

MINUTES

Committee:	Medical Advisory Committee		
Date:	June 13, 2024	Time:	8:05am-9:14am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Joseph, Dr. Kelly, Dr. McLean, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Lynn Higgs, Heather Klopp, Jimmy Trieu, Adrianna Walker		
Guests:	Heather Zrini, Shari Sherwood, Aileen Knip (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 8:05am <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><i>MOVED AND DULY SECONDED</i> <i>MOTION: To accept the May 9, 2024 MAC minutes. CARRIED.</i></p>		
4	Business Arising from Minutes		
5	Medical Staff Reports		
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none"> • No discussion 		
5.2	<u>Infection Control:</u> <ul style="list-style-type: none"> • Catching up post accreditation; met all ROP criteria <ul style="list-style-type: none"> ○ Better results than peers in a number of areas, i.e., hand hygiene in outpatient areas ○ Carbapenemases are resistant ○ Enterobacteriaceae screening is above guidelines; same criteria as MRSA ○ Tracking cDiff cases; ½ has many cases as last year; shows that education is working • Proactive planning for respiratory surge in the Fall is underway; OHW held respiratory surge simulation exercise for this area recently • Creative ideas for increasing dementia day program supports are being considered • Voyce Translation contract has been signed and submitted • Diversity, Equality, Inclusion (DEI) meeting scheduled for May 15 <ul style="list-style-type: none"> ○ Pronouns discussion is ongoing; to be implemented in the EMRs, etc. • Pride Month pins available in HR 		
5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> • Meeting scheduled in a few weeks; planning to move forward with next project • Discussed cultures, information tracking, process if a culture is not needed/wanted <ul style="list-style-type: none"> ○ Drawing of cultures has improved; although physicians continue to be encouraged to make a notation as to why a culture is not ordered, as documentation is required for reporting • Document pending 		
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"> • No discussion 		

5.6	<p><u>Recruitment and Retention Committee:</u></p> <ul style="list-style-type: none"> • Biggest issue is physician incentives <ul style="list-style-type: none"> ○ Discussed what other hospitals are doing in terms of sign on bonuses; is this the best course of action? <ul style="list-style-type: none"> ▪ Rural Ontario Municipal Association (ROMA) ▪ Northern and Rural Recruitment and Retention Initiative (NRRRI); has been increased from \$86K to \$91K with another increase anticipated in 2025 • Discussions continue
5.7	<p><u>Quality Assurance Committee:</u></p> <ul style="list-style-type: none"> • Patient feedback <ul style="list-style-type: none"> ○ DI-4, ED-3, HK-1, Inpatient-12, Lab-5, Medicine-4 • Looking for a better way of tracking
<p><i>MOVED AND DULY SECONDED</i> <i>MOTION: To approve the Medical Staff Reports as presented for the June 13, 2024 MAC Meeting. CARRIED.</i></p>	
<p>6 Other Reports</p>	
6.1	<p><u>Lead Hospitalist:</u></p> <ul style="list-style-type: none"> • Welcome to new Locum Hospitalist Dr. Asad Naeem, who has moved to the area and will be picking up regular shifts
6.2	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> • Debrief to be held following a preterm neonatal resuscitation <ul style="list-style-type: none"> ○ Will discuss equipment needed, i.e., extra small 2.5 Endotracheal Tubes (ETT), and location ○ Panda warmer was very helpful; appreciated having this equipment • Shifts are being picked up in the ED; extra funding has helped <ul style="list-style-type: none"> ○ 8 of the 10 unscheduled shifts have been filled ○ Still sorting out Aug long weekend coverage • Noted regular mechanical failures with new analyser in the Lab <ul style="list-style-type: none"> ○ Issues happening with this brand of analyser in other hospitals ○ Creates a crisis of waiting up to 12 hours for lab results, i.e., lytes and creatinine <ul style="list-style-type: none"> ▪ Labs having to be sent to Stratford for analysing ▪ 8 hour turnaround on critical results is unacceptable ▪ Resistance to nurses running 2 minutes urine cultures due to union rules ○ Issue has been entered into RL6 and has been discussed with Manager; looking for more on-site manager time • CT Scanner <ul style="list-style-type: none"> ○ Application is still under review, but under a different branch of the Ministry; CEO followed up two weeks ago <ul style="list-style-type: none"> ▪ Government is focusing on a move towards Integrated Community Health Services Centres (ICHSCs); determining what this means in regards to implementing a CT scanner in the hospital or in an independent health facility ▪ It does provide a 2nd opportunity to move forward with the CT Scanner service; 2nd application to be submitted ▪ Dr. Ondrejicka is the representative on this project • ‘Go Lives’ scheduled for Next week <ul style="list-style-type: none"> ○ Implementing a new workflow in ED (Ambulance hold 1234) for ambulance offload; Jun 20 <ul style="list-style-type: none"> ▪ Does not affect physicians directly; feeds ambulance offload times directly into the Ministry based on information inputted by clerks ▪ Required indicator for Pay-for-Performance results ○ Physician Initial Assessment date and time <ul style="list-style-type: none"> ▪ Discussed setting up physician relationship as emergency physician ▪ Currently there is only a 30% physician check in based on current default set up ▪ Laminated instructions will be posted at the physicians desks ▪ Only needs to be done once ○ Implementation of camera capture in inpatients and ED; Jun 20

	<ul style="list-style-type: none"> ▪ Two iPads will be implemented for physicians to take wound photos, which will go directly into the patient’s chart ▪ App can also be installed on personal phones; steps reviewed
<p>6.3</p>	<p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> • 2024-06-Monthly Report-COS, circulated • SHHF has led the Steering Committee for a new Medical Clinic • Thanks to everyone who attended the Gala Dinner on June 7 <ul style="list-style-type: none"> ○ Medical Staff made a \$10K contribution to the Foundation, WELL DONE and THANK YOU!!! • Reviewed DynaDoc (dynamic dictation) and Dragon Medical (dictation) <ul style="list-style-type: none"> ○ Go Live scheduled for Sep ○ Will replace current dictation system; replaces handwritten notes and decrease paper usage ○ Physician access to patient lists, note making, capability to add a picture to notes, a variety of folders available, i.e., Ortho, Oncology, etc. ○ Physician desks will be ordered and set up at ED, Inpatients and in the lounge (beneficial in dictating sensitive patient notes); guidelines will be provided at the desks ○ Power mics will be ordered and hardwired to the dictation desk computers ○ Learning Journey is being set up for Docs; straightforward, but there are a number of modules, which will take some time <ul style="list-style-type: none"> ▪ There is background and components to learn; lots of options and set up of specialty items ▪ Voice training is not necessary
<p>6.4</p>	<p><u>President & CEO:</u></p> <ul style="list-style-type: none"> • 2024-06-Monthly Report-CEO, circulated • Thank you to all staff and physicians for their participation in the Accreditation Survey; very successful event <ul style="list-style-type: none"> ○ First accreditation survey of its kind making SHH & AMGH trailblazers ○ Framework will be used to survey other OHTs across the province and we may be called upon to assist with the process • Further to discussion in 6.2, the ICHSC application is due by Aug 12 <ul style="list-style-type: none"> ○ Lengthy application, but a good opportunity to get some funding for the CT Scanner ○ The SHH CT Scanner is expected to be self funded, which means the CT scanner will be built by the hospital and be a hospital asset; applying to the Ministry means Ministry approval and related funding, but it becomes a Ministry asset ○ Hospital normally receives 2K hours of funding and \$260/hr beyond that • St. Thomas/Elgin General will be going down to one Ortho Surgeon as of Aug 30 <ul style="list-style-type: none"> ○ Awareness for potential for back logs ○ Will be going back to a central waitlist for hips and knees, however, there has been pushback from providers • CNE recruitment <ul style="list-style-type: none"> ○ Interviewed two really good candidates; in final stages ○ Dr. Ryan and Dr. Natuik had met with candidates yesterday ○ Planning a meeting for the candidates to meet the Clinical Leaders within 10-14 days ○ Decision will then be made, and a start date is expected around Sep/Oct
<p>6.5</p>	<p><u>CNE:</u></p> <ul style="list-style-type: none"> • Pride Week; events happening around the hospital, pins available through HR <ul style="list-style-type: none"> ○ Drag Kings and Queens production scheduled at the Legion on July 6 ○ Proceeds will go towards one suicide assist trainer for suicide prevention; a grant was applied for and received for a 2nd trainer • HART training continues for staff; related to restraints <ul style="list-style-type: none"> ○ Looking for soft restraints at SHH; could not find them recently ○ Attempting to stay away from physical and chemical restraints, when possible • Seclusion rooms are in ‘up and running’ at AMGH; one in ED and one on MH unit; some alterations required • Working on police transition protocol to meet legal requirements and best practice. <ul style="list-style-type: none"> ○ Affects both AMGH & SHH

	<ul style="list-style-type: none"> ○ Police officers can no longer just drop off patients in the ED ; they are required to stay and work with the physician/nurse team to ensure that it is safe to leave the patient without police supervision/assistance, and to sign off on an agreement ● Clinical Scholar program continues; working very well ● Recruitment of nurses is successful; working with Nurse Manager and Occ Health to onboard new staff, i.e. immunization testing ● Appreciation extended to Adriana, Brenda, Kaylee, and Bonnie, etc., for their support of the CNE <ul style="list-style-type: none"> ○ Will be hiring today for the Scheduler position ○ Interviews for the IPAC position are underway ● EMS would like to establish bypass protocols for OB, Mental Health and TeleStroke; documents will be shared with CEO for review and input; discussions to be held <ul style="list-style-type: none"> ○ CEO to include Nursing Managers and Chiefs of Staff in discussions ○ Concern for staffing support at smaller hospitals and continual ED closures in the area ○ All hospitals must be on board ● Community Safety <ul style="list-style-type: none"> ○ Focus on mental health and addictions, housing stability and homelessness, and domestic violence <ul style="list-style-type: none"> ▪ Domestic violence is considered endemic; will be providing some gender-based violence training ▪ Grants available in relation to Mental Health First ○ Community Security program put on by Police re ‘Lock It or Lose It’, and wearing bike helmets, seatbelts, etc.
6.6	<p><u>COO:</u></p> <ul style="list-style-type: none"> ● No discussion
6.7	<p><u>Patient Relations:</u></p> <ul style="list-style-type: none"> ● 2024-06-Monthly Report-Patient Relations, circulated ● Review of patient story related to SHH ED, and quick thinking of registration staff <ul style="list-style-type: none"> ○ Staff are grateful for the teamwork ● Diabetes <ul style="list-style-type: none"> ○ Sheila Jackson-Elder has announced her retirement plans for Sep ○ A posting for the Diabetes Educator position will be circulated soon ● Health Records <ul style="list-style-type: none"> ○ If a patient registers and leaves without being seen, please keep the patient chart <ul style="list-style-type: none"> ▪ A registered patient does have the right to leave, however, do not cancel or throw out the patient chart; ‘left without being seen’ must be documented to show that we have done our due diligence ▪ Policies are being updated ○ Concern for mental health patients who may need to be formed <ul style="list-style-type: none"> ▪ OPP are not to leave until decisions can be made about status of patients that they accompany to the ED, and are also to be contacted for those that they did not accompany to the ED if it is deemed that the patient should be admitted legally
<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the June 13, 2024 Other Reports to the MAC. CARRIED.</u></p>	
7	New Business
7.1	<p><u>Dr. Nicola McLean:</u></p> <ul style="list-style-type: none"> ● 2024-06-10-Memo to MAC-Dr. Nicola McLean, circulated <ul style="list-style-type: none"> ○ Dr. McLean has submitted notification of her retirement as of Dec 31, 2024 ○ All Type 1 Diabetic patients will be referred to another endocrinologist, and complicated patients will have follow up ○ Meeting scheduled with Internal Medicine; HPHA may have a physician that will step in to continue this service at SHH
7.2	<p><u>Credentialing: New Appointments & Reapplications:</u></p> <ul style="list-style-type: none"> ● 2024-06-13-Report to MAC-Credentials circulated <ul style="list-style-type: none"> ○ No concerns raised

<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the Credentialing Report of June 13, 2024, as presented, and recommend to the HHS Common Board for final approval. CARRIED.</u></p>		
<p><u>Action:</u></p> <ul style="list-style-type: none"> Forward SHH credentials report to HHS Common Board for final approval 		<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> EA; Today
7.3	<p><u>F2425 Annual Reappointments:</u></p> <ul style="list-style-type: none"> 2024-06-05-CMaRS Reappointment Report circulated <ul style="list-style-type: none"> No concerns raised <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the Annual CMaRS Reappointment Report, as presented, and recommend to the HHS Common Board for final approval. CARRIED.</u></p>	
<p><u>Action:</u></p> <ul style="list-style-type: none"> Forward SHH reappointment reports to HHS Common Board for final approval 		<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> EA; Jun 13 (1st report) / Jun 27 (2nd report)
8	Education / FYI	
8.1	<p><u>Sessions Available:</u></p> <ul style="list-style-type: none"> PALS available end of month; initial certification and recertification BLS Jun 25 or 26 Stratford NRP available Jul, Sep and Oct; email Adriana if interested <p><u>Cerner:</u></p> <ul style="list-style-type: none"> Physicians access to Cerner App on phone <ul style="list-style-type: none"> Go Live is Jun 20 (next Thursday) and IT will be on-site to provide assistance; contact Shari as needed Cerner Capture will be set up 1 by 1 and access codes will be provided Reminder re Staff BBQ also on Jun 20 	
9	In-Camera Session	
10	Adjournment / Next Meeting Regrets to alana.ross@amgh.ca	
	Date	Time
	September 12, 2024	8:00am
	Location	
	Boardroom B110 / MS Teams	
<p><u>Motion to Adjourn Meeting:</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the June 13, 2024 meeting at 9:14am. CARRIED.</u></p>		
Signature		
		
<p>_____</p> <p>Dr. Sean Ryan, Committee Chair</p>		