

MINUTES

Committee:	Medical Advisory Committee		
Date:	November 9, 2023	Time:	8:33am-9:56am
Chair:	Dr. Sean Ryan	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Chan, Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. C. McLean, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Heather Klopp, Jimmy Trieu, Matt Trovato, Adriana Walker, Michelle Wick		
Regrets:	Heather Zrini, Dr. N. McLean		
Guests:	Shari Sherwood, Joanna Smorhay		
1 Call to Order / Welcome			
1.1	<ul style="list-style-type: none"> Dr. Ryan welcomed everyone and called the meeting to order at 8:33am <ul style="list-style-type: none"> Dr. Ryan welcomed the team as the new Chief of Staff, and thanked Dr. Nelham for his years of services as the Chief of Staff over the past three years 		
2 Guest Discussion			
2.1	<p><u>ACT-FAST Tool:</u></p> <ul style="list-style-type: none"> Documents circulated included: <ul style="list-style-type: none"> ACT-FAST Tool ACT-FAST Implementation HHS 2017-02-ACT-FAST-Drip & Ship Process Map SGH & AMGH 2017-02-ACT-FAST-Protocol-AMGH TIA Process 2023-04-ACT-FAST-Protocol-HPED to ED Emergency Stroke Transfers for Walk-In Stroke Ms. Smorhay (Manager, Huron Perth District Stroke Programs and Stratford Dialysis Unit, HPHA), joined the meeting to discuss implementation of the Act-Fast Tool in EDs across the province; also known as the Clinical Trial for Acute Stroke Treatment for patients within the 6-24hr window <ul style="list-style-type: none"> <i>Indicates patients with large ischemic stroke who may benefit from Endovascular Thrombectomy (EVT) within 6-24 hours of clearly defined stroke symptom onset or last seen well</i> <i>Identifies patients who might be having a large vessel occlusion stroke; ACT-FAST positive patients need urgent assessment for EVT</i> <i>EVT is available for the region at University Hospital-LHSC</i> <ul style="list-style-type: none"> <i>EVT (Endovascular Thrombectomy):</i> <i>EVT is a procedure for selected acute ischemic stroke patients; EVT removes large stroke-causing clots from the brain and substantially improves the chance for a better outcome</i> Goal is to treat the Act-Fast positive patient with the same urgency as the 0-4.5hr window stroke patient; positive feedback has been received from physicians in regards to the screening tips when they have patients presenting with stroke symptoms Act-Fast tool has already been built into Cerner sites; triage assessment tool automatically prompts results, which includes the Act-Fast tool <ul style="list-style-type: none"> Tool needs to be completed to help guide decision making and activate the acute stroke protocol There is an e-learning module available; requires communication to stakeholders Determine efficiency in transferring the patients to the correct hospital for care, i.e., Stratford or London Still need to determine if there needs to be an urgent consult through one number 		
	<p><u>Action:</u></p> <ul style="list-style-type: none"> Discuss screening tool in Cerner with nursing staff Ensure most up-to-date version is posted in ED Activate tool in triage at SHH and communicate 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> Walker; Nov Walker / Smorhay; Nov Smorhay; Dec 4 	
3 Approvals and Updates			
3.1	<p><u>Previous Minutes</u></p> <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 October 12th, 2023 MAC minutes. CARRIED.</u></p>				
4	Business Arising from Minutes				
4.1	<p><u>CT Scanner:</u></p> <ul style="list-style-type: none"> ● Per Ministry, formal drawings have to be included in the submission <ul style="list-style-type: none"> ○ Drawings received were not suitable and Walter Fedy was asked to redraw; two new drawings received, which have been reviewed with the DI team ○ Some small adjustments will be made to the drawings and they will be added to the package and submitted next week ○ COO will be reminding Capital Branch of the limited timeline in relation to the approved funding ○ Formal approval is required for the installation; RFP process is underway based ○ Discussed location, which will likely be directly across from registration <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><u>Action:</u></td> <td style="width: 50%;"><u>By whom / when:</u></td> </tr> <tr> <td> <ul style="list-style-type: none"> ● Forward to next agenda ● Discuss location with Foundation </td> <td> <ul style="list-style-type: none"> ● EA; Dec ● Ryan / Trieu; Nov / Dec </td> </tr> </table>	<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> ● Forward to next agenda ● Discuss location with Foundation 	<ul style="list-style-type: none"> ● EA; Dec ● Ryan / Trieu; Nov / Dec
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4.2	<p><u>P4R Funding:</u></p> <ul style="list-style-type: none"> ● \$150K funding was received to find efficiencies in the ED and broader hospital <ul style="list-style-type: none"> ○ Plan submitted was going to be two stipends ○ \$410/day for the ED physicians, or \$205 per shift and \$415/day for the hospitalist, which would utilize the full \$150K ; this plan was designed to ensure we could fill critical shifts and keep our ED open ○ Ministry has declined the submission, noting that the resources must be in addition to current hours of coverage ● HHS will be moving forward with the physician stipend plan internally for the remainder of the year, and the P4R funding will be utilized for OneChart Phase II, and an extra weekday nursing shift, which will qualify 				
4.3	<p><u>Urgent Palliative Follow-Up Clinic:</u></p> <ul style="list-style-type: none"> ● Program is now live with a goal of preventing repeat visits to the ED ● For frail patients seen in the ED, referrals can be sent to Dr. Kelly for patient follow up with either a home visit or virtual/phone visit ● Information will be dictated into PowerChart and will be accessible to both primary care physicians (if there is one), as well as other ED positions <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><u>Action:</u></td> <td style="width: 50%;"><u>By whom / when:</u></td> </tr> <tr> <td> <ul style="list-style-type: none"> ● Forward referrals to Dr. Kelly via HyperCare text or emily.kelly@shha.on.ca </td> <td> <ul style="list-style-type: none"> ● All; Ongoing </td> </tr> </table>	<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> ● Forward referrals to Dr. Kelly via HyperCare text or emily.kelly@shha.on.ca 	<ul style="list-style-type: none"> ● All; Ongoing
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4.4	<p><u>Physician Committee Assignments & Dates:</u></p> <ul style="list-style-type: none"> ● 2023-11-02-Chairs and Dates of Committee Assignments for MAC circulated <ul style="list-style-type: none"> ○ As part of Accreditation ROPs (Required Organizational Practices), the Antimicrobial Stewardship Program team will be updating the structure; Dr. Nelham will be bringing various best practices to the MAC each month for review, i.e., Clostridium Difficile ● An EMR Chart Audit Review committee is planned to start in Jan, and guidelines are in development; team will likely consist of Ms. Wick, Ms. Sherwood, Dr. Nelham, Dr. Patel and Dr. C. McLean 				
4.5	<p><u>Staff WiFi:</u></p> <ul style="list-style-type: none"> ● All physicians who submitted a request have been set up in the Active Directory; this will allow a single point of entry into the system and access to the staff WiFi <ul style="list-style-type: none"> ○ There are changes coming; suggested waiting to develop any new email addresses ● VPN (Virtual Private Network) access was shut down London due to cyber security issues; may have to call to have your password reset; when calling LSCH IT for assistance, please be very clear that you are calling from South Huron Hospital ● Horizon allows access to OneChart; VPN provides broader access <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><u>Action:</u></td> <td style="width: 50%;"><u>By whom / when:</u></td> </tr> <tr> <td> <ul style="list-style-type: none"> ● Forward email requests to next agenda for discussion </td> <td> <ul style="list-style-type: none"> ● Sherwood / Trieu; Dec </td> </tr> </table>	<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> ● Forward email requests to next agenda for discussion 	<ul style="list-style-type: none"> ● Sherwood / Trieu; Dec
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5	Medical Staff Reports	
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none"> Nothing to report 	
	<u>Action:</u> <ul style="list-style-type: none"> Review c Diff ROP 	<u>By whom / when:</u> <ul style="list-style-type: none"> Nelham; Dec
5.2	<u>Death Audit Review:</u> <ul style="list-style-type: none"> Going forward, Dr. Patel will discuss under Hospitalist report 	
	<u>Action:</u> <ul style="list-style-type: none"> Remove from agenda 	<u>By whom / when:</u> <ul style="list-style-type: none"> EA; Ongoing
5.3	<u>Infection Control:</u> <ul style="list-style-type: none"> Nothing to report 	
5.4	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> C Diff attachment for ROP (next meeting); ROPs will be reviewed monthly 	
5.5	<u>Pharmacy & Therapeutics:</u> <ul style="list-style-type: none"> Meeting scheduled for end of Nov; information to be reported to MAC in Dec 	
5.6	<u>Lab Liaison:</u> <ul style="list-style-type: none"> Nothing to report 	
5.7	<u>Community Engagement Committee:</u> <ul style="list-style-type: none"> Nothing to report 	
5.8	<u>Recruitment & Retention:</u> <ul style="list-style-type: none"> Recruitment & Retention meeting held this week; AMGH has been successful in recruiting a 3rd surgeon, and a new Psychiatrist, both starting in Jan <ul style="list-style-type: none"> Dr. Neilsen (Psychiatrist) will be retiring at the end of Dec There is interest of another psychiatrist possibly joining AMGH in the new year as well Ms. Devereaux, Physician Recruiter, has been attending recruitment fairs; KW (Sep), Montreal (currently), Ottawa (coming weekend); Ms. Devereaux will be retiring from the recruiting position in early 2024 Great committee, very invested members 	
5.9	<u>Quality Assurance Committee:</u> <ul style="list-style-type: none"> 2023-11-QIP Dashboard <ul style="list-style-type: none"> Shared a copy of the dashboard; reviewed the six metrics <ul style="list-style-type: none"> Indicators identify things that can be done differently or better, but also determine reasons why some cannot be met, i.e., CTAS levels 1&2 are not getting into the system consistently, however, this is due to the physician being with the critical patient, which is a reasonable explanation Time delays for CTAS 2&3 are mostly due to not having a bed to put a patient in; and the SHH ED was down two rooms for ½ of Sep and Oct Data collection is improving Re Service Excellence indicator, in process of developing a patient follow up phone call to ensure they received appropriate information and to connect them with resources, if needed Re Medication reconciliation, continues to do very well Re Workplace Safety, continuing to educate leadership and staff in regards to appropriate practice and work place safety; development of eLearning modules is under way <ul style="list-style-type: none"> Will be providing Violence training for all staff Re IPAC, there were some instances of Clostridium Difficile in Q1 and Q2; anticipates being ‘in the green’ for the remainder of the year Re Equity/Diversity, mandatory eLearning module is in place for all leadership and staff to complete; almost 60% of staff have completed 	
	<u>Action:</u> <ul style="list-style-type: none"> Complete Equity/Diversity eLearning module 	<u>By whom / when:</u> <ul style="list-style-type: none"> All; Nov / Dec
<u>MOVED AND DULY SECONDED</u>		

	<i>MOTION: To approve the Medical Staff Reports as presented for the November 9, 2023 MAC Meeting. CARRIED.</i>	
6	Other Reports	
6.1	<u>Lead Hospitalist:</u> <ul style="list-style-type: none"> Appreciation noted that funding stipends will be still be available to the physicians; helps with retention 	
6.2	<u>Emergency:</u> <ul style="list-style-type: none"> Welcome to Dr. C. McLean, Chief of Emergency <ul style="list-style-type: none"> Form 42s (Notice to Person) are to be given to a patient to notify them that they are under a Form 1, which allows a physician to detain a patient for up to 72 hours for a psychiatric assessment <ul style="list-style-type: none"> Process is to be completed at the Schedule 1 facility however, SHH sometimes completes this if the physician is not in-house (usually AMGH); the reason the Schedule 1 facility normally fills out the Form 42 is because the clock starts when the form is signed by the physician It was recommended that, going forward, SHH physicians completed Form 42 after hours, if the patient is going to AMGH; AMGH has agreed to complete the Form 42 during day time hours <ul style="list-style-type: none"> Cerner prepopulates most of the information ED referrals are being rejected until the ordering physician is back in, which can delay tests for six weeks or more; these referrals are to be handed over to the next ED physician for signature and/or completion, as needed, to have tests done in a timely manner; process depends whether: <ul style="list-style-type: none"> The referral is urgent or non-urgent Patient has a family physician or is an orphan Only needs a signature, or needs clarification Suggested completing all referrals on line through Cerner, as hand written ones are sometimes illegible 	
	<u>Action:</u> <ul style="list-style-type: none"> Change ED Report on agenda to Dr. C. McLean Remind HFO physicians re completion of Form 42 Clarify referral steps between ED / Health Records / Nursing 	<u>By whom / when:</u> <ul style="list-style-type: none"> EA; Ongoing McLean; As needed McLean / Klopp / Walker; Nov / Dec
6.3	<u>Chief of Staff Report:</u> <ul style="list-style-type: none"> 2023-11-Report to Board-CofS (SHH) circulated <ul style="list-style-type: none"> Exeter Villa Physician Coverage <ul style="list-style-type: none"> Dr. Jadd has resigned from his Medical Director position at the Villa, and all new patients are going to the new physician from London; ED visits from the Exeter Villa have increased Looking for an SHH physician to pick up some daytime work at the Exeter Villa; it will be a benefit to the community to have a local physician at Exeter Villa, and one who can connect with the local physician group Can consider different models of care and apply for grants, as available Outpatient Lab hours are being pulled out of the walk-in clinic and put back into the hospital as of Jan 1, 2024 <ul style="list-style-type: none"> As this will be a significant loss to the community, Dr. Ryan is attempting to attract a private lab company to South Huron, i.e., Life Labs or Dynacare (not interested); further information pending 	
	<u>Action:</u> <ul style="list-style-type: none"> Schedule meeting with new physician at Exeter Villa for introduction and discussion of support needs 	<u>By whom / when:</u> <ul style="list-style-type: none"> Ryan / Kelly / Wick; Nov / Dec
6.4	<u>President & CEO Report:</u> <ul style="list-style-type: none"> 2023-11-Report to Board-CEO circulated <ul style="list-style-type: none"> OHA will be holding engagement sessions regarding its advocacy of funding challenges with Board Chairs and CEOs over the next few weeks; development of messaging regarding the pre-budget Five to six million patient records were stolen in the recent cyber attack on Windsor Regional Hospital Network (Erie St. Clair) 	

	<ul style="list-style-type: none"> ▪ Networks will be rebuilt from scratch ▪ A patient hotline as been opened ▪ A number of services have been transferred to LHSC and Hamilton ▪ Any connections to AMGH & SHH have been terminated until further notice, i.e., physician VPN; however, sufficient communication was not received 						
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6.5	<p><u>CNE Report:</u></p> <ul style="list-style-type: none"> • Documents circulated: <ul style="list-style-type: none"> ○ 2023-10-30-Media Release re OBSP Expansion <ul style="list-style-type: none"> ▪ Breast cancer screening will be changing in 2024 ○ 2023-11-EMS Destination Protocol (protocol list only) <ul style="list-style-type: none"> ▪ HPHA is reviewing its EMS bypass protocols, and has shared a draft that has been extended to Wingham, SHH and AMGH for review; discussed impact on STEMIs, Strokes, and orthopedic injuries, etc. ○ 2023-09-SHH Sep Incident Report <ul style="list-style-type: none"> ▪ Discussed recent incidents ▪ Expressed caution around transferring patients with out nursing staff ▪ Provision of education around Antimicrobial Stewardship and cultures 						
6.6	<p><u>COO:</u></p> <ul style="list-style-type: none"> • Nothing further <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Action:</u></p> <ul style="list-style-type: none"> • Forward report to Board to MAC </td> <td style="width: 50%; vertical-align: top;"> <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • EA; Monthly </td> </tr> </table>	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Forward report to Board to MAC 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • EA; Monthly 				
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6.7	<p><u>Patient Relations Report:</u></p> <ul style="list-style-type: none"> • 2023-11-Report to Board-Patient Relations circulated <ul style="list-style-type: none"> ○ Circulated patient pamphlets for review, i.e., Empower Your Health Journey (patient-facing Clinical Connect / ConnectMyHealth); all staff and physicians are encouraged to sign up <ul style="list-style-type: none"> ▪ Includes Discharge Summaries, and some imaging and labs; replaces MyChart (not to be confused with other Apps like MyCarePortal, and Pocket Health) 						
<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Other Reports as presented for the November 9, 2023 MAC Meeting. CARRIED.</u></p>							
7	New Business						
8	Education / FYI						
8.1	<ul style="list-style-type: none"> • Sessions Available <ul style="list-style-type: none"> ○ See Adriana Walker <ul style="list-style-type: none"> ▪ Electronic documentation for nursing in the ED is going live the week of Dec 4; most paper-based documentation will cease at this point, except deliveries and Code Blues ▪ Development of med lists for orphan patients and/or CTAS 2 with chest pain or altered Level of Consciousness (LOC), through completion of BPMHs ○ Discussed homelessness issue <ul style="list-style-type: none"> ▪ Development of policy to handle non-patients seeking shelter at night; working on development of a consistent process to deter these situations from happening ▪ Considering provision of small care packages to hand out ○ See Hospital Round invitations from Lori Hartman (HPHA) 						
9	Adjournment / Next Meeting						
	Regrets to alana.ross@amgh.ca						
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December 14, 2023	8:30am	Boardroom B110 / WebEx					
	<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the November 9, 2023 meeting at 9:56am. CARRIED.</u></p>						
Signature							



Dr. Ryan, Committee Chair