

Committee:	Medical Advisory Committee				
Date:	May 8, 2025		Time:	8:00am-9:00am	
Location:	Boardroom B110 / MS Teams				
Chair:	Dr. Sean Ryan, Chief of Staff		Recorder:	Alana Ross	
Members:	All SHH Active / Associate, CEO, VPs, Clinical Managers				
Guests: <i>(Open Session Only)</i>	Shari Sherwood, Heather Zrini, Christie MacGregor (Board Representative)				
	Agenda Item	Presenter	Anticipated Actions	Time Allotted	Related Attachments
1	Call to Order / Welcome <ul style="list-style-type: none">Notifications:<ul style="list-style-type: none">Video/Audio recordings and transcriptions of the open session meeting are retained for the purpose of creating accurate minutes and will be expunged on final approval of the minutes by the Committee; in-camera sessions are not recorded or transcribed				
2	Guest Discussion / Education Session				
3	Approvals and Updates				
3.1	Previous Minutes	COS	Decision	1min	<ul style="list-style-type: none">2025-04-10-MAC Minutes
	<i>*Draft Motion: To accept the April 10, 2025 MAC Minutes.</i>				
4	Business Arising from Minutes				
4.1	CT Scanner Application	Ryan	Discussion	10min	
5	Medical Staff Reports				
5.1	Chart Audit Review	Nelham	Information	as needed	
5.2	Infection Control	Kelly	Information	as needed	
5.3	Antimicrobial Stewardship	Nelham	Information	as needed	
5.4	Pharmacy & Therapeutics	Pres. MS	Information	as needed	
5.5	Lab Liaison	Bueno	Information	as needed	
5.6	Recruitment and Retention Committee	COS	Information	as needed	
5.7	Quality Assurance Committee	CNE / Sherwood	Information	as needed	
	<i>*Draft Motion: To accept the May 8, 2025 Medical Staff Reports to the MAC.</i>				
6	Other Reports				
6.1	Lead Hospitalist	Pres. MS	Information	5min	
6.2	Emergency	Chief of ED	Information	20min	
6.3	Chief of Staff	COS	Information	5min	<ul style="list-style-type: none">2025-05-Monthly Report-COS
6.4	President & CEO	CEO	Information	5min	<ul style="list-style-type: none">2025-05-Monthly Report-CEO
6.5	CNE	CNE	Information	5min	
6.6	CFO	CFO	Information	5min	
6.7	Patient Relations	Klopp	Information	5min	<ul style="list-style-type: none">2025-05-Monthly Report-Patient Relations

6.8	Patient Care Manager	Walker	Information	5min	
6.9	Clinical Informatics	Sherwood	Information	5min	
	<i>*Draft Motion: To accept the May 8, 2025 Other Reports to the MAC.</i>				
7	New and Other Business				
8	In-Camera Session <ul style="list-style-type: none"> • Notifications: <ul style="list-style-type: none"> ○ Guests will be invited by the Committee Chair, as required; any members with conflicts of interest during in-camera discussion, can be recused as needed ○ All participants of the in-camera session are expected to ensure that their surroundings are secured from unauthorized participants 				
8.1	Move into In-Camera	Chair	Motion, if needed		<ul style="list-style-type: none"> • 2025-05-Report to MAC-Credentials • 2025-05-Report to MAC-Reappointment List
	<i>*Draft Motion: To move into the in-camera session at XX:XXam.</i>				
8.2	Move out of In-Camera	Chair			
	<i>*Draft recommendation made to move back into open session at XX:XXam.</i>				
8.3	Motions made based on In-Camera discussion	Chair	Acceptance Recommendation		
	<i>*Draft Motion: To accept the Credentialing and Reappointment Reports of May 8, 2025 as presented, and recommend to the Board for Final Approval.</i>				
9	Next Meeting & Adjournment				
	Date	Time	Location		
	June 12, 2025	8:00am-9:00am	Boardroom B110 / MS Teams		

MINUTES

Committee:	Medical Advisory Committee		
Date:	April 10, 2025	Time:	8:00am-8:58am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Joseph, Dr. Kelly, Dr. Mekaiel, Dr. McLean, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Lynn Higgs, Heather Klopp, Robert Lovecky, Jimmy Trieu, Adriana Walker		
Guests:	Shari Sherwood, Christie MacGregor (Board Representative)		
1	Call to Order / Welcome		
1.1	<ul style="list-style-type: none"> Dr. Ryan welcomed everyone and called the meeting to order at 8:00am <ul style="list-style-type: none"> Notifications: <ul style="list-style-type: none"> Video/Audio recordings and transcriptions of the open session meeting are retained for the purpose of creating accurate minutes and will be expunged on final approval of the minutes by the Committee; in-camera sessions are not recorded or transcribed 		
2	Guest Discussion		
3	Approvals and Updates		
3.1	<u>Previous Minutes</u> <ul style="list-style-type: none"> Approval / Changes <ul style="list-style-type: none"> None <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the March 20, 2025 MAC minutes. CARRIED.</u></p>		
4	Business Arising from Minutes		
5	Medical Staff Reports		
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none"> Committee is becoming more functional; plan for the QIP ED Audit is now in place and will be submitted by the end of the month <ul style="list-style-type: none"> Cases will be flagged and forwarded to the physician involved in the case and the committee for review Cases will be logged as reviewed, and any significant learning points will be brought forward to MAC Committee is working through items for Accreditation <ul style="list-style-type: none"> Due to some system issues, Medication Reconciliation will once again be reviewed While SHH physicians are very good at completing the Med Recs, occasionally errors are made, which prevents receipt of a clean Discharge Medication Reconciliation; Quality Specialist will assist physicians in working through the glitches 		
5.2	<u>Infection Control:</u> <ul style="list-style-type: none"> Huron Perth is an area of concern, but not in outbreak <ul style="list-style-type: none"> Measles screening at Registration and ED is more robust Public Health is referring susceptible individuals to EDs to receive the MMR vaccine where family physician visits are not available on a timely basis; there is a plan in place for Nursing staff to handle post exposure prophylaxis <ul style="list-style-type: none"> There are also cases that require IVIG, but those cases are unlikely to present Due to airborne precautions, suspected cases are to wait in their vehicles until the negative pressure room is available Influenza A continues to be persistent this season 		
	<u>Action:</u> <ul style="list-style-type: none"> Huron County Public Health is hosting a Q&A regarding Measles on Apr 14th for all who are interested in this resource; would like further guidance on accelerated MMR vaccine 	<u>By whom / when:</u> <ul style="list-style-type: none"> As interested; Apr 14 	

5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> No discussion 	
5.4	<u>Pharmacy & Therapeutics:</u> <ul style="list-style-type: none"> No discussion 	
5.5	<u>Lab Liaison:</u> <ul style="list-style-type: none"> Discussed clinical algorithm for component testing <ul style="list-style-type: none"> Several organizations have moved to 2hr testing, and Dr. Tran is determining when this can be implemented at SHH Concern regarding ordering bloodwork for inpatients several days in a row <ul style="list-style-type: none"> Steps have been communicated to Hospitalists Daily orders are to include a duration Physician education regarding Transfusion medicine is required for Accreditation purposes; to be determined if it will be annual or biannual <ul style="list-style-type: none"> Expecting short modules and/or presentations, attestations, or mock situations, i.e., MHP Transfusion can now be done in 4 units instead of just 2 	
5.6	<u>Recruitment and Retention Committee:</u> <ul style="list-style-type: none"> No discussion 	
5.7	<u>Quality Assurance Committee:</u> <ul style="list-style-type: none"> F2526 QIP submission is complete <ul style="list-style-type: none"> Data collection has begun, i.e., LWBS in the ED 	
	<i>MOVED AND DULY SECONDED</i> <i>MOTION: To approve the Medical Staff Reports as presented for the April 10, 2025 MAC Meeting. CARRIED.</i>	
6	Other Reports	
6.1	<u>Lead Hospitalist:</u> <ul style="list-style-type: none"> No discussion 	
6.2	<u>Emergency:</u> <ul style="list-style-type: none"> Drs. Kluz will be joining SHH; Dr. Andrzej will be picking up a number of ED shifts between Jul/Dec, and Dr. Agnes Kluz will be picking up Hospitalist shifts <ul style="list-style-type: none"> Drs. Kluz will be joining the primary care group as of Sep 1 There are 3 or 4 shifts list in EDLP for May There XXX Hospitalist shift still open in June correction: 7 open shifts Communication sent out regarding TLP funding; there is still no indication of extension or permanent funding Physicians concerned in regards to the recent CBC interview with the CEO; physicians looking for stronger advocacy regarding discontinuation of TLP funding <ul style="list-style-type: none"> Physicians felt that the interview did not properly credit them with the work that they have done to keep the ED doors open Physicians concerned that CEO has been removed from the Medical Centre Steering Committee to focus on Master Planning, MRI, strategic initiatives for HHS, yearend deficit position, and hopefully a CT Scanner for SHH <ul style="list-style-type: none"> The Board continues to be supportive of building a new medical clinic, and the CEO position on the Steering Committee has been replaced with the Vice Chair of the Board As of Mar 28th, the CT Scanner application for SHH is now in the review stages; anticipating a response by the end of May, once the government budget has been determined If the CT Scanner is approved, it is not dependent on the Master Planning, which could take 7-10 years to finalize <ul style="list-style-type: none"> CT plans have been submitted, and a capital request for \$850K for the machine and \$3M for construction was discussed at a recent SHHF meeting; there is also the possibility of a down payment coming from cash flow, or a bank loan, and apply for any rebates available CT approval still pending 	
	<u>Action:</u> <ul style="list-style-type: none"> Contact CBC regarding interview to correct the acronym errors 	<u>By whom / when:</u> <ul style="list-style-type: none"> Trieu; Today

6.3	<u>Chief of Staff:</u> <ul style="list-style-type: none"> 2025-04-Monthly Report-COS, circulated
6.4	<u>President & CEO:</u> <ul style="list-style-type: none"> 2025-04-Monthly Report-CEO, circulated <ul style="list-style-type: none"> Letter regarding TLP program submitted to the Ministry of Health; reviewed and signed by SHH Chief of Staff and Chief of Emergency <ul style="list-style-type: none"> Addresses the important of TLP funding to small hospitals Community Engagement Council session scheduled for Jun 4th (has been moved to Jun 11th, 6:15pm, in the interim) <ul style="list-style-type: none"> Communities are invited to discuss Master Planning Formal communication will be circulated over the next few weeks
6.5	<u>CNE:</u> <ul style="list-style-type: none"> 2025-04-Monthly Report-CNE, circulated <ul style="list-style-type: none"> 'Shout Out' to Human Resources for the fantastic job they have done with the job fairs <ul style="list-style-type: none"> UWO wants to meet with us due to uptake in rural nursing Nine externs have applied at AMGH 'Shout Out' to IPAC and Amber for diligence in management of measles cases; acknowledgement received from HPPH <ul style="list-style-type: none"> Occupational Health Department is ensuring all staff have proof of immunity to measles or are getting bloodwork to determine immunity 20% of current cases are vaccinated adults
6.6	<u>CFO:</u> <ul style="list-style-type: none"> 2025-04-Monthly Report-CFO, circulated <ul style="list-style-type: none"> SHH anticipates on being better than budget by \$1.4M; budgeted deficit was \$2.2M <ul style="list-style-type: none"> Based on increases to base budget and one-time funding; one-time funding is not base funding and is therefore not entered in the budget F2526 deficit is budgeted at \$2.6M for SHH at this time <ul style="list-style-type: none"> Baseline increase is just under 3%, which is also expected to be the cost of salary increases Non-unionized staff will be awarded the same salary and benefits increase as unionized staff Investment in resources Recruiting <ul style="list-style-type: none"> Cross-site Lab Manager with infection control experience has been hired and will start in May Continuing to recruit for a DI (AMGH & SHH)/Cardiorespiratory (AMGH) Manager; looking for dedicated leadership for the MRI/CT Scanner <ul style="list-style-type: none"> Cost of MRI machine is close to \$2.5M, construction costs are estimated at \$4M CT Scanner for SHH will be estimated at a cost of \$4M MRI and CT are not in the base budgets; support funding has been known to be provided after the machines are up and running Ministry put a call out for 16 MRIs in the province and approved 46, which come with operational funding; this will put stress on funding campaigns for purchasing and construction
6.7	<u>Patient Relations:</u> <ul style="list-style-type: none"> 2025-04-Monthly Report-Patient Relations, circulated
6.8	<u>Patient Care Manager:</u> <ul style="list-style-type: none"> ACLS courses available in May; contact Adriana.walker@amgh.ca if interested Stroke algorithm is active; posted in the ED <ul style="list-style-type: none"> Discussed stroke windows of care for EVT; current windows of care are being trialed to Jan 2026 Obvious large vessel strokes are shipped straight to London
6.9	<u>Clinical Informatics:</u> <ul style="list-style-type: none"> Physician electronic documentation was 93.5% in March – thank you to all for your ongoing diligence <ul style="list-style-type: none"> Working with Finance to determine if there is a decrease in dictation costs

	<ul style="list-style-type: none">ED and Inpatient face sheets have been removed from the charting process; medical staff continue to work on workflow adjustments with this changeInter facility DI ordering is now available, i.e., CT referrals, etc.; site must be clarified<ul style="list-style-type: none">Some referrals will still generate phone calls to determine an MRPCoronary angiography is still paper based, but will be added to electronic orderingShari works with EA to set up new physicians for Cerner Access in advance of their arrival		
	<u>Action:</u> <ul style="list-style-type: none">Discussed CT ordering process with Dr. Samour	<u>By whom / when:</u> <ul style="list-style-type: none">Sherwood; Today	
	<u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Other Reports as presented for the April 10, 2025 MAC Meeting. CARRIED.</u>		
7	New Business		
8	Education / FYI		
9	In-Camera Session		
10	Adjournment / Next Meeting Regrets to alana.ross@amgh.ca		
	Date	Time	Location
	May 8, 2025	8:00am	Boardroom B110 / MS Teams
	<u>Motion to Adjourn Meeting</u> <u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the April 10, 2025 meeting at 8:58am. CARRIED.</u>		
Signature			
<div>_____</div> <div>Dr. Sean Ryan, Committee Chair</div>			

May 2025 South Huron Hospital Chief of Staff Report

We were notified through the OMA that there will be a permanent replacement to the Temporary Locum Program (TLP) ED funding retroactive to April 1, 2025. The funding increase is substantial and will work out to an equal or greater pay increase for our core ED physicians as compared with the TLP. Most importantly, it is permanent and will help stabilize our current workforce. It provides much needed long-term stability to ED physician income that will hopefully encourage graduating family medicine residents to consider emergency medicine as part of their practice.

From a scheduling perspective, we anticipate several gaps in coverage in both the ED and Hospitalist schedules over the next several months and will continue to rely on HFO/EDLP physician locums.

On a thoroughly disappointing note, we received word late last month from our CEO that the application for a CT scanner at SHH was never submitted to the MOH as we thought it was in January 2024 and that a resubmission was required. He cited the previous COO for not submitting the application as he was supposed to. I have since confirmed that the application was in fact submitted in January 2024, but due to a lack of reply from hospital administration on follow up questions from the Ministry and Ontario Health, the application was closed. Our medical staff is in disbelief that this level of mismanagement from hospital leadership occurred. It means the last 18 months of preparing, submitting, and waiting for approval of our application is wasted. We also have serious concerns about the repeated communications we received from our CEO since January 2024 regarding the status of the application and that it was making its way through the proper channels for approval. Our medical staff asks that the HHS Board take this situation seriously, investigate how it happened, and take concrete action to prevent something like it from happening again.

Please contact me with any questions or concerns.

Sean Ryan MD CCFP(EM) FCFP
ryanse7@gmail.com

PRESIDENT & CEO REPORT

May 2025

METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			Working on recruitment of nurses, physicians and MLT's. A priority is to recruit an MRI tech to prepare for MRI installation.
Master Plan and Functional Plan			OHW has endorsed HHS Master Plan and Master Programming proposal to the MoH. Final approval will depend on the provincial election and will not occur until late May.
Finance			HHS operations are running at a reduced deficit but are seeing increased bed capacity pressures. Continue to capture the cost of staying open.
SHH Medical Clinic			SHHF has closed on the land purchase for the new medical centre on April 9, 2025.
CT Scanner			Review of business case, architectural drawings and other related paperwork for resubmission to MoH.
MRI Scanner			Approval to move forward with next phase of project. AMGH Foundation to initiate a capital campaign.

TOP OF MIND

CT Scanner for SHH:

- A resubmission of the business case, architectural drawings, and other related paperwork for approval
- Working with Ontario Health West which will coordinate Ministry of Health on approval of this critical diagnostic equipment
- Anticipated approval will be 120 days once the Ministry receives the full submission

BIG WINS | LEARNING

OHA Leadership Summit

- This event for CEOs and Board Chairs was held in Toronto at the Art Gallery of Ontario and featured various speakers
- 135 hospital corporations were present to hear about adaptability, innovation, culturally safe hospitals, overview of the healthcare landscape, how big data is changing healthcare and fiscal accountability

PRESIDENT & CEO SUMMARY

Ontario's healthcare system continues to face a complex and rapidly evolving environment shaped by workforce constraints, fiscal pressures, increasing demand, and ongoing policy shifts. April 2025 has seen several notable developments, driven largely by Ministry of Health (MOH) priorities, public expectations, and the aftermath of prolonged systemic strain post-pandemic.

Key Themes and Developments

1. Healthcare Workforce Pressures

Physician and Nursing Shortages: Recruitment and retention challenges persist across urban, rural, and northern areas. Burnout, early retirements, and international credentialing delays continue to affect staffing levels.

Locum Dependence: Hospitals are increasingly reliant on locums to fill critical gaps, prompting budgetary strain and care continuity issues.

MOH Focus: The Ministry has reiterated its emphasis on "Health Human Resources (HHR) Stability," launching new incentives for rural placements and accelerating the licensing process for internationally educated healthcare professionals (IEHPs).

2. System Restructuring and Integration

Ontario Health Teams (OHTs): The Ministry continues to advance integrated care models through OHTs, emphasizing patient-centered, digitally-enabled service delivery.

Hospital Accountability: Hospitals are expected to improve collaboration with community and primary care to reduce avoidable ED visits and improve transitions of care.

Concerns: Slow adoption and unclear funding models for integration initiatives are hampering impact and generating operational confusion.

3. Financial and Funding Pressures

Budget Constraints: Hospitals are operating under tight funding envelopes. The 2025 Ontario Budget did not provide significant base increases for hospitals, despite inflationary cost pressures.

Capital Funding Backlog: Major infrastructure projects are experiencing delays and funding uncertainty. Digital infrastructure upgrades are lagging without dedicated streams.

Cost Drivers: Rising labor costs, supply chain inflation, and surge in demand for diagnostic imaging and mental health services are affecting margins.

4. Emergency Department and Acute Care Pressures

ED Volumes: Many hospitals, especially in high-growth areas, are reporting ED volumes above pre-pandemic levels, driven by mental health, substance use, and complex geriatric patients.

Bed Occupancy Rates: Average occupancy remains above 95% in many hospitals, impacting patient flow and surgical throughput.

MOH Response: The Ministry is deploying “ED Decompression” strategies, including transitional care funding and expansion of virtual urgent care pilots.

5. Digital Health and Virtual Care

Evolving Expectations: Patients are demanding more digitally enabled services. However, virtual care uptake is uneven across regions.

MOH Position: While supportive of virtual modalities, the Ministry has signaled tighter evaluation of virtual care ROI and alignment with OHT mandates.

Risk: Without clear funding, technology investments in digital platforms and AI tools could become cost centers rather than value drivers.

The Ministry’s overarching tone has shifted toward “system accountability and sustainability.” It is expected that:

- Hospitals will be held more accountable for integration outcomes through performance-linked funding.
- Partnerships with primary care, long-term care, and home care will be key in unlocking new funding pools.
- There will be increased oversight on “non-value-adding” administrative costs and external service contracts.

Ministerial advisors have also hinted at:

- A more aggressive push for public-private partnerships in capital projects.
- Expanding data transparency and public benchmarking for hospital performance.
- Renewed attention to equity in access, especially in Indigenous, northern, and immigrant communities.

What to Watch Moving Forward

1. HHR Reform Legislation: A potential bill aimed at overhauling credentialing and labor mobility could alter physician and nurse recruitment dynamics.
2. Hospital Capital Program Announcements: Delays and reallocations may impact long-term planning—close attention is warranted.

3. Ontario Health's Quality Mandates: New quality indicators, especially related to transitions of care and ED wait times, may impact reputational and funding outcomes.
4. Private Sector Involvement: Expect increased policy debate around surgical centers, imaging clinics, and private investment in hospital infrastructure.
5. Technology Regulation: Potential regulatory updates for virtual platforms and AI-based diagnostics may affect current and future partnerships.

Ontario's healthcare landscape remains under significant pressure, but also presents a window for transformation. With sustained focus on workforce innovation, community integration, and digital agility, our hospital can position itself as a resilient and high-performing organization aligned with provincial goals.

Respectfully submitted,

Jimmy Trieu
President & CEO

Patient Experience Story for May 2025 MACs.

Submitted by Heather Klopp, Manager Patient Relations, Patient Registration, Privacy and Health Records.

This scenario highlights the importance of clear communication and standardized processes.

A patient and spouse arrived early at hospital on a challenging weather travel day to ensure they would be on time for a surgical procedure. They were informed when they arrived that the surgery had been cancelled. The couple was not aware that it had been cancelled.

The patient came for an anesthetic consultation and was deferred because of needed a cardiology workup. Unfortunately, they came alone, without the spouse. It is possible that the patient was so overwhelmed with all of the information they were given that they missed that the procedure was deferred.

Usually, a surgical date is not given until after the patient passes the anesthetic consult, but in this case our usual procedure had not been followed because it was picked up at the pre-op clinic by the nurse that they should have an anesthetic consultation. By this point, the patient had been given a date and time.

Resolution: The OR Manager met with the couple to apologize and explain what had happened.

In future, before the patient leaves the appointment, staff will make sure they understand they are deferred or if there are any changes

The booking clerk will follow up with the patient if they have already been given a surgical date and are then deferred.

INTER-OFFICE MEMORANDUM

TO: SHH MAC / HHS Common Board

FROM: Dr. Sean Ryan, Dr. Craig McLean

DATE: May 8, 2025

RE: Applications for SHH Professional Staff

It is the recommendation of the credentialing process to appoint the following named individuals to the SHH professional staff. Privileges will be extended to June 30, 2025 and then subject to the re-application process, with the exception of HFO-EDLP physicians, which run from Jan-Dec. New LCAP are requested for HFO-EDLP physicians at the beginning of each year.

LOCUM	CHANGE / STATUS	COMMENTS
DOERING, Dr. Michele	NEW	Courtesy/Consult – Mental Health
GRUBER, Dr. David	NEW	Locum-EDLP
LANSDELL, Dr. Nathan	NEW	Locum-EDLP
LEE, Dr. Mark Kumho	NEW	Locum-EDLP
SABAA-AYOUN, Dr. Ziad	NEW	Locum-ED

INTER-OFFICE MEMORANDUM

TO: SHH MAC / HHS Common Board

FROM: Dr. Sean Ryan, Dr. Craig McLean

DATE: 2025-05-05

RE: Reappointments for SHH Professional Staff

It is the recommendation of the credentialing process to reappoint the following named individuals to the SHH professional staff. Privileges will be extended to June 30, 2026 and then subject to the F2627 re-application process, with the exception of HFO-EDLP physicians, which run from Jan-Dec. New LCAPs are requested for HFO-EDLP physicians at the beginning of each year.

ACTIVE	APPOINTMENT	DEPARTMENT
Bueno-Patino, Mario	Active	Family Medicine
Carrier, Noelle	Active	Emergency Medicine
Chan, Nelson	Active	Hospitalist
Hammond, Michael	Active	Clinical Support
Henderson, Allison	Active	Emergency Medicine
Hill, Brett	Active	Hospitalist
Joseph, Steven	Active	Emergency Medicine
Kamar, Ahmed	Active	Hospitalist
Kane, Aditi	Active	Hospitalist
Kelly, Emily	Active	Hospitalist
Lam, Yuen-Ming 'Ming'	Active	Family Medicine
Mammoliti, Jessica	Active	Hospitalist
McLean, Craig	Active	Emergency Medicine
Mekhaiel, Sandra	Active	Hospitalist
Ondrejicka, Michaela	Active	Emergency Medicine
Patel, Neeraj	Active	Family Medicine
Pereira, Jaime	Active	Emergency Medicine
Ryan, Sean	Active	Family Medicine
COURTESY-SPECIALIST	APPOINTMENT	DEPARTMENT
Doering, Michele	Courtesy	Mental Health
Fiaani, Majed	Courtesy	Cardiology

Howard, Jessica	Courtesy	Skin Disorders
McCune, Marcie	Courtesy	General Surgery
Montiveros, Carolina	Courtesy	Pediatrics
Thomas, Eric	Courtesy	MAID
LOCUM	APPOINTMENT	DEPARTMENT
Dunlop, Bill	Locum	Hospitalist
Koblic, Paul	Locum	Emergency Medicine
Lach, Christopher	Locum	Emergency Medicine
Mahmoud, Mohamed	Locum	Hospitalist
Mwamwenda-Heinrich, Escort 'Essie'	Locum	Emergency Medicine
Naeem, Asad	Locum	Hospitalist
Van Osch, Fredrick 'Skylar'	Locum	Emergency Medicine
Yeoman, Jake	Locum	Family Medicine
Zheng, David	Locum	Emergency Medicine
Ziada, Mohammed Mahmoud Ali	Locum	Hospitalist
CONSULTING-RADIOLOGY	APPOINTMENT	DEPARTMENT
Accorsi, Fabio	Consulting	Medical Imaging
Ali, Ismail	Consulting	Medical Imaging
Aljahdali, Sarah	Consulting	Medical Imaging
Amann, Justin	Consulting	Medical Imaging
Banner, Harrison	Consulting	Medical Imaging
Bates, Robert	Consulting	Medical Imaging
Ben Nachum, Ilanit	Consulting	Medical Imaging
Crivellaro, Priscila	Consulting	Medical Imaging
Cunningham, Kelly	Consulting	Medical Imaging
Dawson, William	Consulting	Medical Imaging
Durrant, Eric	Consulting	Medical Imaging
Eng, Kevin	Consulting	Medical Imaging
Garvin, Gregory	Consulting	Medical Imaging
Gratton, Robert	Consulting	Medical Imaging
Grisaru Kacen, Maya	Consulting	Medical Imaging
Harker, Lynda	Consulting	Medical Imaging
Howey, Joanne	Consulting	Medical Imaging
Islam, Ali	Consulting	Medical Imaging
Kalia, Vibuti	Consulting	Medical Imaging
Kalia, Vishal	Consulting	Medical Imaging
Kassam, Zahra	Consulting	Medical Imaging
Kaur, Neeraj	Consulting	Medical Imaging
Kornecki, Anat	Consulting	Medical Imaging
Levin, Morris	Consulting	Medical Imaging
MacKenzie, Stacey	Consulting	Medical Imaging
Mangat, Arvindpaul	Consulting	Medical Imaging
Meglei, Gabriela	Consulting	Medical Imaging
Mercado, Ashley	Consulting	Medical Imaging

Mowbray, Robert	Consulting	Medical Imaging
Muscedere, Giulio	Consulting	Medical Imaging
Ohorodnyk, Pavlo	Consulting	Medical Imaging
Osman, Said	Consulting	Medical Imaging
Pavlosky, William	Consulting	Medical Imaging
Potoczny, Stefan	Consulting	Medical Imaging
Ramlal, Vinod	Consulting	Medical Imaging
Randhawa, Shubreet	Consulting	Medical Imaging
Romano, Walter	Consulting	Medical Imaging
Saif, Sameh	Consulting	Medical Imaging
Shmuilovich, Olga	Consulting	Medical Imaging
Socha, Barbara	Consulting	Medical Imaging
Sparrow, Dr. Keith	Consulting	Medical Imaging
Tang, Yen Zhi	Consulting	Medical Imaging
Wang, David	Consulting	Medical Imaging
Ward, Caitlin	Consulting	Medical Imaging
Watts (Chen), Ginger	Consulting	Medical Imaging
Zheng, Jia Min Isabelle	Consulting	Medical Imaging
CURRENT LOCUM EDLP	APPOINTMENT	DEPARTMENT
Arkilander, Adrianna	Locum-EDLP	Emergency Medicine
Bhullar, Sundeep	Locum-EDLP	Emergency Medicine
Blicker, Jamie	Locum-EDLP	Emergency Medicine
Bruinsma, David	Locum-EDLP	Emergency Medicine
Chilton, Stephanie	Locum-EDLP	Emergency Medicine
Gruber, David	Locum-EDLP	Emergency Medicine
Lam, Jason (active EDLP shifts)	Locum-EDLP	Emergency Medicine
Lansdell, Dr. Nathan	Locum-EDLP	Emergency Medicine
Lee, Dr. Mark Kumho	Locum-EDLP	Emergency Medicine
Milne, William	Locum-EDLP	Emergency Medicine
Richardson, Christine	Locum-EDLP	Emergency Medicine
Rowe, Matthew	Locum-EDLP	Emergency Medicine
Russelo, Dylan	Locum-EDLP	Emergency Medicine
Samour, Fathe	Locum-EDLP	Emergency Medicine
Skoretz, Terry	Locum-EDLP	Emergency Medicine
Varsava, Michael	Locum-EDLP	Emergency Medicine
Wu, Adrian	Locum-EDLP	Emergency Medicine