

**Stevenson Memorial Hospital**  
**Report of the Interim Chief of Staff to the Annual General Meeting**  
**June 18, 2013**

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**Temporary privileges** – The use of the Temporary category of privileges was reviewed by the Medical Advisory Committee (MAC). The Chiefs of Services reviewed the list of physicians with Temporary privileges and made recommendations as to which category of privilege each physician should be credentialed in.

**Deputy Chief of Emergency** – Dr. O. Ramirez, Chief of Emergency Department, is working on the specifics of how a deputy position could benefit the functioning of the department.

**Terms of Reference for MAC** – The Terms of Reference were brought forward for annual review. The “Chair breaks the tie” option was removed from the Terms of Reference as it affects the neutrality of the Chair’s role

**Bylaw Update** - The Professional Staff Bylaws underwent a routine review and update. The changes to the Bylaws were approved by the Medical Advisory Committee. The Board Governance Committee will review the Bylaw, and make subsequent recommendations to the Board.

**Clinical Integration Workplan** – Dr. Trevor Hunt resigned as the former interim Chief of Staff at Stevenson Memorial Hospital (SMH) and Dr. Nancy Merrow accepted the position as Interim Chief of Staff. Dr. Merrow along with Annette Jones, President & CEO, created a draft framework on a clinical integration between Stevenson Memorial Hospital and Southlake Regional Health Centre as requested by both Boards.

The framework was approved by the Medical Advisory Committees at Stevenson Memorial Hospital and Southlake Regional Health Centre (SRHC). Dr. Merrow and Annette Jones met with the Department Chiefs, Physician Leaders, and Division Heads to discuss success factors for the integration and prepared a report for both Boards with their findings.

In order for the clinical services to work together, a variety of processes will have to be put in place depending on the service. At least four levels of possible integration and collaboration were revealed.

**Use of Anesthesia Record** - An Anesthetic Care Record was developed for use in the Operating Room and Emergency Department.

**Resignation of the Chief of Surgery**- Dr. M. Keshoofy resigned as Chief of Surgery. The position was posted and a panel interview of 3 candidates held. Dr. Morrie Liquornik was the successful candidate and has accepted the position as Chief of Surgery.

**Three Hospitalist Model** – A 3 FTE (full-time equivalent) Hospitalist Model to provide long term ongoing coverage of the inpatient unit was presented. The model was approved by the Medical Advisory Committee and the Board of Directors. Moving forward with a 3-physician model, we are ensuring that daytime admissions will be seen by the on-call hospitalist, which is a support for the emergency room physicians and will allow them time to see more patients. The hospitalist will be responsible to care for the patient from the admission and for arranging expedient and informed follow up with the patients' family doctors. The hospitalist will also be available to follow up with patients within 48 - 72 hours if no other follow up is available or if the patient has no family doctor.

Hospitalist Program Rules and Regulations were developed and approved by the Medical Advisory Committee. This document will be integrated into the Professional Staff Rules and Regulations document.

**Physician Experience Survey Results** – An overview of the results of the Physician Experience Survey were shared. The members of MAC reviewed the data and suggested an action plan to address the top 2 or 3 areas for improvement.

**Foundation Campaign “It Takes You” Challenge to Medical Staff** – Dr. N. Merrow and Dr. S. Tomini, President of the Medical Staff, challenged each member of the Medical Advisory Committee to match their commitment to the Foundation's new campaign of one day's pay and an ongoing commitment per month for the next 2 years. The challenge was extended to all the Active and Associate Medical Staff.

**Quality Review for Diagnostic Imaging** – An external review of the Diagnostic Imaging Department was completed by David Walker, Director, Paramedical Services, from SRHC. The purpose of the review was to look at the quality of services and areas for improved efficiency. Mr. Walker's report was submitted to the Hospital's senior leadership and an action plan was developed.

**Medical Human Resource Planning** – A forward sorting analysis by patient residence was undertaken to look at surgical resource allocation within the hospital. Allocation of resources will be driven by the Strategic Plan. Operating Room and clinic time should be allocated so that 75% of the case mix is from the local catchment area.

A review of the Medical Human Resources Plan was completed in the fall. Orthopedics, Paediatrics and Urology were noted for exploration. The Medical Advisory Committee approved the recruitment of specialists to support the Orthopedic, Paediatric and Urology services at SMH.

**Enterprise Risk Management** – A recommendation from Accreditation Canada was to develop a comprehensive Enterprise Risk Management program. The Chiefs and Managers in each department identified sources of risk and developed action plans to mitigate the risk. Each risk was scored by severity and likeliness to happen delegated to the appropriate Committee/Manager.

**2013/14 Quality Improvement Plan (QIP)** – The draft QIP for 2013/14 was reviewed. The indicators were reviewed by the members of MAC and recommendations were made for the appropriate rating of each indicator.

**Disclosure** – A presentation was provided on disclosure and the challenges and responsibilities of disclosing sentinel events (a sentinel event is an adverse event that leads to death or major and enduring loss of function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or began, e.g. a client dies or is seriously harmed by a medication error).

**Resource Matching and Referral (RM&R)** – A presentation was provided by Community Care Access Centre CCAC on the RM & R referral process. Concerns and challenges with the process have been expressed. Physician engagement meetings have been arranged by CCAC to look at these concerns and possible solutions.

**Outstanding Deficiencies** – Health Information Services indicated that a large number of outstanding chart deficiencies were due to unsigned telephone or verbal orders. After surveying other organizations processes, a revision was made to the Medical Staff Rules and Regulations to indicate that Health Records will not flag a missing signature or hold charts as deficient if the documentation remains unsigned on discharge.

**DO NOT USE Abbreviations and Audit** – An audit on the use of dangerous abbreviations was completed as a recommendation from Accreditation. The findings show that some of these abbreviations are still being used throughout the hospital. Further education will be provided to address this issue.

**Chief of Service/Physician Leader 360 Reviews** – In response to the Accreditation Canada survey, a process for performance planning for Chiefs of Service was introduced. A survey was sent out to designated reviewers for each Chief/Physician Leader. The results were correlated and used when looking at performance planning. Each Chief will have a performance plan based on the Hospital Strategic Goals, and exigencies in their respective departments.

**Access to Cardiac Imaging Services** – The Alliston Family Health Team located at the Windsor Health Centre has recently introduced cardiac services through the PACE (Partners in Advanced Cardiac Evaluation) group. This has caused some competition for current hospital services and referrals. A one month trial was undertaken; Hospital inpatient services were contacted first for consultation. If a timely referral could not be provided, the PACE group would be contacted for consultation.

**Doctor's Day** – The Hospital celebrated provincial Doctor's Day on May 1<sup>st</sup>, 2013 in addition to the annual Community Physician Appreciation Day on Monday May 27<sup>th</sup>, 2013.

### **Transfer of Care**

A memo was sent to all Medical Staff as a reminder SMH is under no obligation to transfer patients to Southlake, alternately, Southlake is under no obligation to accept patients from SMH. The Management Services Agreement (MSA) does not encompass clinical services or transfers of care. Each case is managed on its own merits according to patient need and available resources.

### **Physician Benefit Cost**

The benefit package provided to the physicians by the Hospital will be reviewed to determine criteria of eligibility.

### **Destination Protocols**

Development of local destination protocols is currently under discussion with Simcoe EMS (Emergency Medical Services). This is a process that other LHINs have used to streamline patient ambulance transfers to the hospital where the service they need is available. It requires a high level of collaboration among many partners and multiple meetings are planned to move this initiative forward.

### **Summary**

The Medical Advisory Committee has considered and made recommendations to the Board on many significant matters this year. We are fortunate to enjoy a very strong relationship between the Board, the Administration and the Medical Staff at Stevenson. I would like to commend Mr. John Swinden, Board Chair for setting the tone and for his unwavering commitment and dedication to the hospital and the community we serve. Further, to Dr. Tomini as the President of the Medical Staff, his leadership will stand the physicians in very good stead as we face the future together. The Chiefs of Service are maintaining a strong focus on appropriate medical human resources and resource allocation to advance the needs of the specific patient populations they serve respectively. It has been my privilege to contribute to the organization in an Interim capacity over the last several months. I look forward to assisting the Board in developing a succession plan for medical leadership that will strengthen the local medical community and their ability to continue to support the hospital in their mutual goals to provide the best care available to the people of Alliston and surrounding areas.

Respectfully submitted,



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Interim Chief of Staff