

## HEALTH SCIENCES CENTRE - DEPARTMENT OF ANESTHESIA

### ADULT SECTION MEETING

**Wednesday, June 4, 2025 – 2000 HOURS Zoom**

**Chair – Dr. M. Tenenbein**

NAME	PRESENT	REGRETS	NAME	PRESENT	REGRETS	NAME	PRESENT	REGRETS	NAME	PRESENT	REGRETS
Dr. K. Baron	X		Dr. J. Gill		X	D. C. Papadimitropolous		X	Dr. K. Williamson	X	
Dr. M. Bhangu		X	Dr. P. Govender		X	Dr. R. Pauls	X		Dr. V. Wourms	X	
Dr. E. Bohn	X		Dr. A. Grunfeld	X		Dr. A. Petropolis	X		Dr. P. Wtorek	X	
Dr. R. Brinkman		X	Dr. C. Haberman		X	Dr. C. Pickering		X	Dr. S. Young		X
Dr. R. Brown	X		Dr. T. Hall	X		Dr. J. Plester	X				
Dr. R. Cleven		X	Dr. R. Hardy	X		Dr. R. Raban	X				
Dr. B. Csupak		X	Dr. P. Inglis	X		Dr. A. Reda		X			
Dr. R. Debrouwere	X		Dr. M. Klemmer		X	Dr. S. Richardson	X				
Dr. C. De Souza		X	Dr. K. Kuo	X		Dr. D. Rodrigues	X		<b>Guests:</b>		
Dr. T. Denisuik		X	Dr. S. Kowalski	X		Dr. K. Ross-Hopley	X				
Dr. L. Docking	X		Dr. C. Loewen		X	Dr. F. Siddiqui		X			
Dr. J. Dundas	X		Dr. K. McPhail		X	Dr. E. Simonsen		X			
Dr. J. Enns		X	Dr. A. Martin	X		Dr. R. Singh	X				
Dr. R. Foyle		X	Dr. A. Mathieson		X	Dr. K. Staines	X				
Dr. S. Frost	X		Dr. H. McDonald	X		Dr. I. Sutton		X			
Dr. D. Funk	X		Dr. I. McIntyre		X	Dr. M. Tenenbein	X				
Dr. S. Gard	X		Dr. T. Mutter	X		Dr. L. Vanderhoof	X		Gen Krahn - minutes	X	
Dr. A. Geisheimer	X		Dr. P. Mykytiuk		X	Dr. L. Velasco		X			
			Dr. S. Neily		X	Dr. J. Webar		X			



	ITEM	DISCUSSION	ACTION/ FOLLOW UP
1	<b>Call to Order</b>	The meeting was called to order at 2005 hours	
2	<b>Approval of Minutes</b>	Motion to approve minutes Dr. Singh seconded by Dr. Hardy	
3	<b>Professionalism</b>	Reminder on professional of all staff, especially in “at risk” locations such as the Anesthesia team room	
4	<b>Site Leaders report</b>	Recap of pre-submitted report.	
5	<b>Women’s Hospital</b>	Recap of pre-submitted report	
6	<b>Pharmacotherapeutics &amp; Equipment</b>		
	<b>Large Volume Pumps</b>	ICU trialing Fresenius Kabi pumps to replace B Braun pumps but only for vasopressors and inotropes. Dr. Hardy has advised and is advocating to have one type of pump vs having the hybrid model of 2 pumps in the OR	
	<b>Trail of new syringe pumps</b>	Dr. Hardy will communicate the day/times for our group to go see	
	<b>Monitors</b>	June 18 <sup>th</sup> Philips monitors will be getting an upgrade	
	<b>Equipment</b>	Capital requests are due soon (items over \$10 K)	Send wish list items to Dr. Tenenbein
7	<b>Cell Saver</b>	Cell Saver presentation by Dr. Tenenbein 2024 April -Dec 270 2025 Jan – May YTD 169 Current cell saver usage has not been appropriate. On pace for 400 set ups per year. Can easily be decreased to <150/yr	Cell saver usage will be decreased. Anesthesiologists need to stress evidence based usage.
		Discussion - Going forward who should be responsible for Cell Saver at HSC during the day? Anesthesia group supportive of RT model during the day for Cell Salvage. Perfusion will maintain night/weekend call support at HSC. We need to ensure they maintain their presence at this trauma ctr.	Dr. Grunfeld to review cell saver database to look for trends
8	<b>New Business</b>	None noted	
9	<b>Adjournment</b>	Meeting adjourned at 2100 hours Adjournment moved by Dr. Singh, seconded by Dr. Mutter	



## **HSC Adult Anesthesia Department Meeting, June 2025**

### **Site Leader's Report – M Tenenbein**

#### **Operating Room Personnel:**

Lisa Turcotte has taken on a quality improvement/accreditation role for the adult operating room. Her previous position as OR co-manager has been filled by Karen Sagness. Tracy Leverington continues in her role as the other OR co-manager.

Drexler Hernandez's term as perioperative RT will be concluded at the end of August. We thank him for the tremendous service he has provided. We will be welcoming back Liz Konrad from her parental LOA in September.

#### **Surgical Volume:**

On paper, HSC OR schedules 17 slates per day. Due to a combination of dropped slates by surgeons and nursing sick calls necessitating closing of the DCD/emergency slate (not as common as in the past), we often run less than 17 slates. On days when 17 slates are running, we face significant wait times for patients to be admitted into PACU due to capacity issues.

Returned Notre Dame OR slates continue to be difficult to fill, and when picked up are often severely under booked.

We are tracking PACU hold times, unused slates, and underutilized slates.

Please continue to use the smartsheets to report on PACU holds and ND utilization.

PACU Holds

<https://app.smartsheet.com/b/form/6fa7650838ba4d0db75a182870789592>

ND utilization

<https://app.smartsheet.com/b/form/c2ae7f0c737f496093452930beb0cdc3>

#### **Anesthesia HR:**

Staffing levels for Anesthesiologists at HSC are ok at present, with occasional days having shortages. These shortages are often covered by ACA double coverage. This model is especially attractive in Notre Dame OR. Having a third Anesthesia provider immediately available at this satellite location helps contribute to patient safety. Additionally, when an ND slate is dropped by surgery, the ACA is redeployed avoiding an MDO for an Anesthesiologist. When at least one of the slates finish early (a common occurrence see above), the ACAs then go to the main OR to help out with complex cases and the large volume of offsite anesthesia we do.

HSC is expecting an influx of staff by early 2026, with no known pending retirements. That being said, current Winnipeg Anesthesiologist age demographics are as follows: <35 (7.3%), 35-44 (30.6%), 45-54 (31.3%) 55-64 (20.7%), >65 (10%).

In the first quarter of the 2025 calendar year, the ACA program has provided double coverage of slates on 77 occasions across all WRHA/SH sites inclusive of the severely short-staffed Children's OR. Extrapolated over a year, this would be equal to 308 days per year, equivalent to a shortage of 1.4 Anesthesiologist FTE

Once staffing increases, there is enough workload for a dedicated offsite Anesthesiologist, especially on Wednesdays. The APS and PCUS attendings have been instrumental in honoring almost all offsite requests, but at times this has been a great challenge.

Familiar names expected to return to Winnipeg/HSC in 2025/early 2026 include: De Souza, Klemmer, Pries, Grant, Vun, Gregg. Others completing residency and local fellowships with HSC fractions include: Reich, Ross-Hopley, Frost, Garber (locum), Ridgeway (fellow).



**Equipment:**

TEG 6s expected to go live in the next month or so. Be sure to do the online modules prior to the in-person training  
Discussions on going regarding B Braun vs FK Pumps.

**PAC:**

Standardized order sets for perioperative management of anticoagulants will be rolled out shortly (appended).

**HSC Cell Salvage: A brief history and current state**

In March 2023, HSC received notification of the withdrawal of perfusionists services to operate the cell saver. This was a result of a severe HR shortage in the perfusion group, and the need to support cardiac surgery and ECMO patients at St Boniface. Perfusionist coverage for potential bypass cases and HIPEC procedures remained in place.

In response, a plan was made to train the current group of ACAs to operate the cell saver. Additionally, a group of about a dozen Anesthesiologists received cell saver training as well. For a 3 month period from April to June 2023, an HSC Anesthesiologist Cell saver call schedule was made. The ACA on call for city call doubled as the “cell saver ACA”. This impacted WRHA sites’ ACA availability. During the first 3 month period following the loss of perfusionist services for cell salvage, the ACA group became extremely capable with providing this service, but it unfortunately took them away from performing other functions as physician extenders. The ACA group became so adept at cell salvage, Anesthesiologist cell saver knowledge quickly decreased as they weren’t getting continued hands on experience. The point arose where ACA cell saver expertise surpassed that of the Anesthesiologists. As a result, at the end of June 2023, the 3 month period of attendings taking cell saver call ended. The ACAs continued as the sole operators of the cell saver machines until perfusion coverage recommenced in April 2024.



## HSC Anesthesia Meeting (June 2025): Women's Update

### 1) Birth Tourism

I have no new updates on this matter. Docs Mb still engaging with the region and trying to finalize details in terms of fee schedule and fee collection. There is certainly promise that the region will eventually assist with the collection of physician fees for identified uninsured non-Canadians who are choosing to give birth here in Manitoba. Reminder to you all that for the time being, epidurals will cost \$750.00 and c sections will cost \$1250.00. Once final consultations have been completed this may change.

### 2) Maternal assisted c sections

For those of you that have not heard of this practice, a maternal assisted c section is one whereby the mother's arms are gowned and gloved, and she participates in pulling the baby out of her c section incision. To my knowledge this has only taken place twice in the last couple of years and has been done without my knowledge. I have been very clear that this practice departs from the standard of care and must be completely reviewed by our legal representation as well as the hospital insurance provider before nursing and anesthesia will agree to participate in this practice. **Should you be approached to provide anesthesia for such a procedure, I am asking that you please refuse.** We and our nursing colleagues will be as liable as the obstetrician of record if anything were to go wrong.

### 3) OR masking

It has recently come to my attention that some of our colleagues have been failing to wear their masks in the OR. Please note that this came to my awareness because a patient complained about one of our colleagues apparently failing to properly mask. I am also told anecdotally that some of us are not properly masking for spinal and epidural procedures. I am taking this anecdotally because we are all aware of the need to mask for neuraxial procedures. Due to the patient complaint, I am asking you all to be mindful about mask use in the OR as well as during neuraxial procedures. No need to shoot the messenger ☺

### 4) Immediate Skin to Skin

Some of you are aware of a recent NICU initiative at St B to place the baby on the mother's chest immediately post c section delivery. This involves bypassing the warmer and any assessment of the neonate's respiratory efforts or need for suctioning. It also involves passing a wet baby into our clean area without any consideration of the sterile field, or our containment from the blood and fluids inherent in any c section delivery. Dr Tamara Miller has opposed this vehemently, given the disruption in our care that comes with having to negotiate around all this extra activity before placental delivery and while the uterus is still soft. There are presently NO plans to introduce this over at HSC Women's. I will be meeting with Dr Michael Narvey to discuss this in the very near future.



**5) Women's Hospital Workload**

We are still doing 150 deliveries/month more than St B at HSC Women's per month. There is no doubt that nights are busier than days and that some form of extender support needs to be considered when a resident is not scheduled. We are not in a position currently to reliably do this with ACAs . I am wondering if we might consider an HMO model where ACAs and residents are not available. I would welcome any feedback on this issue.