

CHIEF OF STAFF REPORT and MEDICAL ADVISORY COMMITTEE
REPORT TO ANNUAL MEETING
SOUTHLAKE REGIONAL HEALTH CENTRE BOARD OF DIRECTORS

Wednesday June 22nd, 2016

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 to update you on the developments and changes that we have seen 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 over the past year. To the Board and AMC I also wish to express my sincere appreciation for their support.

ACUTE CARE INITIATIVE

Under the Strategic Initiative to “Focus on what we do best”, Ms. Sandra Smith and I have created a framework to for evaluating acute care services at Southlake. It develops guiding principles to aid and guide selecting and divesting specific acute care services. It also identify areas of clinical opportunities where our performance or potential justifies maintain or increasing service volumes. Ethical framework was considered through the compilation of the documentation and has been incorporated into the document. All programs are to review their portfolio inventory for future opportunities and to apply this framework for future planning. The report is available on the Southlake intranet.

ACCREDITATION

Accreditation at Southlake occurred the week of Monday February 22, 2016. Hospitals that are awarded with full accreditation are found to have higher adherence to current standards of care, lower 30-day mortality rates and shorter lengths of stay than non-accredited institutions. Physician involvement is one of the key elements for a successful Accreditation campaign. Best efforts are being made to complete the Best Possible Medication History (BPMH) with 24 hours of admission; and also properly identify patients using two patient identifiers before any treatment, test or procedure begins including before any medication administration. It was agreed that the “Do Not Use Abbreviations” list be placed in all the prescribing areas on each floor and in each chart. The expectation is that the Do Not Use Abbreviations list remains at the front of the physician ordering section of the chart. The new approach has rolled out to all the inpatient units.

Key points highlighting the physician’s role in Required Organization Practices (ROP) included: Corporate Quality cascades to Portfolio Quality; “Do not use” abbreviation list; Medication Reconciliation; Narcotics Safety; Patient Flow; Information Transfer; Antimicrobial Stewardship and Patient Safety Plan. Thank you to all staff whose ongoing commitment made it possible to reach “Exemplary Status”. We will continue to adopt practices based on the recommendations from Accreditation Canada to ensure that we continue to provide exemplary care for our patients.

ANNUAL PHYSICIAN PERFORMANCE REVIEW

Department Chiefs and Division Heads reviewed their members’ performance in order to provide a detailed record of competence which complies with HIROC and Accreditation recommendations. Division Heads will be reviewed by their respective Department Chiefs. Chiefs are reviewed by the Chief of Staff. It is anticipated these reviews will be completed yearly, prior to the commencement of annual reappointments at the end of October. In the past, Chiefs signed off on annual reappointments declaring their members were fit to practice.

BED FLOW

Demands for acute inpatient beds exceeded capacity over the past year necessitating such measures as converting the inpatient gyms into ward rooms and temporarily converting the auditorium into an alternative care area. The growing numbers of ALC patients in the hospital is a significant contributor to the bed issue. Of note, this is a LHIN-wide problem.

CAPITAL EQUIPMENT

AMC has endorsed the proposal to purchase all items under \$10K on the 2015/2016 Capital Equipment List. Beginning this year the Physician Leaders of the various programs were involved in the Capital Equipment decision-making process. Equipment Planning Associates analyzed our Capital Equipment requirements based on the current and projected needs over the next 10 years. Approximately \$14M per year will be required annually for the next 10 years for Capital improvements.

CHART DEFICIENCIES

Southlake has a higher number of medical record deficiencies compared to our neighboring hospitals. The Health Information Department wanted to reduce the number of deficiencies that are more than 30 days old by March 2016 and more than 14 days old to zero by August 2016. It was suggested that discharge summaries might be dictated the night before with instruction of discharge to avoid missing the chart before it's returned to Health Information. It is recognized that there are some software issues with the current system and this will be rectified. A definitive fix will be available with our new HIS. Statistics from May 2016 show 213 incomplete charts over 14 days old, 72 over 30 days; compared to May 2015 when charts were 739 over 14 days old, 355 over 30 days.

CRITICAL CARE OUTREACH TEAM

Nurses are notifying the MRP when calling Critical Care Outreach Team (CCOT), which was a previous concern of MAC. Each CCOT nurse has been allocated to a specific area/unit of the hospital. Medical Directives for Code STEMI and CODE Stroke are under review. Statistics show a reduced number of admissions to ICU since the initiation of the program.

CRITICAL INCIDENTS

To date, for 2015/16, there have been no critical incidents at Southlake. Ms. Julie Pike informed MAC of the investigative work being done surrounding critical incidents in the hospital. As a result of a new methodology, the Quality of Care Committee has adopted the principle of identifying a "never event", as defined by the Canadian Patient Safety Institute (CPSI). CPSI has identified 15 "never events" that it feels need to be monitored. The learnings from these reviews include: the need for two patient identifiers before any treatment, test, or procedure; promotion of the "Speak Up" culture; reinforcement of the surgical pause; chart review immediately before a procedure, enhance physician to physician handoffs and a change to the core curriculum education on blood drawn for transfusions. Reviews are being completed within their programs and then brought forward at QCC where learnings are shared organization wide.

CODE WHITE SAFETY PENDANTS

Version 5 of the Code White safety pendants has rolled out. There are currently 650 version 5 pendants assigned to high pushers and to those in high incident areas.

For August to December 2015:

Version 4 – 723 pushes (False positives – 82% / True positives – 18%)

Version 5 – 72 pushes (False positives – 12% / True positives – 88%)

CLINICAL INFORMATICS UPDATE

Southlake's RFP for the Health Information System (HIS) has gone out for tender. Work continues on standardized order sets with 22 order sets that are overdue. Physician Leaders are now being notified when order sets are incomplete in their Program. A new provider must be selected before March 2018 as this is the date our current provider McKesson will no longer be supported. The Ministry is suggesting that hospitals cluster their HIS together and use the same system. Compliance with BPS guidelines is potentially an impediment to the strategy. System demos are scheduled for mid-August, with final award in December, and implementation by the New Year. Mackenzie Health and Sickkids have chosen to go with the EPIC. MAC members have been given the opportunity to participate in ranking the various systems. Microsoft is no longer supporting Internet Explorer 8, 9 or 10. Southlake is working on upgrading to Internet Explorer 11.

ConnectingGTA: GCTA has gone live at neighbouring hospitals including Markham Stouffville and Humber River Regional. This is a clinical data repository that allows clinicians to add patient information into one area that is accessible by various facilities. It currently allows access to reports and will expand in the future to include imaging that can be shared amongst the hospitals. A number of Chiefs have volunteered to enroll as early adopters to test the system.

Record of Hospital Stay: The document is being trialed on several medical units. It has been revised from a seven page document to a four page document. It has not replaced the discharge summary as of yet, however, is moving in that direction.

Single Sign-on: The hospital is also moving towards a single sign on for all software programs within the hospital.

Order Sets: There are currently 178 active order sets out of 251 to be completed. It is anticipated to move to an electronic system by 2018 at which time there should be a seamless change over with the customized order sets.

DISCLOSURE TRAINING

Mr. Pat Hawkins provided the Medical Advisory Committee with disclosure training as a requirement of Accreditation. Medical Staff have a legal obligation to disclose a critical incident to the patient immediately, to Medical Advisory Committee, Senior Administration and the Quality of Care Committee. Risk Management is always available to assist the Medical Staff with any patient incidents that occur.

DIVISION OF PALLIATIVE CARE

Last summer, Cancer Care Ontario announced its decision to move all palliative CCO resources to the Ontario Palliative Care Network (OPCN). In collaboration with the province's 14 LHINs, the OPCN will work to create Regional Palliative Care Programs. Southlake possesses a "critical mass" of local palliative experts to support community physicians for end-of-life care for their dying patients. Southlake's palliative care group is comprised of 6 physicians. The majority of the group is family physicians with enhanced skills training in palliative medicine. The University of Toronto, through the Department of Family and Community Medicine, has granted Southlake one PGY3 residency position in palliative care to commence July 1st, 2016.

ETHICIST FRAMEWORK

Jonathan Breslin provided MAC with an updated Ethicist Framework which is a reference document that describes the processes in place. As one of the components for Board, it is anticipated that this will enhance ethic support at the bedside. Jonathan is attending patient rounds on the units and is available to meet with patients and discuss difficult decision making, end of life decisions and/or patient treatments. He is available by pager or email.

FOUNDATION

A facilitator has been engaged to help with the process of rebuilding the Foundation Board; with a plan for resolution by mid-October. Standardized messaging explaining the process will be provided to physicians for potential donors. A short survey was sent following the General Medical Staff meeting in March in response to the concerns of the Medical Staff brought forward about the Foundation. The results of the survey have been shared with the new Foundation Board Chair. Further discussions are planned with the Foundation and Physicians' Council.

MEDICAL STAFF RULES & REGULATIONS: 20.0 SELECTION PROCESS FOR CHIEFS

The Rules & Regulations were revised by the Chief of Staff, Past and Present Presidents of the Medical Staff Association and the Medical Staff Affairs Specialist and approved by the Medical Advisory Committee. Of note, MAC would like to reinforce that Medical Staff are to be in good standing by paying their Medical Staff Association dues. Those not in good standing, would not be allowed to vote at any Medical Staff meeting and for some, serve as a Chief or Physician Leader.

Medical Staff Rule & Regulation 20.0 regarding the Selection Process for a Department Chief has been altered to allow for an electronic polling by department members when only one candidate has come forward and who has been approved by the search committee.

The Department of Medicine revised the departmental rules and in addition created rules for the Division of Hospital Medicine. Of interest, are the rules surrounding “Hand-Offs Roles & Responsibilities”:

“At the end of an MRP rotation, a written hand-off is to be provided for each patient. At other junctures a verbal or written handoff may be provided depending upon circumstances.

At the end of the normal work day, where there is a reasonably foreseeable risk that a patient’s condition might deteriorate such that the on-call physician might be called upon to intervene, the MRP is expected to verbally and/or in writing hand-off that patient to the on-call physician, providing information that would prepare, assist and support the on-call physician in managing the patient in as safe, efficient and effective a manner as possible.

In the circumstance of a patient whose condition is precarious at the end of an Internist On-Call(IOC) shift or where a patient’s condition was or appeared to be precarious at any point during the previous shift, a direct hand-off is to take place between the departing physician and the next on-call physician or, after a night on call, between the departing physician and the MRP who is arriving for the day. This hand-off may either be verbal or written.

A morning hand-off is to be provided by the IOC to the appropriate intensivist or cardiologist for all patients admitted overnight to the ICU or CCU, respectively.”

OR REDEVELOPMENT PROJECT

The Medical Advisory Committee is in full support of the Operating Room Project. MAC members who currently work in the OR commented on the outdated infrastructure, small rooms, and the need to replacement aging equipment. The plan is going forward to the Central LHIN for approval.

PHYSICIAN LEADER, CANCER PROGRAM

The position of Physician Leader, Cancer Program will be reinstated after a five year hiatus. The previous Physician Leader was ill and his seat was not filled at the Medical Advisory Committee during that time. In light of active activity at the Cancer Centre, it is felt that the reinstatement of this leadership position would be beneficial to the Program. The Program plans to interview in June.

PHYSICIAN LEADER, QUALITY & PATIENT SAFETY

A position has been created that will have primary oversight of a hospital wide program that is designed to provide the highest quality care in the safest possible patient environment. This Physician Leader will report directly to the Chief Operating Officer and will sit on the Medical Advisory Committee as a voting member.

Six physicians have come forward for the position of Physician Leader, Quality & Patient Safety. The first round of interviews for the Physician Leader, Quality & Patient Safety took place the over two evenings May 9th & 12th. Of six candidates, two have been identified as preferred candidates and will take part in a second round of interviews.

PHYSICIAN ASSISTED DEATH

A committee has been struck in response to the new legislation of Physician Assisted Death - the MAID (Medical Assistance in Dying) Resource Group. A proposed development of a structure and framework is being created regarding physician-assisted death. It was agreed that a framework should be created which will come back to MAC for further discussion. Many Chiefs were uncomfortable speaking on behalf of their department members as to whether or not to approve this process and suggested that a vote occur. There are several layers of decision making that need to occur before the hospital decides whether or not to support this process or whether we establish a connection in the community where this can be done.

2016-17 MEDICAL LEADERSHIP TERMS

The Medical Advisory Committee approved the list of 2016/17 Medical Staff Executive, Chiefs and Division Heads as below:

| <u>Medical Staff Executive</u> | <u>Executive</u> | <u>Start Date</u> | <u>5-year Term</u> |
|--------------------------------|-------------------|-------------------|--------------------|
| President | Dr. John Randle | July 2012 | July 2017 |
| Vice-President | Dr. Eddie Chan | July 2012 | July 2017 |
| Secretary-Treasurer | Dr. Gulshan Atwal | July 2012 | July 2017 |

| <u>Department/Division</u> | <u>Chief/Division Head</u> | <u>Date Appt.</u> | <u>5-year Term</u> |
|----------------------------|----------------------------|-------------------|---------------------------------|
| Departments | | | |
| Anesthesiology | Dr. Robert Smyth | Dec 2015 | June 2021 |
| Complex Medical Rehab | Dr. David Srouf | July 2016 | June 2021 |
| Diagnostic Imaging | Dr. Erik Silmberg | July 2012 | June 2017 |
| Emergency | Dr. Marko Duic | Apr 2011 | June 2021(2 nd term) |
| Family Medicine | Dr. Paul Cantarutti | July 2013 | June 2018 |
| Laboratory Medicine | Dr. Charles Ye | July 2012 | June 2017 |
| Medicine | Dr. Shahzad Qureshi | July 2015 | June 2020 |
| Obstetrics/Gynaecology | Dr. Genevieve Chang | July 2014 | June 2019 |
| Paediatrics | Dr. Charmaine van Schaik | July 2011 | June 2021(2 nd term) |
| Psychiatry | Dr. Mahdi Memarpour | July 2016 | June 2021 |
| Surgery | Dr. Morrie Liquornik | Dec 2015 | June 2021 |

Divisions of Surgery

| | | | |
|---------------------|-------------------------|-----------|----------------------------------|
| Cardiac Surgery | Dr. Charles Peniston | July 2006 | June 2021 (3 rd term) |
| Dentistry | Dr. Ford K. Moore | July 2009 | June 2019 (2 nd term) |
| General Surgery | Dr. Shea Chia | July 2016 | June 2021 |
| Gynecology | Dr. Genevieve Chang | July 2014 | June 2019 |
| Ophthalmology | Dr. Eugene Liu | July 2008 | June 2018 (2 nd term) |
| Orthopaedic Surgery | Dr. Cleo Rogakou | July 2010 | June 2020 (2 nd term) |
| Otolaryngology | Dr. Taryn Davids | July 2015 | June 2020 |
| Plastic Surgery | Dr. Deborah vanVliet | July 2012 | June 2017 |
| Surgical Assistants | Dr. Tim Barbetta | July 2013 | June 2018 |
| Thoracic Surgery | Dr. Salvatore Privitera | Jan 2016 | June 2021 |
| Urology | Dr. Jerome Green | Jan 2016 | June 2021 |
| Vascular Surgery | Dr. Alan Lossing | July 2013 | June 2018 |

Divisions of Medicine

| | | | |
|----------------------|---------------------|-----------|----------------------------------|
| Cardiology | Dr. Remo Zadra | July 2013 | June 2018 |
| Endocrinology | Dr. Sunil Juta | July 2015 | June 2020 |
| Gastroenterology | Dr. Brian Stotland | July 2013 | June 2018 |
| Hospitalist Medicine | Dr. Shahzad Qureshi | Apr 2013 | June 2018 |
| Oncology | Dr. Peter Anglin | Dec 2010 | June 2021 (2 nd term) |
| Respirology | Dr. Moiz Zafar | July 2016 | June 2021 |
| Rheumatology | Dr. Carter Thorne | Dec 2010 | June 2021 (2 nd term) |

Division of Family Medicine

| | | | |
|-----------------|-----------------|-----------|-----------|
| Palliative Care | Dr. Harold Yuen | July 2016 | June 2021 |
|-----------------|-----------------|-----------|-----------|

DOCUMENTS APPROVED BY THE MEDICAL ADVISORY COMMITTEE

Drugs & Therapeutics Recommendations: 44

Medical Directives: 15

Order Sets: 49

Policies & Procedures: 4

Miscellaneous:

- Antimicrobial Prophylaxis for Surgery in Adults - Antimicrobial Stewardship Program (AMSP) Guidelines
- Baxter Spectrum Pumps
- Delegation of Transvaginal Ultrasound
- Direct Oral Anticoagulants Quick Reference- Guideline for Use
- Guideline for Management of Dual Antiplatelet Therapy (DAPT) Post-PCI in Patients who are Already on Oral Anticoagulation (OAC) for the Treatment of Atrial Fibrillation
- Infection Control Committee Terms of Reference
- Medical Advisory Committee Terms of Reference
- Medical Human Resources Plan 2016-18
- Surgery Procedure Bleeding Risk Classification and Post Procedure Anticoagulation Guideline

PHYSICIAN RECRUITMENT

Medical Manpower Requests (Form As)

The following Medical Manpower Requests were approved by MAC for 2015/16:

- Additional Adult General Psychiatrist (2)
- Additional Anesthesiologist
- Additional Medical Oncologist
- Additional Midwife
- Additional Orthopaedic Surgeon
- Additional Radiation Oncologists (2)
- Additional and Replacement GIM-Hospitalists (2)
- Replacement Thoracic Surgeon

Medical Manpower Requests (Form B) - Two Additional Radiation Oncologists

Two positions that have been granted through the Ministry of Health and Cancer Care Ontario. MAC members agreed a retrospective position impact analysis be conducted one year after the Radiation Oncologists are here to verify the original PIA was correct.

Active Search & Selection Process for the Following:

- Adult Psychiatrist
- Anesthesiologist
- Child & Adolescent Psychiatrist
- Geriatrician
- GIM-Hospitalist
- General Surgeon with Oncology focus
- Medical Oncologist
- Physician Leader, Regional Cancer Program

SELECTION COMMITTEE RECOMMENDATIONS

The following Selection Committees occurred between the end of June 2015 to May 2016:

Adult Psychiatrist Selection Committee (November 4th, 2015)
Adult Psychiatrist Selection Committee (December 9th, 2015)
Anesthesiologist Selection Committee (November 11, 2015)
Emergency Physician Selection Committee (February 22nd, 2016)
Infectious Diseases Selection Committee (September 17th, 2015)
GIM-Hospitalist Selection Committee (April 26th, 2016)
Midwife Selection Committee (October 21st, 2015)
Orthopaedic Surgeon Selection Committee (December 3, 2015)
Otolaryngologist Selection Committee Update (March 14th, 2016)
Pediatrician Selection Committees (February 11th, 2016)
Radiation Oncologists Selection Committee (March 28th & 29th, 2016)
Thoracic Surgeon Selection Committee (April 27th, 2016)

LEADERSHIP CHANGES

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|--|-------------------------|
| Chief of Anesthesiology Selection Committee (November 23, 2015) | Dr. Robert Smyth |
| Chief of Psychiatry Selection Committee (May 5 th , 2016) | Dr. Mahdi Memarpour |
| Chief of Surgery Selection Committee (October 29 th , 2015) | Dr. Morrie Liquornik |
| Deputy Chief, Department of Anesthesia | Dr. Glen Hanna |
| Deputy Chief, Department of Emergency Medicine | Dr. Gaurav Puri |
| Interim Chief of Anesthesiology (September 1 st , 2015) | Dr. Robert Smyth |
| Division Head, Thoracic Surgery Selection by Division | Dr. Salvatore Privitera |
| Division Head, Urology Selection by Division | Dr. Jerome Green |
| Physician Leader, Surgical Program Selection Committee (Sep 9/15) | Dr. Julius Toth |

LOSS OF MEDICAL STAFF

It is with great sadness that we share with you the passing of two of Southlake's valued team members.

Dr. Richard Bauset passed away unexpectedly on Friday November 20, 2015. Dr. Bauset joined Southlake in 2003 from Hopital Laval, Ste-Foy (Quebec), as one of the original three cardiovascular surgeons recruited to the Regional Cardiac Care Program. Most recently, Dr. Bauset worked as a Surgical Assistant with the Program.

Dr. Vivian Moir died instantly in a motor vehicle accident on Friday December 4, 2015. Dr. Moir was a member of the Active Medical Staff, Department of Family & Community Medicine 1988 to 2008. She had a family practice in Keswick.

MEDICAL STAFF CREDENTIALING

Southlake Regional Health Centre welcomes our new Associate Staff:

| | | |
|-----------------------|-----------|--|
| Dr. Jenna Ayeni | Associate | Surgery, Otolaryngology |
| Dr. Alexandra Bottas | Associate | Psychiatry, Adult Psychiatry |
| Dr. Jeffrey Chan | Associate | Emergency |
| Dr. Jeremy Cohen | Associate | Medicine, Cardiology (Non-invasive) |
| Dr. Nisha Fernandes | Associate | Medicine & CMR, GIM-Hospitalist |
| Dr. Xiaofeng Guo | Associate | Medicine & CMR, GIM-Hospitalist |
| Dr. Muhammad Khalid | Associate | Medicine, Infectious Disease Specialist |
| Dr. Houman Khosravani | Associate | Medicine & CMR, GIM-Hospitalist (full-time) |
| Ms. Victoria Malamant | Associate | OB/GYN & Paediatrics Midwifery & Newborn Care |
| Dr. Usman Moghal | Associate | Medicine, Neurology, Full-time Neurologist |
| Dr. Ilan Nachim | Associate | Family Med & Psychiatry (Accept referrals-rapid assessment addiction clinic) |
| Dr. Wayne Nates | Associate | Anesthesia |
| Dr. Allison Ransom | Associate | Family Medicine, Palliative Medicine |
| Dr. Arun Reginald | Associate | Surgery, Ophthalmology, Pediatric Ophthalmologist |
| Dr. Juan Soto | Associate | Family & Community Medicine (new Family Phys in Aurora) |
| Dr. David Walmsley | Associate | Surgery, Orthopaedic Surgery |

Courtesy Staff

(Active Staff appointment at another health care facility)

| | | |
|------------------------|----------|---|
| Dr. Shazia Ambreen | Courtesy | Family & Community Medicine (full-time at Stevenson) |
| Dr. David Crookston | Courtesy | Emergency Medicine |
| Dr. Gaurav Dhindsa | Courtesy | Family & Community Medicine |
| Ms. Kristina Hunter | Courtesy | Midwife, OBGYN, cross appointment to Paediatrics (NBC) |
| Dr. Noushin Khoshbakht | Courtesy | Obstetrics and Surgery, Gynecology (to assist in OR) |
| Dr. Albert Lau | Courtesy | Emergency |
| Dr. Norman Musewe | Courtesy | Paediatrics, (Pediatric Cardiologist – providing consult services & interpreting all pediatric cardiology investigations) |
| Dr. Adeel Sheikh | Courtesy | Surgery, Urology- Regional Call |
| Dr. Mohit Singla | Courtesy | Pediatrics (cardiologist)ECG,ECHO readings & occasional call |
| Dr. Gilbert Wu | Courtesy | Medicine, Cardiology- Regional Cardiac Program |

Changes in Status

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|-----------------------|---|
| Dr. Zishan Allibhai | Associate to Active Staff, Department of Medicine, Division of Radiation Oncology |
| Dr. Dan Campbell | Active to Courtesy Staff, Department of Surgery, cross-appointment to Surgical Assistants Division |
| Dr. Amy Fan-Lun | Associate to Active Staff, Department of Anesthesiology |
| Dr. Ozgur Sinan Demir | Associate to Active Staff, Department of Anesthesiology |
| Dr. Llewellyn Joseph | Active to Courtesy Staff, Department of Psychiatry |
| Dr. Mandana Kayedi | Associate to Active Staff, Department of Medicine and CMR, Division of Hospitalist Medicine |
| Dr. Darlene Lower | Associate to Courtesy Staff, Departments of Family Medicine & Surgery, Division of Surgical Assistants |
| Dr. Vincent Ho | Associate to Active Staff, Department of Emergency Medicine |
| Dr. Creighton Hui | Associate to Active Staff, Department of Emergency Medicine |
| Dr. Terence Ip | Associate to Active Staff, Department of Anesthesiology |
| Dr. Peter De Maio | Associate to Active Staff, Department of Diagnostic Imaging |
| Dr. Gaurav Puri | Associate to Active Staff, Department of Emergency Medicine |
| Dr. Rania Rabie | Active to Courtesy Staff, Department of Medicine, Gastroenterology (Hepatologist) By-Law 13.5.5(1)(d) providing as special clinical service to the Hospital. |
| Dr. Shawna Silver | Associate to Courtesy Staff with admitting privileges, Department of Pediatrics |
| Dr. Kaarina Tikkanen | Active to Courtesy Staff, Department of Family & Community Medicine |
| Ms. Kristen Wilkinson | Associate to Active Staff, Department of Obstetrics & Gynecology, Midwifery |

Changes in Privileges

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|-------------------------|--|
| Dr. Christopher Fortier | Courtesy Staff, Emergency Department: Addition of cross-appointment to the Department of Family & Community Medicine (Courtesy) |
| Dr. Norman Kalyniuk | Removal of cross-appointment to the Department of Complex Medical Rehabilitation. Remains active in Family & Community Medicine, Surgery, Division of Surgical Assistants, and Medicine for ALC designated beds. |
| Dr. Lucy Lu | Addition of GI Locum privileges beginning July 2016. Remains Locum in Hospitalist Medicine until November 2016. |
| Dr. Joseph Lee | Addition of Cardiology privileges for the purpose of providing occasional GP Hospitalist ward coverage to inpatients on CMR and Cardiology |
| Dr. Mohit Singla | Pediatric Cardiologist, Will be interpreting all pediatric cardiology investigations. |

Honourary Staff

Dr. Nancy Mellow Courtesy to Honourary Staff, Department of Family & Community Medicine

Dr. Mellow was appointed as Chief of Staff at Southlake Regional Health Centre in July 2004. She graduated from Medical School at the University of Toronto in 1983 and completed her Family Medicine Residency at Women's College Hospital. Dr. Mellow practiced in comprehensive family medicine for 18 years before focusing her practice in Palliative Medicine. Her commitment to leadership led to increasing involvement in the hospital at the regional level in the Regional Cancer Program, and the LHIN level as Lead Palliative Physician for CCO in CLHIN, and as Chair of the Hospice Palliative Care Transition Strategy Team.

During her tenure, Dr. Merrow was a passionate advocate for the advancement of interprofessional patient centered care and access to effective hospice palliative care. She led the implementation of the Family Medicine Residency Program at the Southlake Family Health Team, the inception of the Interprofessional Academic Advisory Council Southlake, the creation of a ten bed residential hospice for York Region on the hospital campus and the restructuring of Hospice Palliative Care across Central LHIN.

In 2013, Dr. Merrow accepted the position of Chief of Staff and Vice President of Medical Affairs at the Orillia Soldier's Memorial Hospital and moved to Courtesy Staff. In recognition of Dr. Merrow's contributions to Southlake, Dr. Nancy Merrow has been appointed to the Honourary Staff at Southlake Regional Health Centre.

Leaves of Absence

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|-------------------------|--|
| Dr. Lorna Adams, | Family Medicine & Surgery, Surgical Assistants (November 4 th , 2015 to May 4 th , 2016) |
| Dr. Bimpe Ayeni | Plastic Surgeon (May 2 nd , 2016 to June 30 th , 2016) |
| Dr. Giles Cruickshanks | Anesthesiology, (Sep 1/15-Dec 31/15) |
| Dr. Taryn Davids | Otolaryngologist (April 1 st , 2016 to September 1 st , 2016) |
| Dr. Llewellyn Joseph | Psychiatry, (Aug 25/15 to January 31 st , 2016) |
| Dr. Casey Knight | Surgery, Plastic Surgery January 1st, 2016 to May 20th, 2016 |
| Dr. Gurpreet Mand | Family Medicine, (Sep 1/15-Feb 29/15) |
| Dr. Byung Moon | Surgery, Cardiac Surgery, November 16 th , 2015 to June 30 th , 2016 |
| Dr. Rania Rabie | Medicine, Gastroenterology, (April 20 th , 2015 to March 26th, 2016) |
| Dr. Aziz Rajan | Pediatrics, October 19 th , 2015 to December 31 st , 2015 |
| Dr. Mahsa Safavi | Family & Community Medicine December 31st, 2015 to June 30th, 2016 |
| Dr. Mahesh Srivamadevan | Medicine, Cardiologist (December 12 th , 2015 to February 1 st , 2016) |
| Dr. Stephen Stokl | Psychiatrist (July 8 th , 2016 to August 31 st , 2016) |
| Dr. May-San Yee | Anesthesiologist (January 4 th , 2016 to July 3 rd , 2016) |

Resignations

Dr. Jacob Choi, Active Staff, Department of Surgery, Division of General Surgery, resigning as of April 30th, 2016.
Dr. Nisha Fernandes, Active Staff, Department of Medicine, GIM-Hospitalist as of April 30th, 2016.
Dr. David Kumar, Active Staff, Department of Medicine, GIM-Hospitalist effective June 30th, 2016.
Dr. Alex Lee, Active Staff, Department of Surgery, Division of Thoracic Surgery, as of December 18th, 2015.
Dr. Robert Williams, Department of Family & Community, as of February 25th, 2016.

CSPO RESTRICTIONS & SUSPENSION

(Details available through the College of Physicians and Surgeons' website www.CPSO.on.ca)

Dr. Creighton Hui, Active Staff, Emergency Medicine

Hospital privileges suspended from May 29th, 2016 at 12:01 am to October 28th, 2016 at 11:59 pm.

Dr. Anna Wojcicka, Department of Complex Medical Rehab

Hospital privileges suspended from February 17, 2016 at 11:59 pm to March 29th, 2016 at 11:59 pm.

Dr. Andrew Wojcicki, Department of Medicine

Hospital privileges suspended from February 22nd, 2016 11:59pm to April 25th, 2016 at 11:59pm.

The CPSO's Discipline Committee Order for Dr. Andrew Wojcicki is complete. He has retained a Clinical Supervisor for both his hospital and office-based practice in accordance with the Order.

Locum & Temporary Staff Appointments:

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|--|----|
| Department of Anaesthesia: | 11 |
| Department of Emergency Medicine: | 2 |
| Department of Family & Community Medicine: | 2 |
| Department of Laboratory Medicine: | 2 |
| Department of Medicine: | 26 |
| Department of OBGYN: | 1 |
| Department of Paediatrics: | 10 |
| Department of Surgery: | 16 |

Residents/Students:

| | |
|--|----|
| Department of Anaesthesia: | 12 |
| Department of Emergency Medicine: | 25 |
| Department of Family & Community Medicine: | 31 |
| Department of Laboratory Medicine: | 2 |
| Department of Medicine: | 43 |
| Department of OBGYN: | 17 |
| Department of Paediatrics: | 13 |
| Department of Psychiatry: | 2 |
| Department of Surgery: | 9 |

Observers:

| | |
|--|----|
| Department of Anaesthesia: | 9 |
| Department of Emergency Medicine: | 9 |
| Department of Family & Community Medicine: | 1 |
| Department of Laboratory Medicine: | 6 |
| Department of Medicine: | 23 |
| Department of Paediatrics: | 3 |
| Department of Psychiatry: | 1 |
| Department of Surgery: | 13 |

Medical Trainee Days for Fiscal Year (April 2015 to March 2016):

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|---|------|
| Q1- April 1, 2015 to June 30, 2015: | 1897 |
| Q2- July 1, 2015 to September 30, 2015: | 2288 |
| Q3- October 1, 2015 to December 31, 2015: | 2159 |
| Q4- January 1, 2016 to March 31 2016: | 2201 |
| Total MTD for fiscal year: | 8545 |

Respectfully submitted,

Dr. Steven Beatty
Chief of Staff & Chair of MAC