

# AGENDA

Committee:	<b>Medical Advisory Committee</b>				
Date:	May 11 <sup>th</sup> , 2023	Time:	8:00am-9:00am		
Location:	Boardroom B110 / WebEx				
Chair:	Dr. Mark Nelham	Recorder:	Alana Ross		
Members:					
Guests: <i>(Open Session Only)</i>	Sheri Sherwood				
	<b>Agenda Item</b>	<b>Presenter</b>	<b>Anticipated Actions</b>	<b>Time Allotted</b>	<b>Related Attachments</b>
<b>1</b>	<b>Call to Order / Welcome</b>				
<b>2</b>	<b>Guest Discussion</b>				
2.1	EMR Upgrade with Nursing Electronic Documentation	Sherwood / Walker	Update	15min	
<b>3</b>	<b>Approvals and Updates</b>				
3.1	Previous Minutes	Nelham	Decision	1min	• 2023-04-13-MAC Minutes
	<b>Motion: To accept the April 13<sup>th</sup>, 2023 MAC Minutes.</b>				
<b>4</b>	<b>Business Arising from Minutes</b>				
4.1	CT Scanner	Trovato	Update	2min	
4.2	HyperCare	Klopp	Update	2min	
4.3	Membership Request re R&R / CEC	Ryan	Update	2min	
4.4	Ultrasound and Tablet for Ultrasound Guided IV starts	Nelham / Trovato	Update	2min	
<b>5</b>	<b>Medical Staff Reports</b>				
5.1	Chart Audit Review	McLean	Information	2min	
5.2	Death Audit Review	Patel	Information	2min	
5.3	Infection Control	Kelly	Information	5min	
5.4	Emergency	Ryan	Information	5min	
5.5	Pharmacy & Therapeutics	Patel	Information	5min	
	<b>Motion: To accept the May 11<sup>th</sup>, 2023 Medical Staff Reports to the MAC.</b>				
<b>6</b>	<b>Other Reports</b>				
6.1	Chief of Staff	Nelham	Information	5min	• 2023-05-Report to MAC-COS
6.2	Lead Hospitalist	Patel	Information	5min	
6.3	President & CEO	Trieu	Information	5min	• 2023-05-Report to MAC-CEO
6.4	Patient Experience Story	Klopp	Information	5min	• 2023-05-Patient Experience Story
	<b>Motion: To accept the May 11<sup>th</sup>, 2023 Other Reports to the MAC.</b>				
<b>7</b>	<b>New and Other Business</b>				

7.1	Credentialing Report	Nelham	Acceptance Recommendation	5min	<ul style="list-style-type: none"> <li>• 2023-05-11-Report to MAC-Credentials (SHHA)</li> </ul>
<b><i>Motion: To accept the Credentialing Report of May 11<sup>th</sup>, 2023 as presented, and recommend to the Board for Final Approval.</i></b>					
<b>8</b>	<b>Education / FYI</b>				
8.1	ACLS (June 1 <sup>st</sup> )	Nelham	Update	2min	
8.2	Panda Review	Nelham	Update	2min	
<b>9</b>	<b>Next Meeting &amp; Adjournment</b>				
	<b>Date</b>	<b>Time</b>		<b>Location</b>	
	June 8 <sup>th</sup> , 2023	8:00am-9:00am		Boardroom B110 / WebEx	

# MINUTES

Committee:	<b>Medical Advisory Committee</b>		
Date:	April 13 <sup>th</sup> , 2023	Time:	8:00am-9:27am
Chair:	Dr. Mark Nelham	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Joseph, Heather Klopp, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Matt Trovato, Adrianna Walker		
Regrets:			
Absent:			
Guests:	Tracey Snell, Heather Zrini		
<b>1</b>	<b>Call to Order / Welcome</b>		
1.1	<ul style="list-style-type: none"> <li>Dr. Nelham welcomed everyone and called the meeting to order at 8:00am</li> </ul>		
<b>2</b>	<b>Guest Discussion</b>		
2.1	<p><u>Jessica's House-Referral Process &amp; Recent Changes:</u></p> <ul style="list-style-type: none"> <li>Tracey Snell, Jessica's House joined us to discuss provision of MAID at the hospice facility; Julie Campbell (NP) and Dr. E. Thomas are both available to provide the service</li> <li>Provision of MAID in hospice facilities has been discussed in the news, however, it is not being advertised as such</li> <li>Jessica's House is planning to: <ul style="list-style-type: none"> <li>Offer the community educational opportunities to discuss death, end-of-life and advanced care planning;</li> <li>Clarify to the community that Jessica's House is available for all suffering an end-of-life situation, not <i>just</i> cancer patients; and</li> <li>To adjust the model of care to include referrals for MAID, as needed</li> </ul> </li> <li>Funding not affected to date</li> <li>Currently two empty beds; however, support is not necessarily available at home with the current strain on healthcare</li> <li>Patients are coming to Jessica's House for hospice services from local areas, Strathroy, Lucan, Ilderton, and as faraway as Toronto</li> </ul>		
<b>3</b>	<b>Approvals and Updates</b>		
3.1	<p><u>Previous Minutes</u></p> <ul style="list-style-type: none"> <li>Approval / Changes <ul style="list-style-type: none"> <li>None</li> </ul> </li> </ul> <p><b><i>MOVED AND DULY SECONDED</i></b> <b><i>MOTION: To accept the March 2<sup>nd</sup>, 2023 MAC minutes. CARRIED.</i></b></p>		
<b>4</b>	<b>Business Arising from Minutes</b>		
4.1	<p><u>CT Scanner:</u></p> <ul style="list-style-type: none"> <li>An agreement has been secured from the SHHA Foundation to support the purchase, installation and operating costs of a new CT Scanner; Business Case is under way</li> <li>SHHA Foundation is to provide letters to the Ministry, next month, to show funding source; and Ministry has one year to review the Business Case upon receipt</li> <li>SHHA will be starting a facility-wide electrical project over the next 2 months, which is a 2-year process and is required to be able to support the installation of a CT Scanner; the CT scanner project will not start before 2 years</li> <li>Reviewed space with architects; fluoroscopy room is likely where the CT scanner will go, however, 2 more rooms are required in the ER</li> </ul>		
4.2	<u>Professional Staff By-Laws:</u>		

	<ul style="list-style-type: none"> <li>Dr. Nelham provided discussion points and reviewed the current draft Professional Staff By-Laws with attendees; changes were accepted as discussed and the final draft will come to MAC in May for recommendation to the Board in June for final approval</li> </ul> <p><b>MOVED:</b> Dr. Mark Nelham  <b>SECONDED:</b> Dr. Sean Ryan  <b>MOTION:</b> <i>To accept the changes to the Professional Staff By-Laws as presented by Dr. Nelham. CARRIED.</i></p>
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Incorporate changes as discussed and forward final draft of Professional Staff By-Laws to MAC in May for recommendation to the Board in June</li> </ul> <p><b>By whom / when:</b></p> <ul style="list-style-type: none"> <li>Changes made through Stevie; Today</li> </ul>
4.3	<p><u>HyperCare:</u></p> <ul style="list-style-type: none"> <li>Process is not in place yet</li> <li>List of physicians has been submitted; licensing and agreements with HyperCare and OHT are pending</li> </ul>
4.4	<p><u>Recruitment &amp; Retention Committee and Community Engagement Committee:</u></p> <ul style="list-style-type: none"> <li>AMGH &amp; SHHA committees for Recruitment &amp; Retention and Community Engagement are looking for SHHA Physician membership:             <ul style="list-style-type: none"> <li>The Community Engagement Committee is in place to provide advice and education to inform the Board’s decision-making and strategic planning processes to achieve sustainable health care services</li> <li>The Recruitment &amp; Retention Committee is in place to identify, recommend, develop and implement strategies to make AMGH a recruitment destination and to achieve a sustainable clinical community</li> </ul> </li> </ul>
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>If you are interested in participating in one or both of the above committees, please contact <a href="mailto:alana.ross@amgh.ca">alana.ross@amgh.ca</a> or <a href="mailto:jimmy.trieu@amgh.ca">jimmy.trieu@amgh.ca</a></li> </ul> <p><b>By whom / when:</b></p> <ul style="list-style-type: none"> <li>All; Ongoing</li> </ul>
4.5	<p><u>Hospitalist Funding Update:</u></p> <ul style="list-style-type: none"> <li>OH, OMA and OHA are jointly developing a survey as they understand the pressures in rural healthcare and the need for a hospitalist model; survey is anticipated to be available by the end of April             <ul style="list-style-type: none"> <li>The survey will be used to determine the scale of the issue across the region; it is unknown what the outcome will be at this point</li> </ul> </li> <li>Both hospitals have received HSAA (Hospital Sector Accountability Agreement), which is the funding agreement between Hospitals and the Ministry; this agreement is normally refreshed every three years, however, it has only rolled over for the last 10 years due to change in government and subsequent pandemic             <ul style="list-style-type: none"> <li>Base funding has not changed for Hospitals across Ontario and COO is working with COOs and CFOs from across the region and province to advocate together for more funding to meet healthcare needs</li> <li>As outlined in the HSAA, when hospitals providers are unable to provide services as established in their HSAA, their funding is supposed to be reallocated to the healthcare centres that continue to provide care; a plus for AMGH &amp; SHHA Emergency Departments is that they have remained open throughout the pandemic</li> </ul> </li> </ul>
<b>5</b>	<b>Medical Staff Reports</b>
5.1	<p><u>Chart Audit Review:</u></p> <ul style="list-style-type: none"> <li>Working on streamlining this process; nothing to report at this time</li> </ul>
5.2	<p><u>Death Audit Review:</u></p> <ul style="list-style-type: none"> <li>Working on streamlining this process; nothing to report at this time</li> </ul>
5.3	<p><u>Infection Control:</u></p> <ul style="list-style-type: none"> <li>Working at dropping mandatory masking in non-direct patient settings within 2 weeks; healthcare providers working directly with patients will still require masking until further notice</li> </ul>
5.4	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> <li>Funding Issues / Summer Schedule</li> </ul>

	<ul style="list-style-type: none"> <li>○ Temporary Locum funding in place over the last 10 months expired as of Mar 31<sup>st</sup>, and it is unknown if there are any plans in place to extend the funding; Ontario Health ED Lead and the Ministry head of the program have been strongly advocating for an extension</li> <li>○ ED schedule is full till the end of April, and almost to the end of May; however there are still a number of shifts open during the summer months</li> <li>○ Physicians are concerned for workload level, which is causing burnout and fatigue</li> <li>● US Guided IV Starts / Equipment Needs             <ul style="list-style-type: none"> <li>○ Discussed new IV products, i.e., different lengths and gauges, that are available, and what has already been ordered</li> <li>○ Recommendation made to invest in an US machine just for US Guided IV starts; Dr. Ryan will put in a request for funding</li> </ul> </li> <li>● Adriana will be meeting with EMS tomorrow to discuss transporting patients needing, i.e., CT, to facilities that cannot provide the test/procedure; EMS transports patients depending on CTAS level</li> </ul>	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>● Forward 'Funding Issues / Summer Schedule' to next Agenda</li> <li>● Request for funding for a new US machine</li> <li>● Contact Kathy to determine what gauges are available</li> </ul>	<p><b><u>By whom / when:</u></b></p> <ul style="list-style-type: none"> <li>● Ross; May</li> <li>● Dr. Ryan; This week</li> <li>● Walker; This week</li> </ul>
<p>5.5</p>	<p><b><u>Pharmacy &amp; Therapeutics:</u></b></p> <ul style="list-style-type: none"> <li>● Adriana will be forwarding an invite for all physicians to participate in full course or recertification for ACLS (June 1<sup>st</sup>) and PALS (tentative June 2<sup>nd</sup>)</li> <li>● In-service for travel bed training is scheduled for April 27<sup>th</sup>; link to video has been shared             <ul style="list-style-type: none"> <li>○ Old bed is at end-of-life; physicians would like to keep it as backup</li> <li>○ New bed supports BiPAP and adjustable ventilation rate</li> </ul> </li> <li>● Quality Indicator being tracked and submitted to Ministry is Physicians Initial Assessment Times in the ER; requires better data for tracking             <ul style="list-style-type: none"> <li>○ Tracking time starts when patients physically register after triage; physicians are encouraged to assign their name to the patient as they see the patient, as delaying this step skews the data collected                 <ul style="list-style-type: none"> <li>▪ CTAS 1s are to be seen in less than 5min 100% of the time – this is done however it may not show on the EMR</li> <li>▪ CTAS 2 are to be seen in less than 15min 80% of the time</li> <li>▪ CTAS 3 are to be seen in less than 30min 75% of the time</li> <li>▪ CTAS 4 are to be seen in less than 60min 70% of the time</li> <li>▪ CTAS 5 are to be seen in less than 120min 70% of the time</li> </ul> </li> </ul> </li> <li>● A Community Care Education Session will be available virtually to outline services offered to patients; May 17<sup>th</sup> &amp; 18<sup>th</sup></li> <li>● Electronic Clinical Documentation for the Inpatients Unit is expected to be LIVE for Nursing staff mid-May; look for information from Shari</li> <li>● Other sites are piloting 'Dragon' dictation system with an App that acts as a microphone; it integrates with Cerner</li> <li>● New 'Short Stay Record' and 'Blood Transfusion Protocol' with Lab 'Consent for Transfusion' forms are being sent out             <ul style="list-style-type: none"> <li>○ Includes Iron Infusions, Blood Transfusions and Phlebotomy on one sheet and reorganization of the Blood Transfusion Protocol to support CPOE ordering</li> <li>○ If you have a patient in ER that requires transfusion then you can put in orders in a planned state, the patient comes in next day and the nurse initiates the plan; Outpatient process differs slightly, as the nurse orders the power plan; orders can be signed when doc is in next</li> <li>○ Physician had difficulty printing cross-match labels for a requisition; couldn't activate one piece of the plan without activating the whole plan and had to go back and order units separately</li> </ul> </li> </ul>		
	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>● Forward ACLS and PALS invite to all SHHA physicians</li> </ul>	<p><b><u>By whom / when:</u></b></p> <ul style="list-style-type: none"> <li>● Walker/Ross; Apr 13</li> </ul>	

	<ul style="list-style-type: none"> <li>Send links to Community Care Education Session</li> <li>Review label printing process for the transfusion plans</li> </ul>	<ul style="list-style-type: none"> <li>Walker; Today</li> <li>Walker; This week</li> </ul>
<p><b><u>MOVED AND DULY SECONDED</u></b>  <b><u>Motion: To approve the Medical Staff Reports as presented for the April 13<sup>th</sup>, 2023 MAC Meeting. CARRIED.</u></b></p>		
<b>6</b>	<b>Other Reports</b>	
6.1	<p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> <li>Reviewed By-Laws under 4.2</li> <li>Encourages all physicians to attend and support the upcoming SHHA Gala; goal is expansion on the clinic</li> <li>Utilized Peer-to-Peer, it's very easy and fast to use-recommended; better than Criti-Call</li> </ul>	
6.2	<p><u>Lead Hospitalist:</u></p> <ul style="list-style-type: none"> <li>Concern for holes remaining in the schedule for May and after; April is ok at this point</li> <li>Encourages all to review the schedule and pick one or two days to cover, if not able to cover a stretch</li> </ul>	
6.3	<p><u>President &amp; CEO Report:</u></p> <ul style="list-style-type: none"> <li>Funding situation discussed previously</li> <li>Pandemic surge beds have been closed, and current bed situation is at 19; the physical beds remain in place in case of emergency, however, without funding they cannot be staffed regularly, and this will prevent repatriation from other hospitals</li> <li>Staffing compliment is normal at this time and can support a cap of 19 beds</li> <li>CNE will be back Mondays / Wednesdays / Fridays for foreseeable future; schedule shared in email</li> </ul>	
6.4	<p><u>Patient Experience Story:</u></p> <ul style="list-style-type: none"> <li>Review of patient feedback; mostly positive</li> </ul>	
<p><b><u>MOVED AND DULY SECONDED</u></b>  <b><u>Motion: To approve the Other Reports as presented for the April 13<sup>th</sup>, 2023 MAC Meeting. CARRIED</u></b></p>		
<b>7</b>	<b>New Business</b>	
7.1	<p><u>Credentialing: New Appointments &amp; Reapplications:</u></p> <ul style="list-style-type: none"> <li>Credentialing and Reappointment list circulated</li> </ul> <p><b>MOVED: Dr. Mark Nelham</b>  <b>SECONDED: Dr. Sean Ryan</b>  <b>MOTION: To approve the credentialing and reappointments list, as circulated on April 13<sup>th</sup>, 2023. CARRIED.</b></p>	
<b>8</b>	<b>Education / FYI</b>	
8.1	<ul style="list-style-type: none"> <li>Invites to re-apply for privileges for the 2023-2024 year have been sent out—please complete</li> <li>If you receive your flu shot outside of SHHA, please forward proof to <a href="mailto:alana.ross@amgh.ca">alana.ross@amgh.ca</a></li> </ul>	
<b>9</b>	<b>Adjournment / Next Meeting</b> <span style="float: right;">Regrets to <a href="mailto:alana.ross@amgh.ca">alana.ross@amgh.ca</a></span>	
	<b>Date</b>	<b>Time</b>
	May 11 <sup>th</sup> , 2023	8:00am
	<b>Location</b>	
	WebEx	
	<p><u>Motion to Adjourn Meeting</u></p> <p><b><u>MOVED AND DULY SECONDED</u></b>  <b><u>MOTION: To adjourn the April 13<sup>th</sup>, 2023 meeting at 9:27am. CARRIED.</u></b></p>	
<b>Signature</b>		
<p>_____</p> <p>Dr. Nelham, Committee Chair</p>		

## Chief of Staff Report for April 2023

Recruitment and retention continue to be a concern. Discussions implying that we should consider closing the ED in Exeter are short sighted and do not adequately consider the distances between hospitals and the workload at the Exeter location. It is clear our larger neighbouring hospitals do not want to receive our workload and that the strained resources at these sites could not handle the added volume. Hopefully a careful assessment of the population distribution and demographics will be part of our long-range planning process and will have an impact on our recruitment strategies. The building of another nursing home in Exeter will increase the demands on our inpatient resources as well.

In the face of these challenges, good participation at this years Gala on Friday, June 2<sup>nd</sup> is important. Please get your tickets and plan to enjoy the evening. The physicians are planning to make a group contribution to the foundation and these funds should be given through Krista McCann.

There continue to be some challenges with Middlesex EMS bringing patients to South Huron Hospital to avoid offload delays in London and Strathroy. We are hoping that our local EMS will address this issue since the transfers to LHSC become their responsibility.

There will be a meeting of the Medical Staff on Sunday, July 30<sup>th</sup> at Dr. Ryan's home. We will have a short staff meeting and a social event together. Details will follow but note the date in your calendars.

Dr. Ondrejicka has agreed to attend the Community Engagement Committee to represent the Professional Medical Staff.

The issues with lost funding for ED physician coverage has become critical. Our local physician group had stepped up to cover the bulk of the open shifts each month since early last year but we expect to see significant gaps through the summer. We are unable to compete with funding at other sites and this hampers finding locums to help cover these shifts. Up to now we have had a few open shifts every month and have managed to find coverage from Health Force Ontario. These physicians are paid double our normal rate and this inequity creates an awkward relationship with the regular core of ED physicians. The Ministry of Health continues to leverage ED closures by a rural hospital as an indicator that those Emergency Departments are unnecessary. There is a general lack of clarity regarding future planning.

Dr. Mark Nelham

Chief of Staff  
South Huron Hospital Association

# PRESIDENT & CEO REPORT

May 2023

## METRICS

Area	AMGH	SHHA	Comment
Strategic Plan			Quarterly reporting to Board to start in June
Health Human Resources			OHA is undergoing bargaining with various unions. ONA – arbitration CUPE & SEIU – mediation stage Unifor – Waiting
Master Plan and Functional Plan			Reviewing Functional Planner proposal. Once confirmed, work on Master Plan will commence
Finance			HHS has received the H-SAA from OHW and they are currently under review.

## TOP OF MIND

Funding

- H-SAA and M-SAA have been received from Ontario Health and a review of these documents is needed before signing. Hospitals across the province have been urged by the OHA to carefully review as there are new indicators in this H-SAA. Hospitals in the SW have asked the OHW for an extension of the current H-SAA for 6 months while we review and wait on what funding will look like from the MoH
- AMGH received \$30K in HIRF funding which will be used towards Asbestos flooring remediation
- SHHA received \$135K in HIRF funding which will be used towards Kitchen Fire Suppression upgrade

## BIG WINS | LEARNING

- Universal masking policy has been updated. HHS is no longer requiring visitors and staff to wear a mask in non-clinical areas. Masking will be required when in any clinical area of our hospitals. Hospital-provided medical-grade masks will continue to be provided with masking stations set up throughout our hospital sites.
- SHHA medical clinic will be undergoing some upgrades and an addition of 1740 sq. ft. in order to accommodate another physician. This renovation will be featured at the SHHF Gala in June and will help with “Carrying the Torch” for the future of healthcare.
- Renovations on the MH unit at AMGH will begin in June. The project will include exterior brickwork, windows, tub room, and observation room. This work is desperately needed to provide safe patient care.
- Doctor’s Day was celebrated across HHS on Monday, May 1, 2023. This year, perhaps more than ever, we are reminded of the dedication of physicians and express our most sincere appreciation for the care they provide in normal and in extraordinary times.

## PRESIDENT & CEO SUMMARY

Every day, over 320,000 patients are treated or cared for by a doctor across Ontario. Doctors are making a positive difference in the lives of various patients whether it is in a hospital, community care centre, long-term care facility, research lab or clinic.

During the pandemic, our physicians have adapted to drastic changes in their work and their lives to continue to care for others. Even in the most difficult circumstances, our physicians have shown tremendous dedication, courage, and compassion. I am incredibly proud of all our physicians and their continued efforts. Let's reflect on the work and sacrifices made by our physicians and, most importantly, express our most sincere appreciation for the care they provide in normal and in extraordinary times.

HHR continues to be a challenge across the country and with our most vital resources – funding, nurses, physicians, and support staff – leaving the system at record-breaking speed, retention and recruitment are a focus for the organization. Competition for talent is ever-increasing and we must set ourselves apart from others and this takes the collaboration from everyone involved who cares about the health of a community. Work continues with each municipality and town council to keep a spotlight on recruitment and retention. We need to continue to invest in hospital infrastructure, programs, services and staff so that we can attract and retain the valuable resources needed to sustain healthcare.

### Physicians in Canada in 2020 (most recent data)

- **Supply:** In 2020, there were 92,173 physicians in Canada, representing a 0.9% increase over 2019. There were 242 physicians per 100,000 population; 8% of physicians were located in rural areas and 92% were concentrated in urban areas. Overall, the average age of physicians was 49. 56% of practising physicians in Canada were male and 44% were female. 26% of physicians were trained internationally.
- **Payments:** In 2019–2020, total gross clinical payments to physicians increased 4.3% over the previous year to \$29.4 billion. Fee-for-service payments accounted for 72% of gross clinical payments, and alternative payments accounted for 28%. In 2019–2020, the average gross clinical payment per physician was \$354,000. The average payment to family medicine physicians was \$287,000; the average payment to medical specialists was \$370,000; and the average payment to surgical specialists was \$497,000.
- **Family medicine profile:** In 2020, 52% of family medicine physicians were male and 48% were female. The average age of male family medicine physicians was 52, while the average age of female family medicine physicians was 46. 30% of family medicine physicians were trained internationally.
- **Medical specialists profile:** In 2020, 59% of medical specialists were male and 41% were female. The average age of male medical specialists was 51, while the average age of female medical specialists was 46. 24% of medical specialists were trained internationally.
- **Surgical specialists profile:** In 2020, 68% of surgical specialists were male and 32% were female. The average age of male surgical specialists was 53, while the average age of female surgical specialists was 45. 16% of surgical specialists were trained internationally.

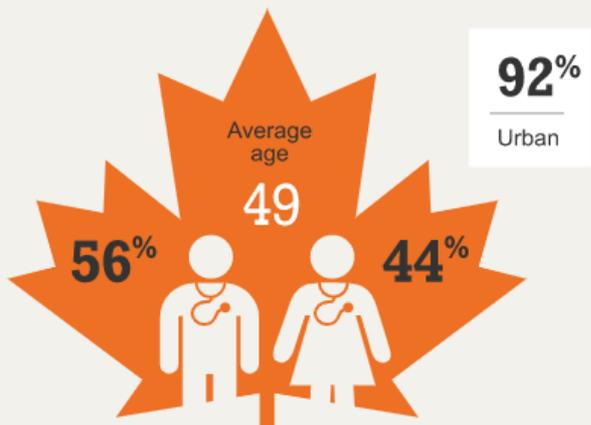
Respectfully,

Jimmy Trieu  
President & CEO

# A profile of physicians in Canada, 2020

**↑ 0.9%** **92,173** physicians in Canada

**↑ 4.3%** **\$29.4 billion** total gross payments to physicians



**\$354,000** Average gross payment per physician



**\$287,000**

Family medicine

**\$370,000**

Medical specialists

**\$497,000**

Surgical specialists

**242** | MDs per 100,000 population

**26%** | International graduates

**Family medicine**

**52%**      **48%**

**52**      Average age      **46**

**30%** | International graduates

**Medical specialists**

**59%**      **41%**

**51**      Average age      **46**

**24%** | International graduates

**Surgical specialists**

**68%**      **32%**

**53**      Average age      **45**

**16%** | International graduates

## ***Patient Experience Story***

***May 2023***

***Respectfully Submitted to Board of Directors and MAC by***

***Heather Klopp, Manager Patient Relations, Patient Registration, Privacy & Health Records***

### **Who Is Caring for Me?**

A patient was treated in the Emergency Department (E.D.) of our Goderich site. ED visits can often be stressful and confusing for patients – young and old!

For this particular visit, the patient and doctor had some opposing opinions on the topic of their care. The patient was not able to receive what they thought they needed.

When the patient left the Emergency Room, they realized that they did not know the name of the Doctor who had seen them. They stopped at the Registration desk to ask the clerk the name of the doctor. The clerk responded that the name of the MD was confidential information and could not be given out. This resulted in a complaint to the Privacy officer/Patient Relations Manager.

In fact, employee names are not confidential under the Personal Health Information Protection Act (PHIPA). The name(s) of the person(s) providing care are part of the patient's health record and the patient has the right to obtain that information.

Under PHIPA, AMGH and SHHA are considered "Custodians" of Personal Health Information. We must educate our "Agents" (in this case, the Registration Clerk) that we must provide individuals with access to records containing their own personal health information unless access could result in **serious** harm to any person. The severity of that risk must be substantiated.

It is also important to note that nothing in the Act prevents a custodian from granting access to a record in response to an oral request or communicating with an individual about his or her record of personal health information. Custodians and agents are encouraged to provide access to personal health records, in the absence of formal written requests if the identification of the patient is verified.

AMGH apologized to this patient, launched the process to provide the name of the doctor to the patient, and is providing education in the Registration and Health Records Departments at both AMGH and SHHA to prevent further occurrences.

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## INTER-OFFICE MEMORANDUM

**TO:** Medical Advisory Committee, South Huron Hospital Association

**FROM:** Dr. Mark Nelham, Dr. Sean Ryan

**DATE:** May 11<sup>th</sup>, 2023

**RE:** **Applications/Reapplications for SHHA Professional Staff**

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It is the recommendation of the credentialing process to appoint or re-appoint the following named individuals to the SHHA professional staff. Privileges will be extended to June 30, 2024 and then subject to the re-application process.

Courtesy / Locum	Change / Status	Comments
Lach, Dr. Christopher	NEW	Emergency