

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.

VMAC HIGHLIGHTS: April 2025 meeting summary

Vancouver Community leadership update

- Bonnie Wilson is the new VC vice president following Bob Chapman's retirement.
- The Elizabeth Bagshaw Reproductive Health Clinic is closing; three clinics currently provide such services in Vancouver. VC is working with B.C. Women's Hospital & Health Centre on a new service model.
- Vancouver Acute is now responsible for the inpatient psychiatry portfolio for better alignment with professional practice as well as provider availability. Vancouver Detox remains in VC's portfolio.
- There is enhanced funding for UPCC staffing. Most daytime shifts are filled and recruitment is ongoing.

Vancouver Acute leadership update

- Work is going forward on the 900 block donation.
- PHSA's draft tiers of service work has been reviewed; it is rolling out across most of acute care throughout the province.
- Medical staff reappointments are in progress.
- Cori Ross will be Ops Director for Acute Mental Health.
- VA is looking to keep the UBC Medical Unit's co-managed beds with hospitalists open while working on financials and staffing.
- Dr. William Duvall is the new president of the VCH Board; Dr. Penny Ballem has joined the PHSA board.
- Dr. Kelly Lefavre is the new PGME medical director.

Public Health update

- The respiratory illness season has ended; enhanced infection prevention and control measures are no longer in place.
- The COVID-19 spring campaign begins April 8 for those at high risk; vaccination is a personal choice.
- VCH has seen five travel-related cases of measles with no secondary transmissions.

Roundtable discussion

- GF Strong's request for Cerner implementation funding did not receive approval. The site is moving forward in the background with current resources.
- Site safety awareness is a priority with VCH's safety team partnering with operations leaders to review safety concerns in each clinical area.

Code Orange Surgical Functional Plan

- A Code Orange is activated when an event stresses campus operations and impairs our ability to maintain normal service levels.
- There are two distinct and important action categories for medical staff:
 - Notification and mobilization to assist management of patients arising from Code Orange.
 - Notification and decanting of existing patients in the event of Code Orange.
- Planning needs to be in place for mass casualty events.
- There may need to be a requirement to recall additional medical staff. This decision is made by the administrator on call in consultation with the trauma surgeon on call or by the EOC.
- Medical staff need to work with their operations partners regarding space, staffing, job action, and communication.

VGH Pneumatic Tube Problems

- Frequent, unexpected and unannounced pneumatic tube system (PTS) downtimes have occurred since September 2024. The longest period lasted over the Christmas holidays from December 24 to 27.
- Massive transfusion events occurred during these downtimes, with blood product transport requiring the use of porters. Porter delivery is not a consistently reliable method.
- With downtimes becoming more frequent and causing major concerns, the issues need to be communicated with clinical areas such as the ICU and ED in a timely manner.
- Facilities Maintenance and Operations can repair the system but is only staffed during weekday day shifts. The system can go down anytime, and this is problematic after hours.
- The return of the blood fridge was suggested, with the trauma bay able to store a small amount of blood products as a mitigating resource for downtimes. There are, however, issues with compliance by clinical areas and the limited amount of blood that can be stored.
- Technology innovations are being explored. The most reasonable solution currently is to continue to use porters.