Division of Respiriology
Division of Rheumatology

Dr. Steven Segal
Dr. Sunil Juta
Dr. Andrea Faris
Dr. Youmna Ahmed
TBD
Dr. Howard Gerson
Dr. Michael Lingley
Dr. Amira Rana
Dr. Kyle Goldberger
TBD
Dr. Alisha Kassam
Dr. Charles Cho
Dr. Moiz Zafar
Dr. Nadil Zeiadin

Division of Midwifery

Ms. Carolyn Scott

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.

Dr. Carol Bates retiring from Active Staff, Family & Community Medicine as of June 30, 2024.
(32 years of service)

Dr. Elaine Bouttell, Active Staff, retiring from the Department of Medicine, Division of Medical Oncology effective November 22, 2024
(6 years of service)

Dr. Michael Jeremy Hall retiring from Courtesy Staff, Family & Community Medicine and Surgery, Surgical Assistants as of June 30, 2024.
(50 years of service)

Dr. Mabel Hsin retiring from Courtesy Staff, Family & Community Medicine as of June 30, 2024.
(35 years of service)

Dr. Catherine Lawlis, retiring from Active Staff, Family & Community Medicine as of June 30, 2024.
(22 years of service)

Dr. Victoria Olech retiring from Active Staff, Family & Community Medicine as of June 30, 2024.
(29 years of service)

Dr. Robert Smyth retiring from Courtesy Staff, Anesthesia as June 30, 2024.
(29 years of service)

ITEMS FOR INFORMATION FOR THE GENERAL MEDICAL STAFF:

Active Staff Performance Reviews for 2023

All Active Medical Staff were to complete their annual reviews for 2023 by the end of March 2024. The review includes a self-evaluation and evaluation by either their Division Head or Department Chief and is a requirement for annual reappointment.

Acute Care of the Elderly (ACE) Unit

The new Acute Care of the Elderly (ACE) unit will open in June 2024. It has been designed specifically for the care of older adults to treat both their acute medical illness and prevent loss of independence from admission to discharge. The ACE unit core components are based on patient and family-centred care with an interdisciplinary approach, including early involvement of all team members, and the application of best practices and clinical guidelines specific to the senior population.

Committee and Accountability Structures

A subgroup of MAC supported the creation of the new Operations Committee and Quality Committee, however, requested not to revise the reporting structure to the subcommittees of MAC until the two new corporate committees had a chance to meet and evolve. After the pause, it was determined that the committees reporting to MAC will remain as written in the by-laws, with the exception of the Quality Committee.

Computerized Provider Order Management

The Medical Advisory Committee was provided with a presentation on Computerized Provider Order Management by executive project sponsors A. Soheili, L. Ferguson and myself. The guiding principles were shared with the group. CPOM (previously named CPOE) originated as a quality patient project. Care documentation has been fragmented with some being online and some on paper. CPOM will eliminate paper work flow making it safer and more efficient with electronic management of all provider orders.

Change management will be led by Dr. Makary to assist groups in moving to an electronic environment. A majority of processes will be completed by the summer 2024. By December 2024, integrated testing will be complete and training commenced, with elbow support available on the floors during go-live. Enabling technology that works best for the staff and having seamless space where people can work is essential, as it's a challenge now.

Critical Incidents

As per the Public Hospitals Act, all critical incidents are to be reported to the MAC and Board of Directors. S. Sabo, Director of Quality, Privacy & Risk, provides the Medical Advisory Committee with regular updates on incidents. Deteriorating patient continues to be the common theme in upcoming cases presentations. Corporate initiatives has been established following these reviews and include: National Early Warning System (NEWS), Collaborative Care Redesign, Code Stroke, Hypercare, and Access & Flow. Computerized Provider Order Entry (CPOM) will reduce many medication errors. Work continues on a number of recommendations. MAC members noted physician to physician communication being key to reducing the number of deteriorating patients in addition to bed availability.

Disclosure Training

Mr. Patrick Hawkins, legal counsel from Borden Ladner Gervais presented to the MAC, Directors, Legal and Risk Teams on disclosure obligations. Our policy states that "Southlake will commit to open, honest and transparent communication whenever a patient safety incident occurs, regardless of harm". There is an obligation to disclose when there is harm or no harm (reached patient but no discernible harm). A near miss is usually not disclosed unless there is a residual safety risk to the patient.

Mandatory disclosure for critical incidents is required immediately following the event. When a critical incident occurs it must be reviewed with the patient's perspective or input. The Board must ensure that administrators establish a system for ensuring disclosure of every incident. Senior Administration is responsible if the disclosure is not made in a reasonable timeframe.

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 to the physician. 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. Focus on the event and the harm to the patient and what the patient/family would want to know.

Division of Hematology

The Division of Medical Oncology wishes to divide into specialties with Hematology becoming its own Division. This is supported by the Department of Medicine, the MAC and the Board of Directors.

Division of Nephrology

Nephrology services at Southlake have been supported by Courtesy Staff nephrologists from Mackenzie Health. With the expansion of the Cortellucci Vaughan site, the nephrologists are finding it difficult to support the three hospital sites and have suggested that Southlake hire its own group of nephrologists. It has been suggested that a group of four would be best to prevent burnout and allow for vacations. Conversations about a community office for the nephrologists is ongoing, however, it is anticipated that we will have hospital services provided by our own nephrologists as of September/October 2024. With this in mind, the Chief of Medicine and Physician Leader of Medicine Programs have put forth the recommendation to create a Division of Nephrology with the Department of Medicine, which was approved by the MAC and Board of Directors.

Emergency Department Expansion

The Emergency Department will be expanding to add more space for patient volumes. It will be a three-stage approach starting with the creation of clinical space in the current ambulance bay for up to an additional 50 clinical spaces and 3 consult rooms. The 2nd phase will open up internal waiting room to improve flow from Triage/Registration. The 3rd phase will create additional triage spaces and improve the ED entrance area. Construction is to begin in July.

Future of Ambulatory Care

K. Bright, Director of Corporate Projects, Dr. J. Randle, Physician Leader of Surgical Programs and C. Burgh of Ernest and Young provided a high level overview of the second phase of the ambulatory care strategy and operating model. The Ambulatory Care Strategy will ensure that patients are receiving equitable access to high quality care. The Ambulatory Care Steering Committee, through a number of working groups, will create the framework and metrics for all clinical services depending on need, as well as standards for consistent processes across the hospital. A number of clinics were reviewed in the first phase to improve referral pathways and optimize scheduling and space utilization. The target implementation of the operating model is over the next 1.5 years.

Integrated Risk Management

L. Ferguson presented the 2023-24 Risk Register with an overview on integrated risk management. Organizational risks of the hospital are reviewed on a yearly basis by the Executive Leadership Team and Board of Directors through the Risk Register with opportunities mitigate some of these risks. The IRM framework includes policies, procedures, and processes used to identify and mitigate risks, not only in patient care, but also in human resources, finance, leadership, information technology, external relations, regulations and research.

Medical Leadership Structure and Compensation Review

Our medical staff leadership structure and remuneration models were implemented many years ago and have been historically carried over to the present time. Over the past ten years, there has been considerable growth in our department sizes, patient volumes, and patient complexity. In addition, our administrative structures, both from a committee and human resources perspective, have increased to help meet these demands. Despite the ongoing positive growth of our organization the medical staff structure and remuneration model has remained largely unchanged. This has resulted in a growing concern amongst our medical staff regarding the sustainability of these leadership roles.

In response to the requests at the Medical Advisory Committee and General Medical Staff meetings, a review of the following was conducted by Dr. Michael Stacey between August 2023 to November 2023:

- Physician compensation rates and time commitment
- Framework for physician leadership supports for departments
- Level of administrative assistant support
- Medical Affairs structure
- Other options to support physicians in leadership roles
- Support for physicians involved in other corporate work that would be beyond their leadership position
- Recommendations on other physician positions funded by SRHC

Dr. Stacey recently held the position of Chief Medical Executive and Executive Vice President – Academic at Hamilton Health Sciences Corporation, as well as Surgeon-in-Chief. He is a seasoned leader in academic health care systems with experience in managing complex issues that involve hospitals, universities, Health Ministries and external stakeholders, with expertise in forward looking organizational planning and transformation, incorporating financial discipline.

Dr. Stacey met with each of the Chiefs and Physician Leaders and sought input from the Medical Directors and Division Heads. Common concerns heard were compensation levels have remained over 10+ years, rates have fallen behind their peers and this becomes an impediment to taking on leadership roles. Additional reasons that physicians are reluctant to take on these roles are time commitment; work-life balance; dealing with problem physicians; meetings are difficult to make because of timing; a lack of trust in administration and lack of confidence that things will change. There was support for additional administrative support in some programs and also interest for leadership orientation, training, and coaching.

With this review a framework for amount of time allocated to the various departments was presented, as well as a framework for Division Head and Medical Directors roles and recommendations on compensation for corporate work beyond the leadership role duties. Based on data from the OHA, CIHI, CMA and peer hospitals, rate of pay per unit of time was proposed with a framework, which includes renewal on a regular basis using published metrics. Other recommendations include administrative support for medical leaders and the Medical Affairs structure.

The Executive Leadership Team approved the 16 recommendations from the medical leadership compensation and structure review conducted by Dr. Michael Stacey, which came into effective April 1, 2024. The executive summary of recommendations was provided to the Medical Advisory Committee and shared with the Division Heads, Medical Directors and Medical Staff. Some restructuring of leadership is required and this is in process with each of the programs.

I wish to thank those that participated in the review and have supported moving forward with the recommendations.

Medical Leadership Space Update

Additional work touch-downs have been added to the Medical Leadership space behind the physicians' lounge for the Chiefs and Physician Leaders. I continue to work with Capital Projects on finding a larger space for medical lounge that would include 10-15 individual workspaces, lockers, mailboxes, kitchenette and possibly a washroom.

Medical Staff Engagement Survey

The 2023 Medical Staff Engagement survey results were dispersed to the various programs for their specific area. Chiefs and Physician Leaders engaged their departments to create strategic initiatives based on the feedback received.

The highest rated strengths rated by the Medical Staff included:

1. Allied Health and Medical Staff practice well together in my unit/department
2. I feel I am treated with respect by patients
3. I feel I am treated with respect by people I practice with
4. I feel my unit/department is physically safe
5. Nurses and Medical Staff practice well together in my unit/department

Areas for improvement included:

1. Trust in the Executive Leadership Team
2. Satisfaction with the Executive Leadership Team
3. Southlake makes adequate effort to attract and retain the best medical staff
4. I am able to schedule surgeries in a timely manner
5. Southlake has appropriate facilities (e.g. food services, lounges, sleep rooms, etc)

A working group has formed that includes Tyler Chalk, Dr. Makary, Dr. Chan and myself to lead the development of the medical staff engagement plan. There will be opportunity for all medical staff to be involved in the process at departmental meetings to further engage the medical staff in strategy planning for their programs and the hospital. In addition, physician leadership is being invited to join the Strategy Steering Committee to provide direction for the new Strategic Plan.

Southlake.ca

The domain @southlakeregional.org changed to Southlake.ca on November 7, 2023. This effects all Microsoft applications including Outlook, Teams, OneDrive and all applications that require your user network email login. Email sent to @southlakeregional.org will continue to be received. Please ensure you have updated your Southlake email address where necessary.

Rules & Regulations: 7.1 Leave of Absence

The Medical Staff Rules & Regulations for leave of absence have been updated to include that medical staff may request an extended leave of absence for pregnancy leave or parental leave in accordance with the applicable federal and provincial legislature.

Rules & Regulations: 20.1 Department Chief Selection

Following the Chief of Cardiac Health Selection, the rules and regulations for the Department Chief Selection were updated. The Chief of Staff reached out to various hospitals for their processes for a more balanced approach. Membership was revised to reflect current leadership roles and the number of department members to attend has been reduced from unlimited to 2-5 members to represent the department.

Rules & Regulations: 9.4 Selection Committees

Changes have been made to the Rules & Regulations for Specialist Selection Committees to be consistent with the revised Chief Selection process including current leadership roles and the number of department members to attend.

Rules & Regulations 59.0 Midwifery

The Division of Midwifery has updated their Rules & Regulations.

Ontario Health Teams (OHTs) – Southlake & Stevenson

Southlake Community OHT changed its name to Northern York as part of an amalgamation between Southlake Community OHT and South Simcoe OHT which includes Stevenson. The request for the amalgamation came from South Simcoe. Ontario Health Central Region noted that this will be the only OHT with two hospital partners in Central Region. Both hospitals are partners within the OHT and pre-existing relationships between the hospitals has not changed. OHTs enable, encourage and evaluate how existing resources work together for better outcomes for patients, practitioners, and system performance.

Pharmacy Orientation Update

A requirement for Accreditation is to have a documented and coordinated medication reconciliation process used to communicate complete and accurate information about medications across care transitions. To provide documented evidence that physicians who are responsible for medication reconciliation are provided with relevant education the Pharmacy Team has updated their Pharmacy Orientation Manual to include a paragraph on this. The annual learning package for physician reappointment will also be revised to include information on medication reconciliation.

Physician Credentialing, Privileges & Behaviour Management

Mr. Patrick Hawkins, Borden Ladner Gervais, provided the Medical Advisory Committee with a presentation on medical staff credentialing, privileges and behaviour management. Under the Public Hospitals Act, the Board may:

- (a) appoint physicians to a group of the medical staff of the hospital established by the by-laws;
- (b) determine the privileges to be attached to the appointment of a member of the staff; and
- (c) revoke or suspend the appointment of or refuse to reappoint a member of the medical staff.

Chiefs and Division Heads are accountable to the Board as supervisors of the medical staff. Diligence with physician applications is required including follow through on reference checks. Mr. Hawkins enforced the significance of performance reviews with annual reappointment and ensuring any poor behaviour is documented with the physician being aware of the concerns noted. The most common physician issues and concerns that have been brought to the law firm related to physician performance management include competence, relationship issues, resource utilization, compliance with hospital by-laws, quality and patient safety, code of conduct, aging medical staff and quality of life.

Priority Planning 2024-25: Risk Register, QIP and Corporate Projects

S. Brett, Director of Strategy and S. Sabo, Director of Privacy, Quality & Risk attended MAC to engage the group in the 2024-25 priority planning. This planning overlaps with the strategic plan, which is coming to an end of its five year cycle. Top risks identified by directors and managers were: Human Health Resources (HHR); cyber security and physician engagement.

Top risks identified by the Medical Advisory Committee were HHR; Physician recruitment and retention due to infrastructure both structural and electronic; not being able to expand the facility to meet patient demands and poor patient flow. It was noted that Southlake is no longer seen as a quality institute and that we have had physician candidates go elsewhere when looking to start/move their careers. Use of agency nursing was also a concern. Timeliness of job postings and response was recommended as an improvement.

Program Quality Committee - Rotman Project

A Rotman project working group, engaged the MAC for feedback on an initiative at the program level for improving quality. This would be an opportunity for the Program Quality Committees will be revitalized and integrate organizational quality by aligning strategic goals and objectives. The new process will standardize terms of reference, agendas, work plans and standard operating procedures (SOPs) across the Program Quality Committees. Reporting to the Hospital Quality Committee (HCQ), the Program Quality Committees will develop program scorecards, quality initiatives and goals; review the outcomes of divisional mortality and morbidity reviews, and review safety and patient related issues including patient experience and satisfaction.

PHYSICIAN RECRUITMENT

Medical Manpower Requests (Form As)

The following Medical Manpower Requests were approved by MAC from June 2023 to May 2024:

- Medical Human Resources Form A – Additional General Anesthesiologist (2), Additional Cardiac Anesthesiologists (2), Replacement Cardiac Anesthesiologist
- Medical Human Resources Form A – Additional Cardiologists (2)
- Medical Human Resources Form A – Replacement Critical Care Medicine
- Medical Human Resources Form A – Additional Endocrinologist and Replacement Endocrinologist
- Medical Human Resources Form A – Replacement Hematologists (2)
- Medical Human Resources Form A – Additional & Replacement Infectious Diseases Specialists
- Medical Human Resources Form A – Replacement Medical Oncologist
- Medical Human Resources Form A – Additional Palliative Care Physicians (2)
- Medical Human Resources Form A – Additional Pathologist and Replacement Pathologists (2)
- Medical Human Resources Form A – Additional Pediatric Adolescent Medicine Specialist
- Medical Human Resources Form A – Additional and Replacement Rheumatologists
- Medical Human Resources Form A – Additional Vascular Surgeon

Active Search & Selection Process for the Following:

- Anesthesiologists
- Cardiologists
- Critical Care Intensivist
- Dermatologists
- Geriatrician
- Neonatologist
- Psychiatrists – Adult / Child & Adolescent

Selection Committee Recommendations

The following Selection Committees occurred between June 2023 to May 2024:

- Chief of Family & Community Medicine Selection Committee – June 12, 2023
- Plastic Surgery Selection Committee – June 15, 2023
- Division Head, General Surgery Selection Committee – June 2023
- Radiation Oncology Selection Committee – July 17 & 20, 2023
- Psychiatry Selection Committee – August 2, 2023
- Cardiology Selection Committee – August 10, 2023
- Cardiology Selection Committee – September 19, 2023
- Cardiology Selection Committee – September 25, 2023
- Maternal Fetal Medicine Specialist Selection Committee – October 10, 2023
- Cardiology Selection Committee – October 12, 2023
- Interim Chief of Cardiac Health Selection Committee – October 19, 2023
- Chief of Cardiac Health Selection Committee – October & November 2023
- Anesthesia Selection Committee – November 14, 2023
- Pathologist Selection Committee – November 16, 2023
- Critical Care Medicine Selection Committee – November 30, 2023
- Division Head of Plastic Surgery – December 2023
- Cardiology Selection Committee – January 8, 2024
- Cardiac Surgery Selection Committee – January 29, 2024
- Hematology Selection Committee – January 23, 2024
- Psychiatry Selection Committee – January 30, 2024
- Medical Oncology Selection Committee – March 4, 2024
- Palliative Care Medicine Selection Committee – March 26, 2024 & April 2, 2024
- Endocrinology Selection Committee – April 4, 2024
- Infectious Diseases Specialist Selection Committee – April 9, 2024
- Vascular Surgery Selection Committee – April 16, 2024
- Hematology Selection Committee – April 30, 2024
- Chief of Pediatrics Selection Committee – May 8, 2024
- Chief of Obstetrics & Gynecology Committee – May 9, 2024

Department of Cardiac Health

Based on the Cardiac Review recommendations, members of the Department of Medicine, Division of Cardiology and Department of Surgery, Division of Cardiac Surgery were appointed to the Department of Cardiac Health in October 2023.

MEDICAL STAFF CREDENTIALING

Southlake Regional Health Centre welcomes our new Associate Staff:

Dr. Karim Abdel Shahid	Associate	Family & Community Medicine
Dr. Ahmed Al-Riyami	Associate	Cardiac Health
Dr. Sandy Bae	Associate	Anesthesiology
Dr. Alvita Chan	Associate	Medicine, Endocrinology, Hospital Medicine (GIM)
Dr. Melanie Chan	Associate	Psychiatry
Dr. Ravi Doobay	Associate	Medicine, Critical Care Medicine

Dr. Farah El-Sadi	Associate	Medicine, Neurology
Dr. Andrew Elagizi	Associate	Cardiac Health
Dr. Kyle Goldberger	Associate	Medicine, Neurology
Dr. Sean Haber	Associate	Family & Community Medicine
Dr. Mubashar Hassan	Associate	Psychiatry
Dr. Benjamin Jang	Associate	Family & Community Medicine / Surgery, Surgical Assistants
Dr. Ritika Khatkar	Associate	Anesthesiology
Dr. David Kim	Associate	Medicine, Neurology
Dr. Kevin Kuan	Associate	Laboratory Medicine
Dr. Nurfiza Ladak	Associate	Pathology
Dr. Nafisha Lalani	Associate	Medicine, Radiation Oncology
Dr. John Paul Larkin	Associate	Anesthesiology
Dr. Eugenia Lee	Associate	Medicine, Critical Care Medicine
Dr. Yogesh Patodia	Associate	Surgery, Ophthalmology
Dr. Jenny Peng	Associate	Medical Oncology
Dr. Sonia Poenaru	Associate	Medicine, Infectious Diseases
Dr. Tomas Saun	Associate	Surgery, Plastic Surgery
Dr. Daniel Shen	Associate	Laboratory Medicine
Dr. Melanie Wong-King-Cheong	Associate	Family & Community Medicine / Surgery, Surgical Assistants
Dr. Qin Yuan (Alis) Xu	Associate	Family & Community Medicine
Dr. Jeremy Zung	Associate	Medicine, Neurology

Community Staff:

Dr. Andrew Lai	Community	Family & Community Medicine
Dr. Paul Saad	Community	Family & Community Medicine
Dr. Robert Stephens	Community	Family & Community Medicine

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

Dr. Natasha Alexander	Courtesy	Pediatrics
Dr. Piroze Davierwala	Courtesy	Surgery, Cardiac Surgery
Dr. Zhen Meng	Courtesy	Anesthesiology
Dr. Emmaduddin Qazi	Courtesy	Diagnostic Imaging
Dr. Alexandra Rotstein	Courtesy	Anesthesiology
Dr. Fateme Salehi	Courtesy	Diagnostic Imaging
Dr. Serena Shum	Courtesy	Anesthesiology
Dr. Salini Thulasirajah	Courtesy	Pediatrics, and Medicine, Neurology (Pediatric Neurology)

The following additional credentialing occurred from June 2023 to May 2024:

- 99 Locums
- 52 Locum Extensions/Renewals
- 39 Change in Status/Privileges
- 220 Medical Students, Residents, Fellows & Observers placements

RESIGNATIONS

Dr. Gulshan Atwal, resigning from Department of Medicine effective February 29, 2024
Dr. Peter Dukesz, resigning from Active Staff, Department of Family & Community Medicine, effective December 8, 2023
Dr. Aera Jung, resigning from Active Staff, Department of Medicine, Division of Medical Oncology, effective June 30, 2023
Dr. Yahaya Kadiri, Courtesy Staff, Anesthesia, effective September 18, 2023
Dr. Muhammad Khalid, resigning from Active Staff, Department of Medicine, Division of Infectious Diseases on May 15, 2024 and joining the Locum Staff.
Dr. Serge Koujanian, Active Staff, resigning from Department of Laboratory Medicine as of December 8, 2023.
Dr. Christian Sawicki, Associate Staff, resigning from the Department of Anesthesia as of August 31, 2023.
Dr. Michelle Wang, resigning from Active Staff, Department of Pediatrics, effective October 31, 2023
Dr. Charles Ye, resigning from Active Staff, Department of Laboratory Medicine, effective December 31, 2023

DID NOT REAPPLY FOR PRIVILEGES FOR YEAR JULY 1, 2024 – JUNE 30, 2025:

- Dr. Salman Anwar, Associate Staff, Medicine, Rheumatology
- Dr. Soran Barzinjy, Courtesy Staff, Laboratory Medicine
- Dr. Avidis Boudakian, Courtesy Staff, Surgery, Division of Urology
- Dr. Michael da Rosa, Active Staff, Diagnostic Imaging
- Dr. James Daniels, Courtesy Staff, Diagnostic Imaging
- Dr. Navsheer Gill, Active Staff, Family & Community Medicine
- Dr. Lee Heinrich, Courtesy Staff, Anesthesia
- Dr. David Levitt, Courtesy Staff, Family & Community Medicine
- Dr. Kan Wen Li, Courtesy Staff, Emergency Medicine
- Dr. Christopher Lindsay, Active Staff, Surgery, Orthopaedic Surgery
- Dr. Gurpreet Mand, Active Staff, Family & Community Medicine
- Dr. Lori Maaskant, Active Staff, Family & Community Medicine
- Dr. Joseph Minkowitz, Courtesy Staff, Cardiac Health
- Dr. Melody Ren, Courtesy Staff, Medicine, Infectious Diseases
- Dr. Adeel Sheikh, Courtesy Staff, Surgery, Urology
- Dr. Gita Singh, Courtesy Staff OBGYN Surgery, Gynecology
- Dr. Gautam Sudan, Courtesy Staff, Medicine, Hospital Medicine
- Dr. Kimberly Sutton, Active Staff, Family & Community Medicine, CMR, Medicine, Palliative Care
- Dr. Brad Walker, Active Staff, Anesthesia

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

The following documents were approved between June 2023 to May 2024:

- 2023-24 Medical Advisory Committee Terms of Reference
- 2024 Medical Human Health Resources Plan
- Formulary System
- Medical Scribe Declaration
- Order Sets Committee Terms of Reference
- 160 Policies, Medical Directives & Order Sets
- 30 Drugs & Therapeutics Committee Recommendations

Respectfully submitted,

Dr. Charmaine van Schaik
Chief of Staff & Chair of MAC