

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

Wednesday June 21st, 2017

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.

THANK YOU - DEPARTMENT CHIEFS

Dr. Erik Silmberg, Chief of Diagnostic Imaging for five years of service (July 2012-June 2017).

Dr. Genevieve Chang, Chief of OBGYN for three years of service (July 2014 – June 2017).

BLOOD TRANSFUSION POLICY

A blood transfusion module has been developed that is mandatory for all those staff who administer blood products including perfusionists, physicians, nurse practitioners, registered nurses and respiratory therapists. This is in keeping with the standards outlined in the Ontario Lab Accreditation. Chiefs and Physician Leaders requested more involvement with implementation of the two-draw blood policy as it effects clinical practice. A pilot process is being implemented on the units which will allow for physician feedback.

CHART DISCREPANCIES

The Health Records Committee brought forth issues regarding absence of consultations and useful discharge summaries and difficulties with completion rates of charts, deficient charts and coding turnaround times. The deficient chart numbers have improved significantly since 2012. The Medical Staff Office continues to send reminders and suspension warnings to medical staff in default. There are some “technical” issues for deficiencies that are system related rather than physician related. It is anticipated that the new Health Information System will automatically push to notify physicians the day a chart is assigned to them. Currently, it is up to the physician to check Portal on a regular basis for deficient charts.

	2012	2013	2014	2015	2016	2017 (Jan-May 8 th)
Highest	1164	1127	1273	1000	536	266
Lowest	513	433	429	337	103	135
Average	814	686	756	626	306	219

COHPA & PLEXXUS

Senior Members from COHPA & PLEXXUS joined MAC, AMC, and the Southlake Directors on March 20th to provide an overview of their partnership plans. MAC voiced their concerns about the inability to use the innovative procurement model with PLEXXUS. Southlake has become a leader in innovative procurement and considers support for research, innovation and quality outcomes essential components of an RFP. There were also concerns about price vs. quality in the products that are being sourced. Some products may cost more initially, however, superior clinical outcomes will reduce costs for future care. Post procurement analysis is also needed to ensure that the anticipated outcomes meet targets. COHPA is open to engaging physicians in their procurement processes and may create a committee to support the same. A recommendation from MAC was to include a patient representative during RFP processes in the future. At the May MAC meeting, MAC supported “in principle” that we move on with the merger between COHPA and Plexxus. Dr. Beatty reinforced the need for physician engagement during contract design. The specific concern of the MAC was the ability to keep existing contracts and renewals with those venders that were favourable.

CRITICAL INCIDENTS

Ms. J. Pike shared the 14 current Never Events for 2016/17 that are being investigated and the recommendations as a result of them. The important themes learned from these recommendations are the importance of the surgical safety checklist; empowering the team to speak up; a “sterile cockpit” and involvement of entire team; and being engaged.

ENTRANCE CLOSURE

The entrance door in the Shipping/Receiving area is closed to Southlake staff and physicians due to safety concerns. The swipe access has been removed and an electronic system set up with an intercom to allow for truck drivers to drop off shipments to the hospitals. Time trials were conducted and there was less than a minute difference using the South door by the pool or Main East Entrance. Concerns were voiced by MAC members that if it is a safety concern for staff, it is the same concern for the contractors that park in the spots by that door and therefore the contractor parking spots were moved elsewhere.

HIS UPDATE

The Boards of Directors for Southlake Regional Health Centre, Stevenson Memorial Hospital and Markham Stouffville Hospital have formally approved a partnership to share a Health Information System (HIS) among the three hospitals. Over the next year, Southlake will move from their current HIS to the Meditech’s system. By April 2018, all three hospitals will be using the same instance of Meditech’s Web EHR, enabling seamless sharing of patient records among all three hospitals. As of March 31, 2018, SRHC’s McKesson HCIS software will no longer be supported, prompting the need to change. Systems that are either part of the McKesson suite of products or interact exclusively with McKesson will longer function.

HOCC PAYMENTS & HST

It is not anticipated that Southlake will be responsible for HST payments to physicians who are in non-administrative positions, and would be paying HST based solely on their non-zero rated activities. This would include HOCC payments. Southlake is not the payer of HOCC, and is merely a conduit for that funding stream.

KPMG OPERATIONAL REVIEW

The KPMG Operational Review is to develop an action plan for long-term growth and sustainability, which will help identify opportunities for growth, find new efficiencies and ensure that our service delivery meets the needs of our patients. The Steering Committee includes AMC members, Directors and Physicians. The review had multiple recommendations. The discussion about which to consider implementing will be rolled out.

LEADERSHIP ENGAGEMENT DAYS

There is need for a forum for the entire senior leadership team – Directors, Physician Leaders, Physician Chiefs and AMC to engage on corporate strategic matters. A proposal has been brought forward to have four strategic planning days planned yearly to assist with the engagement of the entire senior leadership team. It is anticipated that these meetings will occur during the third week of the month.

LIFE OR LIMB POLICY

The Life or Limb Policy involves a hospital calling into Criticall and being referred to the closest hospital and consultant that can provide the life-saving intervention regardless of having a bed. Over the past year, there have been two cases where the consultant taking the call for Life or Limb connected with the CSM and were told we have no beds. Physicians are reminded that when they receive a call that they deem is “life or limb”, that the call to the CSMs is to arrange for a bed for the patient. The two caveats are:

1. The consultant at our end must confirm that this is in fact a life or limb case;
2. If the case is an ICU case and we are already in minor surge (and we can't reasonably assist the referring hospital) it is appropriate to decline the transfer while still offering a consultation to the referring physician.

MEDICAL ASSISTANCE IN DYING (MAID)

With the proposed federal legislation (Bill C-14), patients who meet the eligibility criteria can now access medical assistance in dying without needing court approval. The Provincial government will now draft legislation for Ontario and the Ministry of Health and Long Term Care will develop regulations to support the practice in line with the federal Bill C-14. The College of Nurses of Ontario and the Ontario College of Pharmacists have revised their restrictions on participation and will allow Nurse Practitioners and Pharmacists to collaborate and support the MAID process. The MAID task force has been preparing a policy and procedure for medical assistance in dying. At this time, MAC and the Board of Directors have not made a decision as to whether Southlake will participate in MAID. MAC approved the Medical Assistance in Dying Policy. Physicians are free to choose whether they wish to participate in the MAID process or not according to their level of comfort.

MEDICAL STAFF EXECUTIVE TERMS OF REFERENCE

The terms of reference for the Medical Staff Executive have been altered such that the requirement for a one-year absence between the five-year terms has been removed. The Officer may choose to do an additional five-year term if nominated by members of the Medical Staff and approved by the General Medical Staff at their annual meeting. The rule is now consistent with the terms for the Chiefs and Physician Leaders.

MEDWORXX

MAC received a brief overview of the Medworxx patient flow platform. It provides real-time data detailing the reasons for barriers to and delays in care transitions for every patient, every day. Although the hospital ED admission rates have dropped, patient volumes and length of stay have increased. Physicians are being encouraged to use the tool on a regular basis to assist with patient discharges. Currently Cardiac, Medicine, Mental Health and Surgery are using Medworxx.

OBS ALERT

In an attempt to maintain congruency amongst hospitals, the Ontario Hospital Association has recommended changing “Code Silver” to an emergency code for a person with a weapon. Currently, Code Silver at Southlake represents an emergency code for an obstetrical emergency. Southlake will move to calling the old Code Silver an “OBS Alert”.

OVERCAPACITY ISSUE

Southlake has been above bed capacity for the past several months. Hospital in-patient volumes remain high. The Central LHIN is aware that we are averaging 60-70 ALC patients per day. The LHIN has provided CCAC with \$38 M over the past two years for transitioning of patient care, however, hiring nursing staff for this area is difficult. CCAC has been assumed by the CLHIN this month. An arrangement is pending that would allow for placement of 30 ALC patients at the former York-Finch hospital site.

PATIENT LABEL MODIFICATION

Ms. B. Stanek, Health Information Manager, sought the advice of the MAC about adding the primary care provider’s name to patient labels. MAC was in agreement as this quality initiative as it will alleviate some confusion when medical staff are dictating notes and are uncertain of who the primary care provider is.

PATIENT SAFETY INCIDENT MANAGEMENT SYSTEM TRAINING

M. J. Pike, Director of Quality & Risk gave an overview of the Patient Safety Management System. Roles were described for managing the incidents and she also identified the steps required to lead Quality of Care reviews for designated incidents. Reporting, investigating and completing a review of patients and visitors that have safety or risk concerns which result or could result in harm to patients and visitors is the responsibility of the Chiefs and Physicians Leaders. Ms. Pike also went through the Patient Safety Critical Incident Checklist and new Patient Safety Never Events (CPSI).

QUALITY IMPROVEMENT PLAN

Ms. Julie Pike presented the draft 2017/18 Quality Improvement Plan to the Medical Advisory Committee. The 15 Health Quality Ontario (HQP) priority indicators and Southlake additional indicators were provided to the group. It was noted that many of the Choosing Wisely recommendations apply to the Quality Improvement Plan. MAC supports these initiatives including Choosing Wisely.

REPATRIATION & CRITICAL

Many of the downtown hospitals are repatriating our patients even though there may be secondary services aside from the basic medical care required that Southlake is not able to provide and thus not ensuring optimal patient care is delivered within our existing resources. A group headed by Dr. Ramakrishnan that includes Dr. Beatty and Dr. Sullivan, managers, nursing, social workers, RTs and physiotherapists will produce a document to assist the assessment of services and suitability of requested repatriations.

RULES & REGULATIONS: 20.1.7 CHIEFS OF DEPARTMENT

The Medical Staff Rules & Regulations have been altered where in instances whereby only one internal candidate comes forward for the position of Department Chief and this candidate has been reviewed by the Search Committee and deemed to be an appropriate candidate to proceed forward, the formal interview process may be replaced with an electronic e-vote to all members of the Selection Committee. A closed voting process will take place and individual e-votes recorded in confidence by Medical Administration. Process and closed vote results will be presented at the next Medical Advisory Committee meeting.

SELF SERVICE RESET PASSWORD

Southlake will join "Connecting Ontario", a provincial-level data sharing initiative where information from all hospital systems feed into one repository. Our future Health Information System collaborations require additional steps to authenticate the identity of our staff and physicians when resetting passwords, which is why it is mandatory for ALL staff to enroll in the Self Service Reset Password tool (SSRP).

SOUTHLAKE EMAIL ADDRESSES FOR ACTIVE STAFF

It has become common practice to share patient information through email and as such it should be communicated through Southlake email to keep within the privacy regulations. Many medical staff have been using non-Southlake email as their primary means of contact. Using hotmail, gmail and other non-encrypted email addresses to discuss Southlake patients or business is a breach of our privacy and email policies. HIROC (the hospital insurer) has informed us that internet risk management has become their #1 concern. The most common ways for hackers to access private hospital information are USB keys and allowing clinicians to their use private email addresses for patient information and hospital business. MAC has moved that Medical Staff in leadership positions are enforced to use Southlake email for all Southlake business. The Medical Staff Rules & Regulations will be revised as such. Some Chiefs have had their department members do the same.

STAFF SAFETY PENDANTS

The effectiveness of the various versions of staff safety pendants was concerning due to the number of inadvertent pushes. Since July 2015, the Staff Safety Steering Committee has worked on reducing the number of inadvertent pushes and we are now at version 5 which has had significant results. The transition to version 5 of the pendants for staff is almost complete. Chiefs and Physician Leaders received their Code White Safety pendants (Version 5) at the November MAC meeting. The Medical Administration Office has begun a roll out of the pendants by department to all medical staff.

2017-18 MEDICAL LEADERSHIP

The Medical Advisory Committee approved the list of 2017/18 Medical Staff Executive, Chiefs and Division Heads as below:

Medical Staff Executive:

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

Clinical Chiefs:

Department of Anesthesiology	Dr. Robert Smyth
Department of Complex Medical Rehabilitation	Dr. David Srouf
Department of Diagnostic Imaging	Dr. Raymond Chan
Department of Emergency Medicine	Dr. Marko Duic
Department of Family & Community Medicine	Dr. Paul Cantarutti
Department of Laboratory Medicine	Dr. Charles Ye
Department of Medicine	Dr. Shahzad Qureshi
Department of Obstetrics	Dr. Kristina Dervaitis
Department of Paediatrics	Dr. Charmaine van Schaik
Department of Psychiatry	Dr. Mahdi Memarpour
Department of Surgery	Dr. Morrie Liquornik

Clinical Division Heads (Surgery):

Division of Cardiac Surgery	Dr. Charles Peniston
Division of Dentistry	Dr. K. Ford Moore
Division of General Surgery	Dr. Shea Chia
Division of Gynaecology	Dr. Kristina Dervaitis
Division of Ophthalmology	Dr. Eugene Liu
Division of Otolaryngology	Dr. Taryn Davids
Division of Orthopaedic Surgery	Dr. Cleo Rogakou
Division of Plastic Surgery	Dr. Casey Knight
Division of Surgical Assistants	Dr. Tim Barbetta
Division of Thoracic Surgery	Dr. Salvatore Privitera
Division of Urology	Dr. Jerome Green
Division of Vascular Surgery	Dr. Alan Lossing

Clinical Division Heads (Medicine):

Division of Cardiology	Dr. Remo Zadra
Division of Endocrinology	Dr. Sunil Juta
Division of Gastroenterology	Dr. Brian Stotland
Division of Hospitalist Medicine	Dr. Shahzad Qureshi
Division of Oncology	Dr. Peter Anglin
Division of Respiriology	Dr. Moiz Zafar
Division of Rheumatology	Dr. Carter Thorne

Clinical Division Heads (Family Medicine):

Division of Palliative Medicine	Dr. Harold Yuen
---------------------------------	-----------------

Head Midwife

Ms. Amanda Sorbara

DOCUMENTS APPROVED BY THE MEDICAL ADVISORY COMMITTEE

Drugs & Therapeutics Committee Recommendations: 50

Order Sets: 48

Medical Directives: 34

Policies & Procedures: 8

Medical Safety Committee Recommendations: 3

Miscellaneous:

- 2016/17 MAC Terms of Reference
- 2017/18 Medical Human Resources Plan
- 2017/18 Medical Staff Committees Reference List
- Anesthesia Assistant Practice Agreement
- Anesthesia Assistant Practice - Initiation of
- Delegation of Nasopharyngeal Endoscopy to Certified Speech Language Pathologists
- Physician Navigator Declaration (revised)
- Screening of Patients for Antibiotic Resistant Organisms (AROs)
- Transfer of Patients – Interfacility
- Vitamin K (Phytonadione) for Neonates - Administration of

PHYSICIAN RECRUITMENT

Medical Manpower Requests (Form As)

The following Medical Manpower Requests were approved by MAC for 2016/17:

- Additional & Replacement Anesthesiologist
- Additional Cardiologist
- Additional Palliative Physician
- Additional Rheumatologist
- Replacement GIM-Hospitalists
- Replacement Oral Surgeon

Active Search & Selection Process for the Following: Adult Psychiatrist; Anesthesiologist (2); Geriatrician; GIM-Hospitalist; and Rheumatologist.

SELECTION COMMITTEE RECOMMENDATIONS

The following Selection Committees occurred between the end of June 2016 to May 2017:

- GIM-Hospitalist Selection Committee - May 31, 2016
- General Surgeon Selection Committee - June 16th, 2016
- Medical Oncology Selection Committee - June 23rd, 2016
- Emergency Medicine Physicians Selection Committee – September 26th, 2016
- Child & Adolescent Psychiatrist Selection Committee – September 27th, 2016
- Oral & Maxillofacial Surgeon Selection Committee – November 3rd, 2016
- Cardiac Intensivist Selection Committee - May 11th, 2017

LEADERSHIP CHANGES

- Chief of Diagnostic Imaging Selection Committee (April 2017) Dr. Raymond Chan
- Chief of Obstetrics Selection Committee (April 2017) Dr. Kristina Dervaitis
- Head, Division of Plastic Surgery Selection Committee (April 2017) Dr. Casey Knight

MEDICAL STAFF CREDENTIALING

Southlake Regional Health Centre welcomes our new Associate Staff:

Dr. Navneet Binopal	Pediatrics
Dr. Tatiana Conrad	Medicine, Oncology - full-time Radiation Oncologist
Dr. Amgad El-Sherif	Surgery, Thoracic Surgery
Dr. Adam Enchin	Psychiatry, Child & Adolescent Psychiatrist
Dr. Karen Enriquez	Family & Community Medicine
Dr. Atoosa Enzevaei	Medicine & CMR, Hospital Medicine - GIM-Hospitalist
Dr. Claudia Garcia-Gelvez	Pediatrics, Neonatology
Dr. Yevgeniya Haggith	Psychiatry, Adult Psychiatry
Dr. Michael Hill	Pediatrics
Dr. Yida Jiang	Family & Community Medicine
Dr. Rupinder Johal	Psychiatry, Adult Psychiatrist
Dr. Shaqil Kassam	Medicine, Medical Oncology
Dr. Adrienne Lebner	Family & Com Med & CMR for Palliative bed, Palliative Care
Dr. Albert Lau	Emergency Medicine
Dr. Deborah Leung	Psychiatry, Child & Adolescent Psychiatry
Dr. Ian Mak	Emergency Medicine
Dr. Mozhddeh Mottaghian	Family & Community Medicine and Psychiatry
Dr. Rosemary Northcott	Surgery, Cardiac Surgical Assistant
Dr. Alim Punja	Anesthesia
Dr. Leeor Sommer	Emergency Medicine
Dr. Brian Wong	Surgery, Dentistry
Dr. Meijian Zhao	Pediatrics

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

Dr. Akshay Bagai	Medicine, Cardiology
Dr. Aaron Beder	Surgery, Vascular Surgery- occasional call coverage
Dr. Chris Buller	Medicine, Cardiology
Dr. Grace Chua	Medicine, Cardiology- Regional Cardiac Program
Dr. Hollie Citynski	Psychiatry, Adult Psychiatry
Dr. Luis Figueroa	Surgery, Vascular Surgery- occasional call coverage
Dr. Caroline Geenen	Medicine, Cardiology-Regional Cardiac Program
Dr. John Graham	Medicine, Cardiology/ PCI (provide occasional PCI call)
Dr. Kerry Graybiel	Surgery, Vascular Surgery- occasional call coverage
Dr. Steve Kim	Surgery, Urology
Dr. Michael Li	Emergency Medicine
Dr. Florence Morriello	Medicine,
Dr. Bahareh Motlagh	Medicine, Cardiology-Regional Cardiac Program
Dr. Ajai Pasricha	Medicine, Cardiology- Regional Cardiac Program
Dr. Afsaneh Pourdowlat	Medicine, Cardiology- Regional Cardiac Program
Ms. Holly Ryans	OBGYN & Paediatrics, Midwifery & Newborn care
Dr. Tharsan Sivakumar	Medicine & CMR, Hospital Medicine - occasional call, inpatient medicine coverage
Dr. Tara Teshima	Surgery, Plastic Surgery-regional call (MSH full-time)
Dr. Opehlia Yeboah	Medicine, Cardiology-Regional Cardiac Program

Changes in Status

Dr. A. Andrews-Alexander	Associate to Active Staff, Dept of Family & Community Medicine and Department of Psychiatry
Dr. Graham Black	Active to Courtesy Staff (with admitting privileges for call), Department of Pediatrics
Dr. Jeremy Cohen	Associate to Active Staff, Department of Medicine, Division of Cardiology
Dr. Kenneth Craddock	Associate to Active Staff/ Department of Laboratory Medicine
Dr. Xiaofeng Guo	Associate to Active Staff, Depts Medicine & CMR (CCC designated beds), Hospitalist Medicine
Dr. Yevgeniya Haggith	Associate to Community Staff, Department of Psychiatry
Dr. Laura Hendrick	Associate to Active Staff/ Department of Family & Community Medicine
Dr. Talvi Hess	Associate to Active Staff/ Department of Medicine/ Division of Cardiology
Ms. Victoria Malamant	Associate to Active Staff, Department of Obstetrics & Gynecology, Division of Midwifery
Dr. Usman Moghal	Associate to Active Staff, Department of Medicine, Neurology
Dr. Juan Soto Molina	Associate to Active Staff, Department of Family & Community Medicine
Dr. Wayne Nates	Associate to Active Staff, Department of Anesthesia
Dr. Stacy O'Blenes	Associate to Active Staff/ Department of Surgery/ Division of Cardiac Surgery
Dr. Mehdi Rahimi-Darabad	Associate to Active Staff/ Department of Surgery/ Division of General Surgery
Dr. Aziza Rajan	Active to Courtesy Staff (with admitting privileges), Department of Pediatrics
Dr. Amira Rana	Associate to Active Staff/ Dept of Medicine/ Division of Oncology (Medical Oncology)
Dr. Robina Rana	Associate to Active Staff/ Department of Medicine/ Division of Endocrinology
Dr. Allison Ransom	Associate to Active Staff/ Department of Family & Community Medicine
Dr. Saghi Salehi-Baidokhti	Associate to Active Staff/ Department of Family & Community Medicine
Ms. Veronika Schubert	Associate to Active Staff, Depts of OBGYN (Midwifery Staff), & Paediatrics/Newborn Care
Dr. William Skala	Active to Courtesy Staff, Department of Anesthesia (Effective July 1/17)
Dr. Navneet Toor	Associate to Active Staff/ Department of Family & Community Medicine
Dr. Rhea Uy	Associate to Active Staff/ Department of Family & Community Medicine
Dr. Hannah Wu	Associate to Active Staff/ Department of Laboratory Medicine

Dual Active Staff

Dr. Barry Nathanson	Active Staff at Southlake. Presently the Chief of Staff at Stevenson Memorial and they have appointed him to their Active Staff to meet their own By-Laws as all Chiefs must be members of the Active Staff.
---------------------	--

Changes in Privileges

Dr. Christopher Fortier	Removal of Emergency Medicine privileges and remains Courtesy Staff in the Department of Family & Community Medicine
Dr. Alisha Kassam	Addition of cross appointment to the Department of Family & Community Medicine, Division of Palliative Care, and to the Department of Complex Medical Rehabilitation (Palliative Beds)
Dr. Alona Kuzmina	Remove GP-OB privilege "Vacuum extraction (with supervision)"
Dr. Les Landecker	Removal of cataract surgical privileges and on call requirements (remaining on Active Staff practising in his community office)
Dr. Scott Windsor	Cross-appointment to the Department of Surgery/ Division of Surgical Assistants

Change in GP-OB Privilege list

Remove:

1. Outlet forceps (with supervision)
2. Vacuum extraction (with supervision)
3. The above 2 items (without supervision) remain grandfathered in for one Medical Staff member, Dr. Tim Nicholas

Honourary Staff - Dr. Donald Stevens, Department of Pediatrics

Dr. Stevens joined the Medical Staff at York County Hospital in 1964 as our first Pediatrician. He was instrumental in implementing our Level 2 Nursery. After 52 years of service, MAC has recommended to the Board of Directors that Dr. Donald Stevens join the Honourary Staff at Southlake Regional Health Centre. This approval is going forth at the December 8th Board of Directors meeting.

Chose Not to Reapply for 2017 Privileges:

Dr. Shahira Boulos from Active Staff, Department of Family & Community Medicine
Dr. Holly Citynski from Courtesy Staff, Department of Psychiatry (Adult Psychiatrist)
Dr. Jasvinder Dhillon from Courtesy Staff, Department of Paediatrics
Dr. Caroline Geenen from Courtesy Staff, Department of Medicine, Cardiology (Regional Cardiac Program)
Dr. Ewan Goligher from Courtesy Staff, Department of Medicine, Division of Hospital Medicine
Dr. N. Khoshbakht from Courtesy Staff, Department of OBGYN & Surgery, Division of Gynecology
Dr. Liesbet Jansen from Courtesy Staff, Department of Family & Community Medicine
Dr. Yida Jiang from Associate Staff, Department of Family & Community Medicine
Dr. Adam Lenny from Courtesy Staff, Department of Emergency Medicine
Dr. M.A. Manuel from Courtesy Staff, Department of Medicine (Nephrologist)-retired office practice
Dr. Mohamed Peera from Courtesy Staff, Department of Emergency Medicine
Dr. Shawna Silver from Courtesy Staff, Department of Paediatrics
Dr. David Wong from Active Staff, Department of Family & Community Medicine
Dr. Gilbert Wu from Courtesy Staff, Department of Medicine, Division of Cardiology (patient records only)
Dr. Cholemkeril Thomas from Courtesy Staff, Department of Emergency Medicine

Resignations

Dr. Norma Carter, Department of Family & Community Medicine, as of October 1st, 2016
Dr. Timothy Cerskus, from the Department of Emergency Medicine, as of November 30th, 2016
Dr. Parham Davoudpour, Department of Emergency Medicine, effective October 31st, 2016
Dr. Stephen Flindall, Department of Emergency Medicine Physician, effective October 31st, 2016
Dr. Chris Fortier, Department of Emergency Medicine Physician, effective October 31st, 2016
Dr. Kashif Pirzada, from the Department of Emergency Medicine, as of November 30th, 2016.
Dr. Anthony Smart, Department of Surgery, Division of Dentistry, effective October 31st, 2016
Dr. Kathryn Towns, Medical Oncologist, effective April 1st, 2017
Dr. Norma Yoneyama, from the Department of Family & Community Medicine, as of June 15th, 2017

Locum & Temporary Staff Appointments:

Department of Anaesthesia: 10
Department of Emergency Medicine: 2
Department of Diagnostic Imaging: 1
Department of Laboratory Medicine: 2
Department of Medicine & CMR: 29
Department of OBGYN: 4
Department of Paediatrics: 6
Department of Surgery: 16

Residents/Students:

Department of Anaesthesia: 18
Department of Emergency Medicine: 40
Department of Family & Community Medicine: 14
Department of Medicine: 53
Department of OBGYN: 22
Department of Paediatrics: 13
Department of Psychiatry: 1
Department of Surgery: 9

Respectfully submitted,

Dr. Steven Beatty
Chief of Staff & Chair of MAC