

VMAC HIGHLIGHTS: November 2024 meeting summary

The Vancouver Medical Advisory Committee (VMAC) is VCH's senior medical administrative body for medical staff in the Vancouver Community of Care, including Vancouver Acute and Vancouver Community.

Public Health update

- Flu and COVID campaigns are underway; medical staff are encouraged to get immunized. We are waiting for respiratory season to start: no influenza activity; only a few RSV detections; COVID stable. Awaiting government directive regarding respiratory season.
- BC (and North America generally) is experiencing increased mycoplasma pneumonia cases.

Department restructuring

- A Division of Allergy and Immunology was proposed under the Department of Medicine. This will align the specialty with the Royal College of Canada. This is a growing program. There is a recommendation that this be its own division to allow for better functionality and quality and human resources oversight.
- A Division of Palliative Care was proposed under the Department of Family and Community Practice to improve functionality and quality assurance and oversight. The Department has over 630 members; most palliative care specialists at VA and VC have CCFP credentials.

Vancouver Community leadership update

- Medical staffing in long-term care and mental health teams remains a challenge.
- There is no residency training program (family medicine acute care rotations) based on facilities, which could contribute to staffing challenges. We are working with UBC to address this.
- Yaletown UPCC moving to 188 Nelson Street on Dec. 2.
- VPD and VCH holding their annual meeting Dec. 9.

Vancouver Acute leadership update

- The UBCH ED has expanded with new rapid access beds.
- A pilot Peripheral Parenteral Nutrition program is underway on T8.
- VA Quality Council has resurrected its QI/Risk Management program.
- Constraints placed on VGH by the health authority and external pressures challenge sustainability. The hospital plays an active support role in its community and is also a provincial resource. Senior leadership continues to advocate for resources to support its provincial mandate.
- PTN automatic transfers to VGH have led to concerns with volume.

VA Digital Health Committee

- This new committee reporting to VMAC will lead and oversee technology solutions that advance quality, safety and integration of services across VA. Its primary focus will be on the patient and provider experience.
- Committee members to be determined.

Massive Hemorrhage Protocol (MHP) DST and administration of blood DST

- There have been significant changes to Blood Components and Products transfusion protocols for Adult Administration. This includes new appendices providing direction for specific transfusion workflows. The impact of this primarily affects nursing staff.
- The MHP does not include VGH ExP (restricted to VGH ED and OR). Significant is a change in terminology from Massive Transfusion Events to Massive Hemorrhage Protocol. This is more in line with language used in literature and more effectively conveys managing a patient who is massively bleeding rather than requiring a transfusion.
- During an ExP, the blood bank will issue specific products, while physicians must order specific products during a MHP.

Physician Wellness Survey Results

- The survey assessed burnout levels and contributing drivers alongside psychological and physical safety.
- Results will be communicated at the December Medical Staff Forum as well as to departments and divisions.
- Wellness champions to be identified to work with the Wellness Regional Medical Director.