

Medical Advisory Committee
Tuesday, November 12, 2003
5:00 P.M.
Lecture Theatre "D", Health Sciences Centre

In Attendance:	Dr. Bill Pollett	Dr. Robert Williams	Mr. George Tilley	
	Dr. David Peddle	Dr. George Fox	Dr. Ted Callanan	
	Dr. Conleth O'Maonaigh	Dr. Al Felix	Dr. Eric Stone	
	Dr. Nebojsa Denic	Dr. Donald Cook	Dr. Anne Sclater	
	Dr. Frank King	Dr. Austin Cooper	Dr. Benvon Cramer	
	Dr. Barry Rose	Ms. Janet Squires	Ms. Louise Jones	
	Dr. Roger Butler	Ms. Cathy Burke	Dr. Scott Wilson	
	Sharon Hopkins			
	Absent:	Dr. Desmond Robb	Dr. Alan Kwan	Dr. Robert Miller
		Dr. Wayne Andrews	Dr. Thomas Cantwell	Ms. Pamela Elliott
	Dr. Geoff Higgins	Dr. Paul Gardiner	Dr. Donald Tennent	
	Dr. Lucinda Whitman			

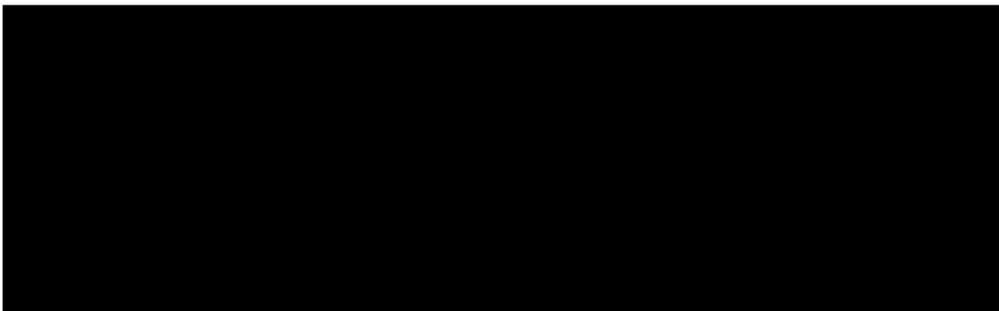
Dr. Bill Pollett chaired the meeting in absence of Dr. Lucinda Whitman.

1. Chief Executive Officer's Report

Mr. Tilley presented the Chief Executive Officer's Report highlighting the following:

- **Director of Nursing Services Development**

Ms. Cathy Burke was welcomed to the Medical Advisory Committee as the new Director of Nursing Services Development replacing Ms. Glenda Fagner.

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- **Announcement of the new Minister and Deputy Minister, Department of Health & Community Services**

- Ms. Beth Marshall is the Minister and Ms. Debbie Fry the Deputy Minister, Department of Health & Community Services. Ms. Fry was the Deputy Minister in 1999-2000.

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- **Program Director, Child/Women's Health Program (Child)**

Ms. Patricia Pilgrim is the new Program Director, Child/Women's Health Program (Child). Ms. Sharon Smith will assume the role of Director, Clinical Efficiency.

- **Annual General Meeting**

The Health Care Corporation held a successful Annual General Meeting on October 30, 2003.

- **Current Fiscal Year**

In the current fiscal year there are major concerns with where the organization is heading from a financial perspective. There are significant increases in expenditures within some clinical areas. There is a need to try and reverse this scenario and to take measures before the end of the year. Some areas Mr. Tilley outlined were in supplies and prosthetics.

The Christmas Slowdown period will be December 22, 2003 – January 2, 2004 inclusive. There will be a big challenge in developing the budget for 2004/2005.

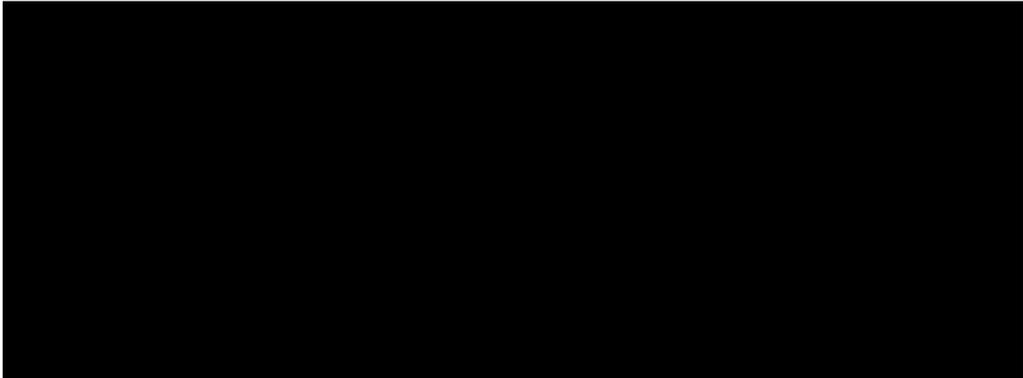
Aiming towards balancing the budget and reducing debt loan. The Board has committed to no layoffs with savings occurring through attrition.

- **Corporate Objectives**

In keeping with the Corporate Objectives of the organization, clinical chiefs have been asked to work with program directors on the objectives/goals of each program.

- **Strategic Plan**

Program Directors have been asked to take the Strategic Plan and operationalize it for their own programs. The Board of Trustees has requested that each program/department provide them with a written response.

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2. Human Resources Strategic Plan

Mr. Steve Dodge gave a presentation as follows on the “Human Resources Study”:

- **Project Purpose**

The project purpose is to understand what is important to employees and what motivates them, to identify priorities to focus resources and to stimulate a working environment that is trusting, respectful of individuals, where employees feel valued and safe, to ensure that Human Resources goals are aligned with the needs and expectations of employees, to shape specific objectives to help achieve the corporate strategic direction, to improve employee engagement, to adopt “best practices” and become an employer of choice, to support managers in leading them to fulfilling the goals of the organization as a whole and to provide better services to employees.

- **Study Methodology**

The Study Methodology will include: an employee survey which includes physicians and volunteers, focus groups to better understand the results of the survey, interpretation and analysis of the study results and recommendations and development of an Action Plan.

- **Human Resources Committee – Board of Trustees**

The purpose of the Human Resources Committee is to oversee policy direction with respect to human resource issues. The duties of the committee are the development of human resources policies and a human resource plan within the Health Care Corporation, policies related to collective bargaining and other matters referred to it by the Board.

- **Human Resources Services Advisory Committee**

The committee is a coordinating and strategic planning committee that will oversee and advise on a coordinated and unified approach to the development and implementation of human resources initiatives corporate wide. Its primary focus will be to ensure the development and enhancement of strategies that support employees and the organization in its mission and vision.

- **Maximize the Potential of Our People**

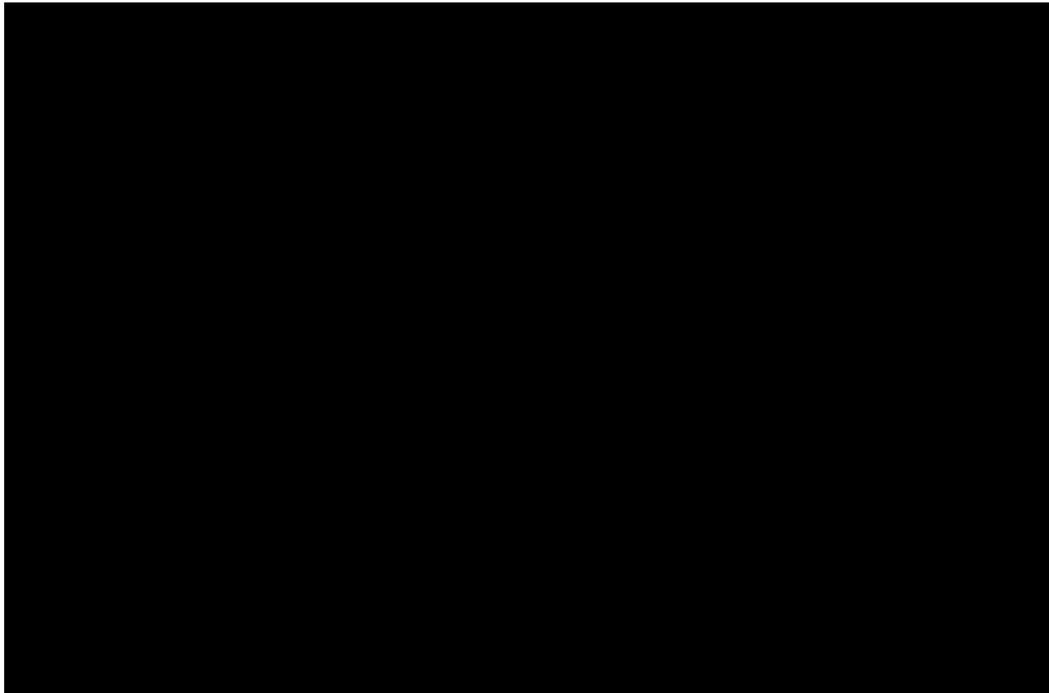
- Engage in Human Resource strategies, policies and practices that characterize the Health Care Corporation as a preferred workplace.
- Develop a long-term plan for the development of a healthy, safe and respectful workplace culture.
- Develop a people-centred plan that aligns Human Resources strategies and system with the organization’s vision.
- Develop a leadership plan.
- Promote a “learning organization” environment that emphasizes the acquisition and transfer to knowledge and information.
- Increase the level and value of volunteerism.
- Promote the opportunity for professionals to contribute to the maximum of their scope of practice.
- Improve the performance management program.

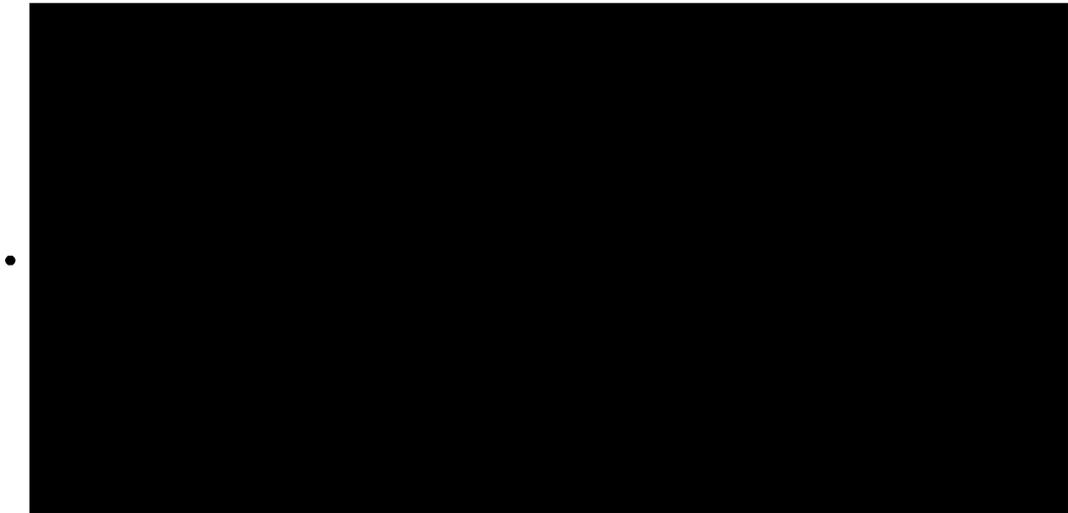
There was some discussion with Mr. Dodge advising that the group is looking for representation from the medical staff. This representative would serve as part of the team involved in the study. There is a need to know how physicians are feeling and also the link between physician/staff and physician/nurse relationships. Dr. Rose agreed that one of the Executive of the Medical Staff Association could serve on the committee.

As a point of interested, Dr. Brendan Barrett is currently doing a study that has a purpose to appraise physicians and nurse’s attitudes toward collaborative practice in acute care settings. This will be forwarded to medical staff in the next quarterly medical staff mail out.

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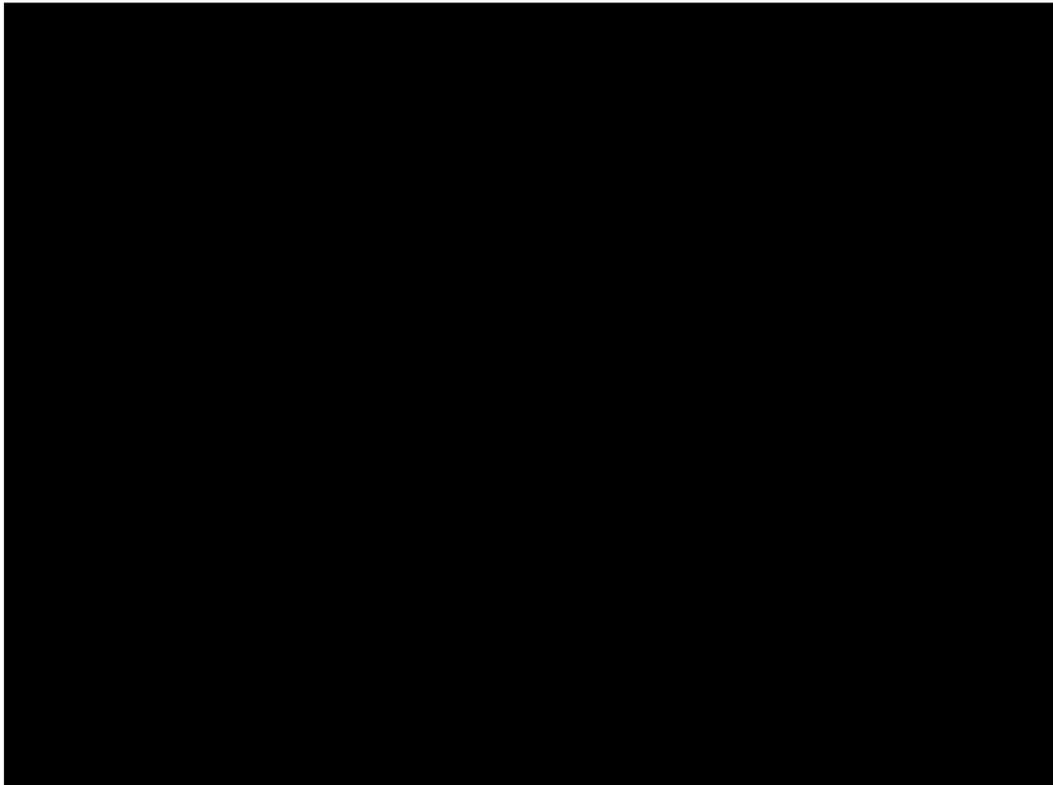




- **St. Clare's Site**

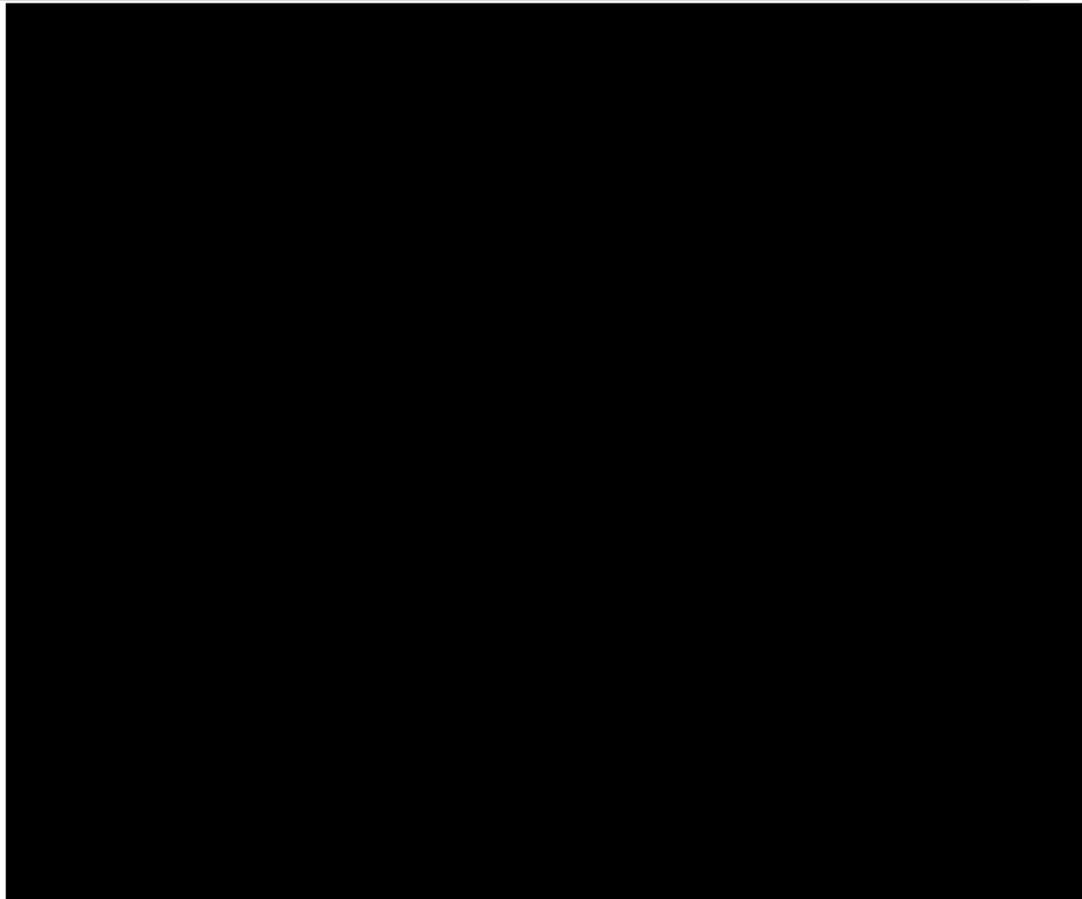
The Board of Trustees' have given their reassurance that there are no major changes planned with respect to the St. Clare's Site. Some members of the medical staff have voiced concerns with the future of the St. Clare's Site. Dr. Robert Williams advised that concerns could be sent to him in writing, however to date none have been received.

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- **C.M.P.A. Assistance In Legal Matters/Non-Residents of Canada**

Concern was expressed by a number of physicians who treat patients from the island of St. Pierre et Miquelon as a result of a reference in the June 2003 newsletter of the CMPA advising that there would be a revised policy which would take effect on January 1, 2003. The new policy will limit the assistance to members for elective care provided to non-residents. This would include a decision not to assist physicians facing legal actions brought outside of Canada.

Dr. Williams has followed up with Dr. Robert Rivington who is a Senior Medical Officer with the Canadian Medical Protective Association. Dr. Rivington advised that this change in policy relates to care that would ordinarily be available in the home country of the patient. Dr. Williams advised Dr. Rivington that our arrangement for the St. Pierre et Miquelon is for consultation, investigations and treatment by physician specialists within this organization, and after investigations and treatment by these physicians, the patient is then referred back to the ongoing care of the medical staff of St. Pierre et Miquelon. On this basis, Dr. Rivington advised that as the policy specifically exempts situations where care could not reasonably be provided in the home country, the CMPA would provide full assistance to its members providing care in our facility to these patients seeking specialized care. This

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would include assisting members in the unusual event of being sued outside of Canada. He has requested and required that patients sign the Governing Law and Jurisdiction Agreement that has been developed by the CMPA. This Governing Law and Jurisdiction Agreement will be made available and will be required to be signed by the patients receiving care within this organization. A copy of this document will be forwarded to all members of medical staff in a mailout that will occur in November.

Dr. Rivington advised that physicians should feel reassured that the CMPA would assist them if they were subsequently sued in Canada or in the unusual event that they were sued in St. Pierre et Miquelon for the specialized care they provided to these residents of these islands.

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