

VMAC HIGHLIGHTS: January 2025 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.

Patient Transfer Services overview

- Health authorities report various challenges including different expectations for emergency situations.
- It is important to revisit triaging given facility transfers and non-emergency situations that have resulted in staff casualties.
- This has led to strategic changes across Patient Transfer Services.
- New fixed-wing aircraft are now standardized provincially and do not need subspecialty support.
- Rural areas continue to see staffing shortages. Advanced and regular paramedics are being implemented to increase bandwidth.
- Looking to better incorporate technology with the current dispatch system.
- Ideally protocols should be region to region. However, out-of-region calls stem from geographical issues and other exceptional scenarios.
- Uncertain how decisions are made to transfer patients to VGH; VGH is not the default go-to hospital but bears responsibility as a quaternary facility.
- Repatriation is an ongoing issue; auto-acceptance is a priority.
- Patient transfers cause workload issues for some subspecialties at VGH. They would like to be involved in patient acceptance decision making.

Vancouver Acute leadership update

- Strategies are in place to manage hospital surge, with surge beds increased at UBCH and Dogwood transitional long-term care beds.
- Absenteeism since the pandemic has worsened; sick rate and HHR challenges contribute to this.
- A peer support worker in the Emergency Department has been helpful in supporting overdose prevention.

Vancouver Community leadership update

- VCH is operating a new MAiD space attached to St. Paul's Hospital.
- Communication has begun on medical staff privileging. Those who work solely for VC are no longer required to maintain hospital privileges.
- Staffing challenges during the holiday surge; increased hours at UPCC with additional shifts but cannot always fill these. Actively recruiting nurse practitioners and providers.

Public Health update

- After a slow start to the viral respiratory season, we are now seeing increased respiratory illness in the community.
- There have been some influenza outbreaks, mostly in acute settings.
- The Respiratory Control Policy has been released; health-care workers need to wear masks in patient-care areas. Visitors need to wear masks in long-term care if seeing multiple patients.
- VA plans to deploy an overdose mobilizing unit if approval received from the Ministry of Health.

Decision Support Tool (DST) review

- Many care and management documents regarding least restraint and seclusion are outdated.
- Two DSTs were revised to provide guidance on:
 - Least restraint approach to address safety concerns for ages 17+
 - Mental health patients requiring seclusion interventions
- The relevant areas for physicians and NPs are order and discontinuation as well as monitoring and evaluation.
- Seclusion and least restraint DSTs affect VCH acute care sites and tertiary mental health and substance use programs.

Blood Transfusion Committee

- The committee is working on accurate documentation of blood products given to patients receiving massive transfusions in the ER and then being transferred to the OR.
- It can be difficult to track these accurately.
- A proposed interim solution is to send all used product bags with the patient to the OR for the anaesthetist to track.
- Be aware of potential gaps in care/safety/documentation etc. at transition points for patients.