

Medical Organizational Issues

New Eastern Regional Integrated Health Authority

Meeting Notes

February 9, 2005

This meeting was held by teleconference, starting at 11:00 a.m. on Wednesday, Feb 9, 2005.

Present:

Peninsulas Board

Burin Site: Dr. Justice Arthur, Chief of Staff
Dr. Jose De Andres Oterino, President of Medical Staff

Clarenville Site: Dr. Kevin Beamont, Medical Director, Peninsulas Health Care Board
Dr. Ejaz Ghuman, Chief of Staff
Dr. Veeragathy Vasanthan, Representative of Medical Staff Organization

Avalon Health Care Institutions Board

Dr. Gary Baker, Medical Director
Dr. Pierre Du Plessis, Senior Physician
Dr. Bob Randell, Senior Physician

Regrets from Dr. Bob Bartlett, President of Medical Staff Association who was ill

Long-Term Care Board, St. John's

Dr. Vinod Patel, Medical Director
Dr. Patrick O'Shea, Chair of MAC

Health Care Corporation of St. John's

Dr. Nebojsa (Nash) Denic, President of Medical Staff Association
Dr. Lucinda Whitman, Chair of MAC
Dr. Bob Williams, Vice President – Medical Services

- Dr. Williams gave an overview of the background to the meeting and the request from Mr. George Tilley, newly appointed President and CEO of the Eastern Regional Integrated Health Authority, to have some discussions with the physician leaders with respect to issues of credentialing / MAC and medical staff organizations.
- A round-table discussion ensued with Dr. Williams asking each of the sites to give an overview of their views on the situation.

Peninsulas Health Care Board

- Dr. Justice Arthur said that for the Peninsulas' area they have a local district Medical Advisory Committees that deals with local issues at the Burin or Clarenville sites as well as credentialing. There is a regional Medical Advisory Committee covering both hospital sites. Dr. Arthur advised that each of the local Medical Advisory Committees do their own credentialing, deal with issues such as leave and locums, etc., which are done locally.

- Representatives of the regional Medical Advisory Committee attend all Board meetings. These representatives include the Medical Director, both Chiefs of Staff at Burin and Clarenville, as well as the Presidents of the Medical Staff at both sites. Dr. Oterino from the Burin site agreed with the above assessment and a need to continue in future along those lines.
- Dr. Beamont said there is a need to blend the recruitment and credentialing process and, in fact, they have to be linked and done within the same area.
- Dr. Ghumman, who is the Chief of Staff of Clarenville, outlined the same approach as Dr. Arthur and elaborated on the make up of the regional Medical Advisory Committee. This committee is composed of the two Chiefs of Staff of the Burin and Clarneville Sites, as well as the two Medical Staff Presidents of both Sites, a physician representative from Bonavista, a physician representative from Grand Bank, and the CEO. As outlined earlier, the two Chiefs of Staff and two Medical Staff Presidents attend board meetings.
- Dr. Ghumman advised that credentialing and local medical issues are dealt with at the district Medical Advisory Committee and that the Regional Medical Advisory Committee deals with regional issues and reports from a number of committees including Pharmacy & Therapeutics and Infection Control. Again, the same sentiments were expressed by the Clarenville Representatives as those at Burin.

Avalon Health Care Board

- Dr. Baker gave an overview on the Board situation. That Board has one regional Medical Advisory Committee and no local Medical Advisory Committees. That Committee receives reports from Credentials, Infection Control, Pharmacy & Therapeutics, etc., and is chaired by the Medical Director. The CEO, Director of Nursing, President of Medical Staff, and clinical leaders in the various areas and programs attend. This committee meets on regular basis and provides input to the Board.
- It was felt by Dr. Baker and the other participants from Avalon that this type of approach needs to be kept in place and that a medical administrative person is needed in each region to link with the Vice President for the Eastern Regional Integrated Health Authority.
- The two Medical Staff Associations in Burin and Clarenville, as well at the Medical Staff Association at Avalon, meet four times per year.
- The President of the Medical Staff Association attends Board meetings and also sits on the MAC in the Avalon Region.

Long-Term Care Board

- Dr. O'Shea gave an overview of the situation with Long-Term Care in St. John's. There are 14 General Practitioners providing services at six nursing homes to 1000 patients. They have a combined Medical Staff Association / MAC function, and they meet quarterly. Plus there are meetings of physicians within the local six institutional structures. They have had discussions and feel that they need better liaison and links with the acute-care system in this part of the region.

Health Care Corporation of St. John's

- Dr. Whitman gave a detailed overview of the situation here in St. John's with respect to the MAC, various subcommittees, representation, etc.
- Dr. Denic gave an overview of the Medical Staff Association and representation on MAC to the Board.

Issues Discussed

A number of overriding issues were identified and subsequently discussed.

- The size of the Board of the new Eastern Regional Integrated Health Authority and how medical input should/could be pursued with the new Eastern Regional Integrated Health Authority. This was medical input from both the MAC type issues and medical staff association perspective as well.
- Dr. Williams alluded to what has been taking place in a number of other areas, including the Fraser Health Authority in British Columbia and gave an outline of what transpired there.
- Discussions ensued about what was practical to pursue in this vein, and Dr. O'Shea alluded to the need for the groups to come together and perhaps have a Regional MAC for the region encompassed by the new Eastern Regional Integrated Health Authority, as well as coming together in one medical staff organizational structure for the regions well.
- Current MAC structures and Medical Staff Association Structures could continue, but they would need to come together and form a regional group in all areas for broad input to the Board of the new Eastern Regional Integrated Health Authority.
- It was the physician representatives from both Burin, Clarenville and Avalon who seemed to have a problem with the concept, as put forward, with respect to the need to have some kind of integration of Medical Advisory Committees and Medical Staff organizations at the regional level in order to have meaningful input into the Board.
- There was discussion around having the Joint Conference Committee as a forum for discussion with the Board, but there was no consensus around that issue.
- There were a number of questions about the new structure recently sent out for the 12 CEO/VP's and their roles. Dr. Williams provided clarification on some of those issues, but deferred to Mr. Tilley on some of the detailed questions that were asked.
- Although there was no consensus reached on how issues should come together within the region responsibility for the Eastern Regional Integrated Health Authority, it was generally agreed that we had had a good discussion, and some of these issues will be followed up further once a report has gone to Mr. Tilley.

The meeting adjourned at 12:45 p.m.