Huron Health SYSTEM
South Huron Hospital

AGENDA

Committee:	**Medical Advisory Committee**		
Date:	October 12th, 2023	Time:	8:00am-9:00am
Location:	Boardroom B110 / WebEx		
Chair:	Dr. Mark Nelham	Recorder:	Alana Ross
Members:	All SHH Active / Associate, CEO, VPs, Clinical Managers		
Guests: *(Open Session Only)*	Heather Zrini, Shari Sherwood		

	Agenda Item	Presenter	Anticipated Actions	Time Allotted	Related Attachments
1	**Call to Order / Welcome**				
2	**Guest Discussion**				
2.1	ACT-FAST Tool	Smorhay	Presentation Discussion	20min	• 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
3	**Approvals and Updates**				
3.1	Previous Minutes	Chair	Decision	1min	• 2023-09-14-MAC Minutes (PENDING)
	Draft Motion: To accept the September 14th, 2023 MAC Minutes.				
4	**Business Arising from Minutes**				
4.1	CT Scanner	Chair	Update	2min	
4.2	HyperCare	Chair	Next Steps	5min	
4.3	Dedicated US for US Guide IV Starts • Decision to Order 1 Unit	Chair	Discussion Decision	5min	
4.4	P4R Funding	Chair / COO	Discussion Decision	15min	
4.5	Physician Committee Assignments & Dates	Chair	Update	1min	• 2023-10-11-Chairs & Dates of Committee Assignments for MAC
5	**Medical Staff Reports**				
5.1	Chart Audit Review • Future Plans and Physicians Assignment	Nelham / McLean	Discussion Decision	2min	
5.2	Death Audit Review • Frequency	Patel	Discussion Decision	2min	
5.3	Antimicrobial Stewardship	Nelham / Beauchamp	Report	2min	• 2023-10-Antimicrobial Stewardship MAC Notes
5.4	Lab Liaison	Bueno	Report	2min	

5.5	Community Engagement Committee	Ondrejicka	Report	2min	
5.6	Quality Assurance Committee • Physician Assignment; next meeting Oct 18th	Nelham	Discussion Decision	2min	
	Draft Motion: To accept the October 12th, 2023 Medical Staff Reports to the MAC.				
6	**Other Reports**				
6.1	Lead Hospitalist • Survey Plan	Patel	Update	5min	
6.2	Emergency • Repairs	Ryan	Update	5min	
6.3	Chief of Staff	Nelham	Report	5min	• 2023-10-Report to MAC-CofS
6.4	President & CEO	Trieu	Report	5min	• 2023-10-Report to Board-CEO
6.5	CNE	Wick	Report	5min	• 2023-10-Report to Board-CNE
6.6	COO	Trovato	Report	5min	
6.7	Patient Experience Story	Klopp	Report	5min	• 2023-10-Patient Story
	Draft Motion: To accept the October 12th, 2023 Other Reports to the MAC.				
7	**New and Other Business**				
7.1	Credentialing Report	Chair	**Deferred**		
7.2	Urgent Palliative Follow-Up Clinic	Chair / Kelly / Lam	**Deferred** to Nov		• Urgent Palliative Follow-Up Clinic
7.3	Removal of Hospital MLA Staff from SHH FPC	Chair	Discussion	10min	• BN-SHHA Removal Hospital MLA Staff at FPC MAC
8	**Education / FYI**				
8.1	Sessions Available	Walker	Information	1min	
9	**Next Meeting & Adjournment**				
	Date	**Time**		**Location**	
	November 9th, 2023	8:00am-9:00am		Boardroom B110 / WebEx	

TRIAGE TOOLS FOR ACUTE STROKE < 24 HOURS

FAST Stroke Screen:

FACE
- ❑ Drooping?
- ❑ Normal?

OR

ARMS
- ❑ Weakness?
- ❑ Normal?

OR

SPEECH
- ❑ Slurred?
- ❑ Normal?

AND

TIME
- ❑ Less than 24 hours?

- ✓ One or more symptoms from Face, Arm, Speech **AND**
- ✓ LAST SEEN NORMAL less than 24 hours

IF ≤ 6 hours, activate Acute Stroke Protocol
IF 6 - 24 hours, Complete **ACT-FAST**

ACT FAST Stroke Screen:

STEP 1

☐

Proceed if positive

"ARM" (one-sided arm weakness)

Position both arms at 45^0 from horizontal with elbows straight
POSITIVE TEST: One arm falls completely within 10 seconds

For patients who are uncooperative or cannot follow commands:
POSITIVE TEST: Witness minimal or no movements in one arm and movements in other arm

STEP 2

☐

Proceed if positive

If RIGHT ARM is weak

"CHAT" (Severe language deficit)
POSITIVE TEST: Mute, speaking incomprehensibly or unable to follow simple commands

If LEFT ARM is weak

"TAP" (eye gaze & shoulder tap)
Stand on patient's weak side
POSITIVE TEST: Consistent gaze away from weak side
POSITIVE TEST: Does not quickly turn head/eyes to you when shoulder tapped and first name called

STEP 3

☐

If positive activate Acute Stroke Protocol

Physician will assess EVT Eligibility

1. Deficits are NOT pre-existing (mild deficits now worse are acceptable as true deficits)
2. Living at home independently – must be independent with hygiene, personal care, walking
3. Does NOT have stroke mimics: seizure preceding symptoms, hypoglycemia (glucose less than 2.8 mmol/L), active malignancy with brain lesions

SCREENING TIPS

- If patient is uncooperative or cannot follow commands and you clearly witness minimal or no movements in one arm and normal or spontaneous movements in the other arm, THEN proceed to next ACT FAST step
- If both arms are similarly weak, or testing is clearly affected by shoulder problems or pain, notify ED physician

Time of Onset:

- If there is uncertainty as to time of symptom onset or whether a patient meets the ACT FAST or Acute Stroke Protocol criteria, the ED physician can contact the stroke neurologist on call for consultation
- Try to use clues to determine time last seen well – did someone talk to or call the patient?
- For suspected Wake-Up symptoms, did patient get up overnight? Were they normal when first getting up?
- Negative eligibility if time of onset is greater than 24 hours

Testing tips:

- CHAT test tips: assess patient from overall interaction and routine assessment of the patient. You can ask the patient to repeat a phrase (e.g. "You can't teach a dog new tricks") OR perform a simple task (e.g. make a fist, open and close your eyes). Use family/friends to translate.
- TAP test tips: open eyelids if required. Obvious gaze preference may be observed from the foot of the stretcher.

Implementation of the ACT-FAST Large Vessel Occlusion Screening Tool

Huron Health System

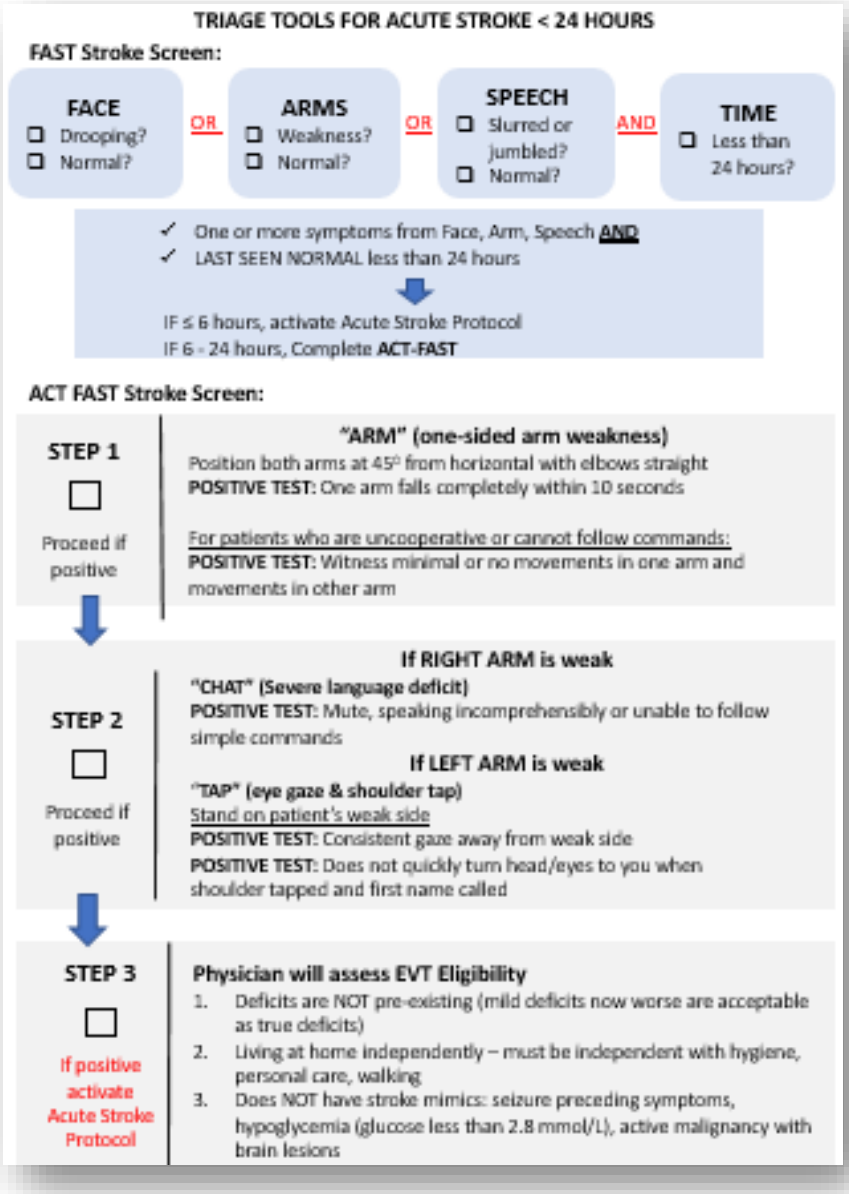
Stroke Network
Southwestern Ontario

What is the ACT-FAST Large Vessel Occlusion Screening Tool?

- Stroke screening tool for 6-24 hour window
- EDs across Ontario
- High specificity and sensitivity for large vessel occlusion strokes
- ED physicians +/- triage nurses

Rapid triage for EVT assessment

What is the ACT-FAST Large Vessel Occlusion Screening Tool?



TRIAGE TOOLS FOR ACUTE STROKE < 24 HOURS

FAST Stroke Screen:

FACE	OR	ARMS	OR	SPEECH	AND	TIME
☐ Drooping? ☐ Normal?		☐ Weakness? ☐ Normal?		☐ Slurred or jumbled? ☐ Normal?		☐ Less than 24 hours?

✓ One or more symptoms from Face, Arm, Speech **AND**
✓ LAST SEEN NORMAL less than 24 hours

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ACT FAST Stroke Screen:

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STEP 2 ☐ Proceed if positive

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STEP 3 ☐ If positive activate Acute Stroke Protocol

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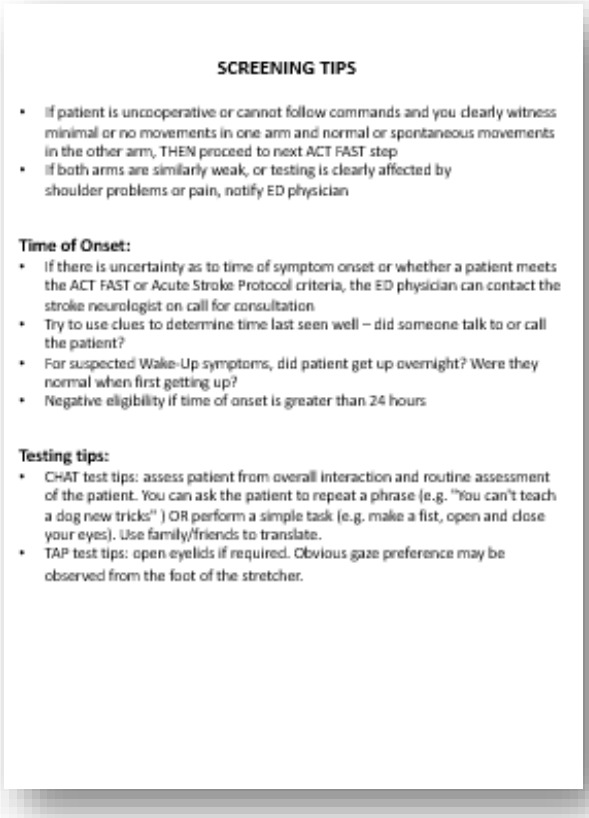

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Why the Need for the ACT-FAST LVO Screening Tool?

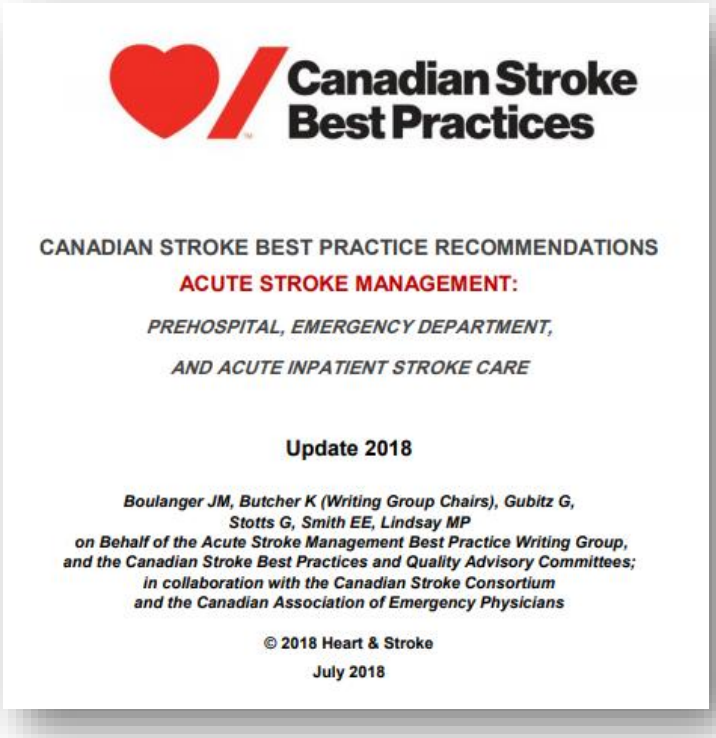
0-4.5 hour tPA treatment window

~~0-6 hour~~ EVT treatment window

0-24

NEW!

ACT-FAST tool identifies patients who might be eligible for EVT



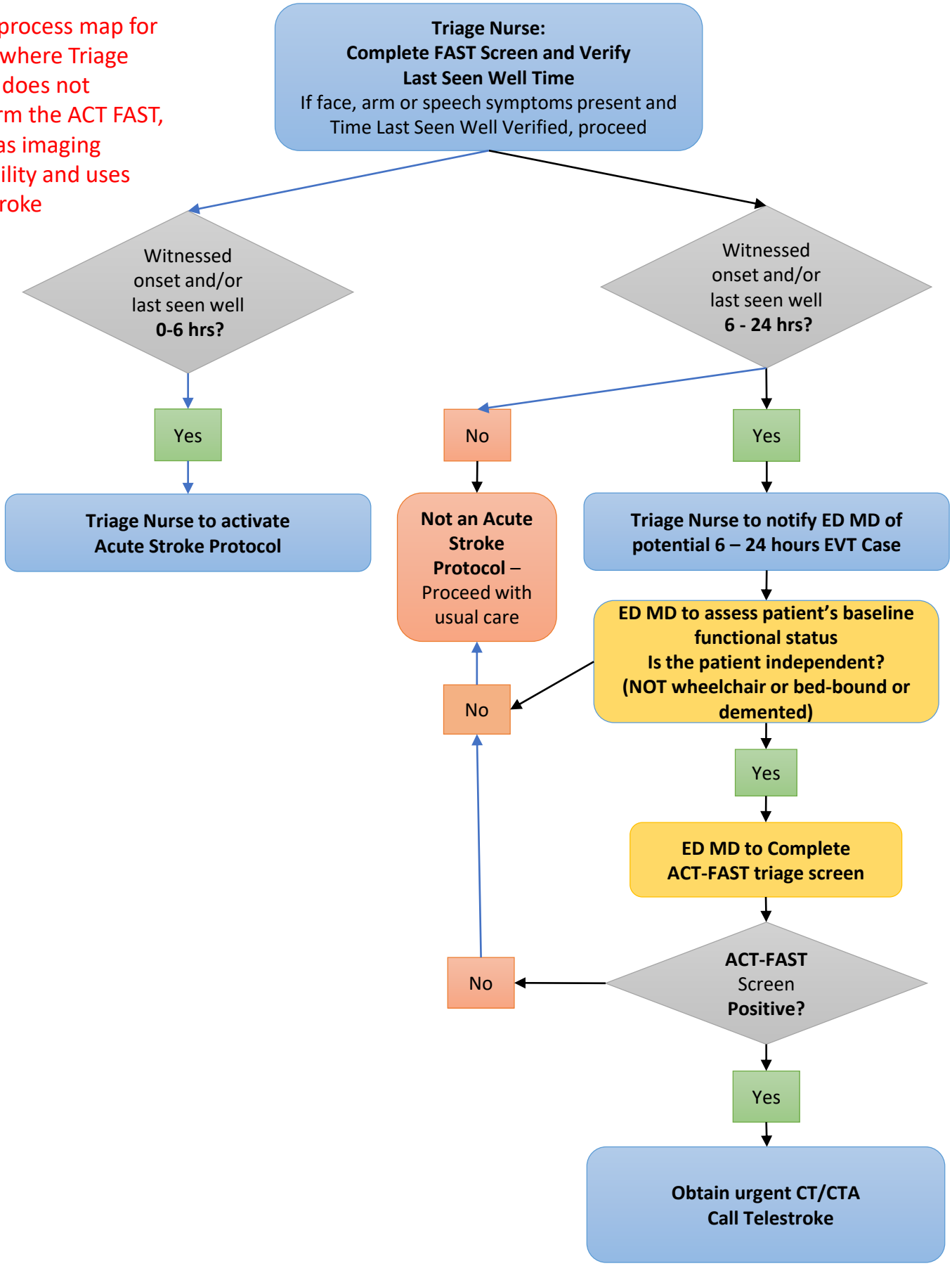
SWOSN Toolkit Will Support Implementation

- Custom screening tool
- Custom process map
- Posters
- eLearning examples
- PowerPoint Deck

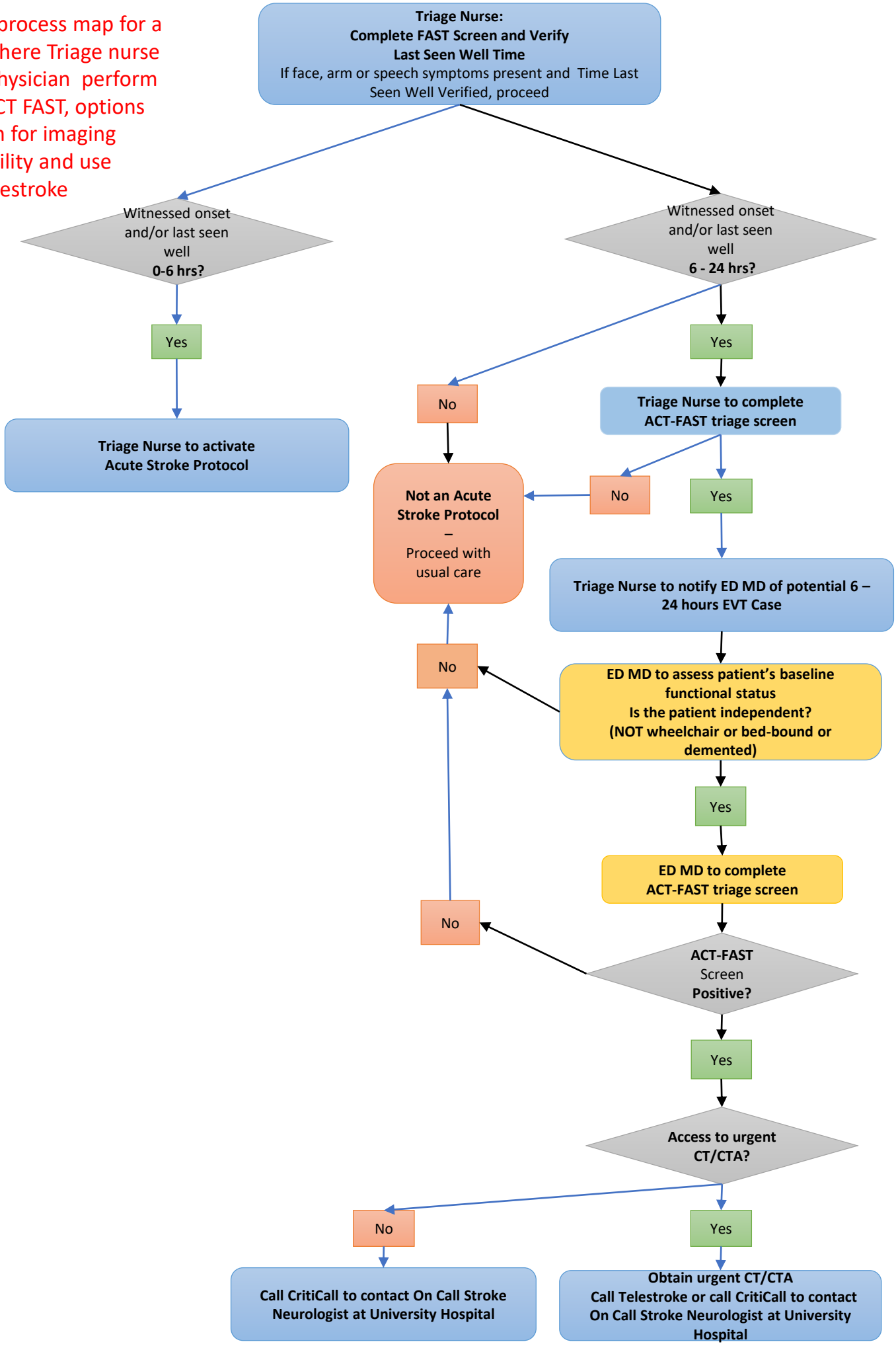
Information that SWOSN Needs From Your Organization

- Who will screen?
- Walk-in protocol
- Imaging capabilities
- Action required
- Timeline

Draft process map for a site where Triage nurse does not perform the ACT FAST, site has imaging capability and uses Telestroke



Draft process map for a site where Triage nurse and physician perform the ACT FAST, options shown for imaging capability and use of Telestroke



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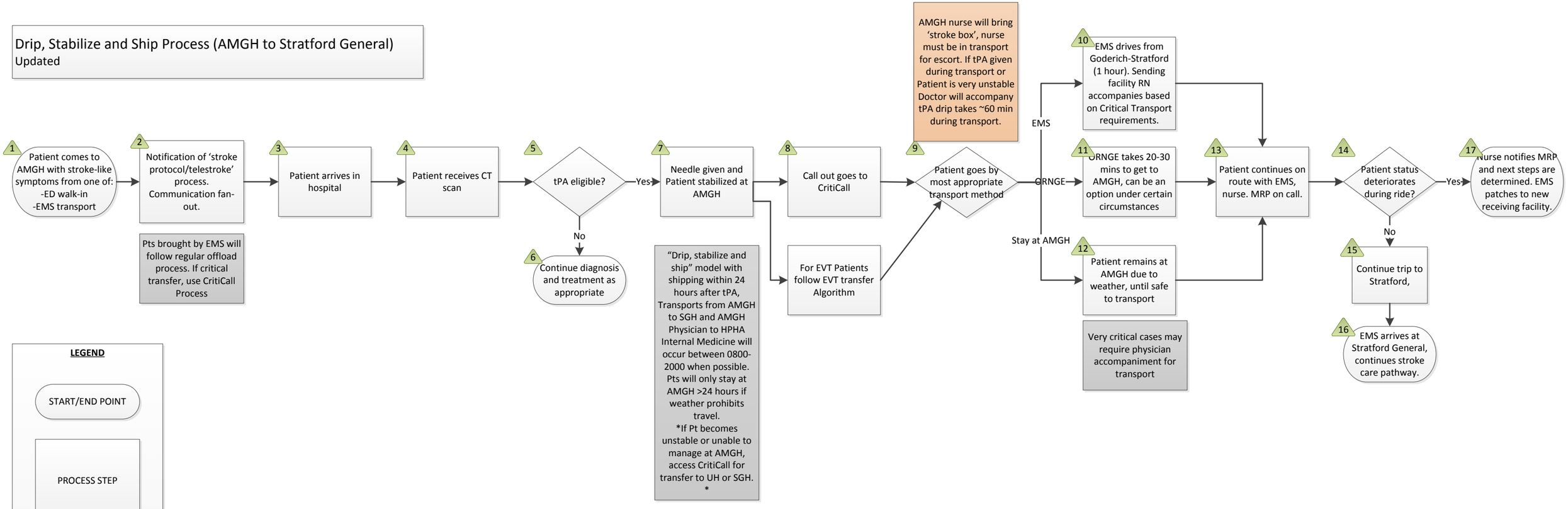
This information appears on side 2 of the ACT FAST tool

Next Steps for Your Site

- ✓ Discuss the ACT FAST stroke screening tool with your emergency department and physicians
- ✓ Include sister sites in discussions
- ✓ DSM to provide required information to SWOSN
- ✓ Schedule education planning meeting

Drip, Stabilize and Ship Process (AMGH to Stratford General)
Updated



LEGEND

START/END POINT

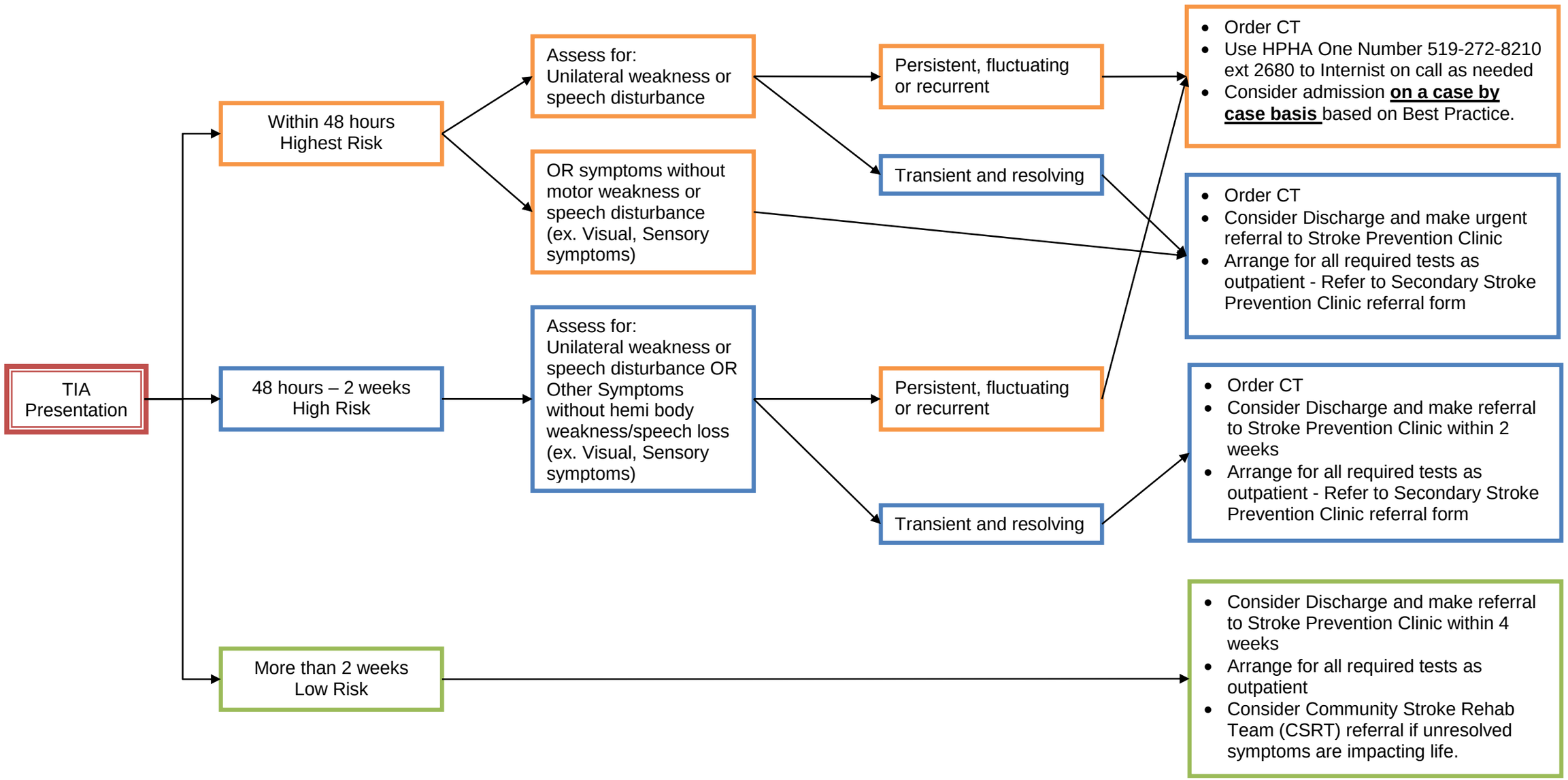
PROCESS STEP

DECISION

ADDITIONAL NOTES/ DETAILS

This is a triage tool that provides guidelines. If in doubt about how to proceed clinically, contact Stratford General Hospital One Number 519-272-8210 Ext 2680 Internal Medicine On-Call for guidance.

TRIAGE ALGORITHM FOR TIA PRESENTATION
AMGH



This is a triage tool that provides guidelines. If in doubt about how to proceed clinically, always contact HPHA Internal Medicine On-Call for guidance.

February 17 2017

This triage tool provides guidelines for decision-making. If in doubt about how to proceed clinically, contact Stratford General Hospital Internal Medicine On Call at HPHA One Number 519-272-8210 Ext 2680 for support.

HURON PERTH COUNTIES
ED TO ED EMERGENCY STROKE TRANSFERS

WALK-IN STROKE

- ABC's stable? (Includes finger prick for blood glucose level) ED Nurse and ED Physician triage patient. ED Physician needs to confirm symptoms and time of onset.
  Assess for Sudden onset of at least one of the following:
  - Unilateral arm or leg weakness or drift
  - Slurred, inappropriate/muted speech
  - Onset of symptoms, "Last Seen Normal" **less than 4.5 hours**.
    (PLEASE NOTE: P**atients with disabling symptoms presenting within the 4.5 to 24 hour window may be considered for EVT)**
- Patient is not terminally ill
- Patient is triaged as CTAS 2 in ED

Yes

Determine eligibility for urgent stroke care

Yes

Have patient ready to board when ambulance arrives.

Contact closest Stroke Centre:
AMGH: 519-524-8500
SGH: 519-272-8210 Ext 2680

- Insert antecubital 18g IV, if possible.
- If time permits, draw STAT blood work for CBC, electrolytes, urea, creatinine, blood glucose, INR and PTT. **Fax results to appropriate ED** or advise of bloodwork status (e.g. pending, not drawn).

Transfer Out
TELESTROKE site ED prepares for TELESTROKE

Receiving Physician to arrange STAT CT/CTA scan upon arrival to AMGH/ SGH; tPA commences, if indicated.

No

Last seen normal greater than 4.5 hours

Use SGH One Number 519-272-8210 Ext 2680 to consult with Internist on call:

- Determine necessity to admit vs. outpatient follow-up
- Develop plan for admission on a **case by case** basis based on Stroke Best Practice
- Provide hand off to Internist On Call

If time permits, initiate tests prior to transfer, in consult with Internist On Call

Transfer to SGH as per established plan.

Internist/Telestroke neurologist to assess upon arrival & post CT to determine next best care location.

Transfer to Regional Stroke Centre (LHSC)

Arrange admission to Integrated Stroke Unit per Access & Flow Policy.

For EVT candidate, see SWO EVT Algorithm

LEGEND:

AMGH:	Alexander Marine General Hospital
CPH:	Clinton Public Hospital
DSC:	District Stroke Centre
LWHA:	Listowel Wingham Hospital Alliance
SMMH:	St Marys Memorial Hospital
SCH:	Seaforth Community Hospital
SHHA:	South Huron Hospital Association
SGH:	Stratford General Hospital

Revised April 6, 2023

Huron Health SYSTEM
South Huron Hospital

MINUTES

Committee:	**Medical Advisory Committee**		
Date:	September 14th, 2023	Time:	8:05am-9:22am
Chair:	Dr. Mark Nelham	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. Nelham, Dr. Patel, Dr. Ondrejicka, Dr. Ryan, Heather Klopp, Jimmy Trieu, Matt Trovato, Adrianna Walker, Michelle Wick, Dr. Craig McLean		
Regrets:	Heather Zrini, Dr. Nicola McLean		
Guests:	Shari Sherwood		

1	**Call to Order / Welcome**	
1.1	• Dr. Nelham welcomed everyone and called the meeting to order at 8:05am	
2	**Guest Discussion**	
3	**Approvals and Updates**	
3.1	Previous Minutes • Approval / Changes ○ None ***MOVED AND DULY SECONDED*** ***MOTION: To accept the June 8th, 2023 MAC minutes. CARRIED.***	
4	**Business Arising from Minutes**	

4.1	CT Scanner:
	• Ministry requirement is to submit the Business Case with architectural plans first, however, if there is no funding source, it will not be approved
	  ○ Have been working with Walter Fedy Engineering Services on architectural drawings over the summer, i.e., addressing patient flow, staffing, space and major safety issues
	  ○ Making progress, however, it could take up to a year for review and final decision
	  ○ Waiting for drawings at this point	

4.2	HyperCare: • Working on onboarding physicians in HyperCare; physicians looking for login information	
	Action: • Follow up with Kim van Wyk	***By whom / when:*** • Klopp; Today

4.3	Electronic Medical Record:
	• OneChart
	  ○ Will be sending out an email today; electronic meds process is in place in ED and progressing well; document outlining pharmacy requirements is at physician station for review
	  ▪ Enter the information into the electronic form and it shows up clearly on the tracking board for the nursing staff to administer to the patient; labels for meds are still pre-prints
	  ▪ Paperless!	

5	**Medical Staff Reports**	
5.1	Chart Audit Review: • Changing process; rough draft worked out	
5.2	Death Audit Review: • No changes at this time	
5.3	Infection Control: • Markers are trending in an improved direction; education being provided to staff around c.diff prevention and documentation • COVID-19 is being treated like other respiratory viruses at this time in regards to returning to work after having the illness	

	○ Anticipates seasonal masking changes are in progress; pending information and direction • Seeing increased prevalence of group-based Strep with eye lesions or cellulitis at SHH and AMGH (3 cases per hospital), and it is apparently world-wide; lesions have been swabbed, and blood cultures taken ○ Patients are to be droplet contact isolated, treated for strep, and IPAC notified ○ IPAC is working with Public Health to determine invasiveness and degree of severity ○ It does not seem to be affecting the health care workers at this time, as it takes 4+ continuous hours of contact to contract • There is a new internal medicine physician at HPHA who specializes in infectious diseases and is very generous with his time if anyone requires consultation or assistance ○ Working on building a relationship with this physician and having him join the ASP committees	
	Action: • Notify IPAC re Strep cases and process blood cultures	***By whom / when:*** • All; until further notice
5.4	Antimicrobial Stewardship: • Committee is now functioning and 1st meeting will be in a couple of weeks and will be held quarterly; looking for Dr. Sandra Mekhaiel to join with Dr. Nelham ○ HPHA is looking for SHH to join the broader ASP group, however because SHH data collection will be on Cerner and the other groups do not have Cerner yet, this may not be feasible ○ First target will be data collection around prescription of piperacillin and tazobactam, and blood culture results • ASP protocol is part of the QIP, and there is an online learning piece to be completed with College by physicians by the end of Aug; this has been extended to Oct •	
	Action: • Complete online ASP learning with CPSO	***By whom / when:*** • All who have not completed; by Oct
5.5	Pharmacy & Therapeutics: • No discussion	
5.6	Lab Liaison: • Scheduled for Sep 25th	
5.7	Community Engagement Committee: • Dr. Ondrejicka has joined this committee and is scheduled to attend next week; report in Oct	
5.8	Recruitment & Retention Committee: • Dr. Ryan has joined this committee and will report as available	
5.9	Quality Assurance Committee: • Working on building a structure to organize meetings so information is available to other committees on a timely basis • Ethics, and Regional Patient Advisory committees are in need of physician and regional representatives • Phase II of OneChart related to physician documentation is under way; requires physician representative	
	Action: • Determine physicians participation needs on Ethics committee	***By whom / when:*** • Nelham; for Oct MAC meeting
	MOVED AND DULY SECONDED ***MOTION: To approve the Medical Staff Reports as presented for the September 14th, 2023 MAC Meeting. CARRIED.***	
6	**Other Reports**	
6.1	Lead Hospitalist: • Ongoing staffing difficulties • New hospitalist, Dr. Jessica Mammoliti, starting next week; waiting for one more reference	
6.2	Emergency: • ED schedule is in good standing at this time; there are a few open shifts over the next two months ○ To date, there have been 500 ED closures in Ontario; we continue to advocate our needs to the Ministry in response to these pressures	

	• Waiting to hear if temporary local funding will be extended past Sep 30; there are discussions being held around a new funding model
	• Chief of Emergency term ends as of Oct 30th, and Dr. Ryan will assume the Chief of Staff position as of Nov 1st
	  ○ Dr. Nelham will retire from the Chief of Staff position as of Nov 1st
	  ○ Looking for a Chief of Emergency; interest has been received from Dr. Kelly and Dr. McLean
	  ○ Looking for a President of Medical Staff Association
	  ○ Concern for number of meetings with the workload; Dr. Nelham will sub-in for meetings as needed
	• Discussed responsibilities of the Chief of Emergency position, i.e., scheduling, and monthly stipend	

	Action:	***By whom / when:***
	• Forward interest in Chief of Emergency position to Dr. Ryan and Dr. Nelham	• All; as needed
	• Schedule Professional Staff meeting for discussion of Chief of Emergency and President of Medical Staff Association (In-person / WebEx options)	• EA; Sep 21st @ 8am
	• Attend Professional Staff meeting	• All; Sep 21st @ 8am
	• Finalize new appointments for a start of Nov 1st	• Nelham; Oct 12th

6.3	Chief of Staff Report:
	• Looking forward to be building a relationship with the new physician at HPHA around infection control
	• Had opportunity to present information regarding the SH Medical Clinic to the SH Council on Sep 5th, along with Mr. Trieu, Mr. McNeil and Mr. Shaw
	  ○ Looking for financial support and implementation of a task force with council representation for review of increase in rural primary healthcare services; would like to break ground in 2024
	  ▪ A follow up meeting has been scheduled
	  ○ No news has yet been received from the Ministry regarding the application for the SHFHT
	  ▪ SH currently has 1K unattached patients, and this number is growing daily	

6.4	President & CEO Report: • Report circulated	

6.5	CNE Report:
	• Region met this morning regarding masking mandates
	  ○ Our IPAC team will be monitoring local trends and staff will be encouraged to mask in clinical areas
	  ○ If patients and visitors refuse to wear a mask, it will not be enforced
	• Stratford hospital is currently in COVID-19 outbreak
	• Discussed case of urgent transfer of patient to facility with no beds at the call of the surgeon, and refusal by EMS; expecting communication changes to be implemented to EMS process
	• Discussed bed pressures in the region between London, AMGH / SHH, and HPHA
	• Cardiac monitors are all at end of life; new monitors are on site and WiFi project is progressing well to support installation	

6.6	COO Report:
	• P4R is typically ED funding in larger hospitals, and the Ministry has now extended it to small and medium hospitals, i.e., under 30K visits/year; funding letter is pending
	  ○ Ministry is investing $15M into the 88 small and medium hospitals, a possible of $150K per hospital if divided equally
	  ○ P4R stands for Pay for Results, so a formal plan around efficiency and improvement of patient care is required, and it must be accepted and approved by the Ministry
	  ○ Adjustments will not be made around hospital closures in the first year, however, hospitals that remain open despite the pressures may benefit further from this funding at a later date
	• Discussed increase in percentage of population in the area that is now coming to SHH & AMGH
	  ○ Increase from 42% three years ago to 47%, which translates to an increase of $1M to care for patients we wouldn't normally see; Ontario Health is aware
	  ○ 12 FTEs have been hired between the two sites to support this increase of patients	

6.7	Patient Experience Story: • Report circulated	
	MOVED AND DULY SECONDED	

	MOTION: To approve the Other Reports as presented for the September 14th, 2023 MAC Meeting. CARRIED.		
7	**New Business**		
7.1	Physician Committees & Assignments: • Reviewed		

7.2	Urgent Palliative Follow-Up Clinic
	• Discussed need for a enhanced follow-up service through ED for palliative care patients
	  ○ Concern that care is not what it should/could be for end-of-life patients in the area
	  ○ Dr. Kelly would like to provide follow-up care for these patients, as an outpatient clinic visit, and provide a home or virtual care check in to determine if the patients' care plans and medications are working efficiently
	  ○ An advantage of this process is limiting the visits back to the ED		

	Action: • Meeting for discussion of process • Forward palliative patient referrals to Dr. Kelly		***By whom / when:*** • Kelly / Lam / Nelham; Sep / Oct • All; ongoing
7.3	Credentialing: New Appointments & Reapplications: • Credentialing and Reappointment list circulated and accepted ***MOVED AND DULY SECONDED*** ***MOTION: To accept the credentialing and reappointments list, as circulated on September 14th, 2023, and to recommend it to the HHS Common Board for Final approval. CARRIED.***		
	Action: • Forward credentials list to HHS Common Board for final approval		***By whom / when:*** • EA; Oct
8	**Education / FYI**		
9	**Adjournment / Next Meeting**		Regrets to alana.ross@amgh.ca
	Date	**Time**	**Location**
	October 12th, 2023	8:00am	WebEx
	Motion to Adjourn Meeting ***MOVED AND DULY SECONDED*** ***MOTION: To adjourn the September 14th, 2023 meeting at 9:22am. CARRIED.***		
Signature			
_____ Dr. Nelham, Committee Chair			

ALANA.ROSS

From: ALANA.ROSS
Sent: October 11, 2023 10:34 AM
To: ALANA.ROSS
Subject: 2023-10-11-Chairs and Dates of Committee Assignments for MAC

Committee	Chair	Contact	Physician Assigned	Dates
Antimicrobial Stewardship	Heather Zrini	heather.zrini@shha.on.ca	unknown	• Sep 27, 2023 • Dec 13, 2023 • Mar 20, 2024 • Jun 26, 2024
Audit and Tissue	AUDIT	cmclean7@uwo.ca	Dr. C. McLean	
Quality Assurance (Joint AMGH & SHH) (was Board Risk, Utilization) • Q1234; 3rd Wed, 4pm			Dr. M. Bueno, (SHH)	• Oct 18, 2023 • Jan 17, 2024 • Apr 17, 2024
Community Engagement Committee (Joint AMGH & SHH) • Q1234; 3rd Thu, 5pm	David Greer	greedavs@gmail.com	Dr. M. Ondrejicka	• Sep 21, 2023 • Dec 21, 2023 • Mar 21, 2024 • Jun 20, 2024
Health Records - Death Audit	AUDIT	neerajpatel4@gmail.com	Dr. N. Patel	
Infection Prevention & Control (Joint AMGH & SHH) • Q1234; 2nd Tue, 1pm	Jaime Murray	jaime.murray@amgh.ca	Dr. E. Kelly (SHH)	• Sep 12, 2023 • Dec 12, 2023
Lab Liaison Committee (Joint AMGH & SHH) • Q1234; 9am	Tim Brown	timothy.brown@amgh.ca	Dr. M. Bueno, (SHH)	• Sep 20, 2023 • Jan 16, 2024 • May 14, 2024 • Sep 24, 2024
MHP Committee	Tim Brown	timothy.brown@amgh.ca		
Pharmacy and Therapeutics	Brittany Beauchamp	brittany.beauchamp@shha.on.ca	Dr. N. Patel	• Nov 28, 2023 • Feb 28, 2024 • May 29, 2024 • Aug 28, 2024
Recruitment & Retention (Joint AMGH & SHH) • BiMonthly , 1st Tue, 815am	Jimmy Trieu	jimmy.trieu@amgh.ca	Dr. S. Ryan	• Sep 5, 2023 • Nov 7, 2023 • Jan 2, 2024 • Mar 5, 2024 • May 7, 2024 • Jul 2, 2024

Antimicrobial Stewardship (AMS) Report for MAC – October 2023

We had our first AMS meeting September 27th 2023

Our first initiative in contributing to the safe use of antimicrobials is to increase the compliance of blood cultures being drawn prior to pip-taz administration. We will be reviewing this data on a quarterly basis.

In the last quarter, we found that 32% of patients ordered pip-taz did not have blood cultures drawn prior to administration. Note**If you will not be drawing blood cultures for a specific reason, please put this information under the order comments section so our AMS team can see this information when reviewing the data.

We are also reviewing if patient's antibiotics were modified or stepped down once cultures were received.

Jaime has been looking at our c-diff cases – specifically looking at what medications the patients were on prior to their c-diff diagnosis and what treatment regimen they are being put on.

I also want to highlight that the Physicians are working on a QIP for CPSO, which involves creating clinical pathways for common conditions, organisms and drugs used to treat infectious diseases, with the purpose of providing guidance for staff on antimicrobial use based on antibiograms.

Huron Health SYSTEM

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Chief of Staff Report for September 2023

We succeeded in covering all the ED shifts through the summer. June saw 12 shifts covered by HFO doctors. In July, it was 6 shifts. August it was 5. September it was 4. Going forward in October we are getting help to cover 3 shifts, November 1 shift, and December none. If our funding will stabilize and some of our old friends continue to help, we may be able to continue to staff from our physician group. We appreciate Dr. Jessica Mammoliti joining our inpatient core and Dr. Chris Lach our ED group. Similarly, our nursing staff have managed to be there but recruiting remains our first priority for all front-line services.

As I wrap up the three-year term I agreed to cover, I am impressed with our progress through difficult times towards greater cooperation in house and with our colleagues in Goderich. There is more work to be done and more opportunities for collaboration in the future. Imaging support will remain important as we work through our application and acquisition of a CT scanner for South Huron Hospital. We hope that expanding the surgical team at Alexandra Marine and General Hospital will provide some additional surgical support for our patients here in Exeter. With the increase in mental health patients, the work of the psychiatry service at AMGH is essential for our community. Hopefully, we can take advantage of OB program in the future. There will be other areas as well as we work together to meet the needs of our communities.

Regarding our changes in leadership starting in November. Dr. Sean Ryan will be taking over the role of Chief of Staff. Dr. Neeraj Patel is taking over President of the Professional Staff Association and remains our Lead Hospitalist. Dr. Craig McLean is taking over Chief of the Emergency Department. Other physicians are assigned to attend the various committees that meet and those dates are now being planned well in advance to allow for scheduling. Reports from committees will be expected at the next MAC. I have seen an increase in the number of committees and meetings we are being asked to attend. In many of these, our contribution is important and remote participation does make it easier, however, I would remind everyone we are all working on the front-line delivering patient care. We will be expanding the group of physicians able to attend meetings to provide the necessary input. If physician input is needed, please let the Chief of Staff know and we will endeavor to have someone there.

As we work together, I think that attending MAC becomes more important to enable an accurate representation of the physician group regarding the many funding and political issues that we face. In the middle of this we continue to strive to advance the medical care we are able to provide and to address the health needs of the community we serve. We are working at streamlining MAC to be as efficient and practical as possible.

As I finish my term, I have been reflecting back on some of the things we have accomplished over the three years I have been representing us. My first objective was to bring our EMR up to date with the Cerner group we are part of. In spite of significant delays due to COVID-19, we are now doing CPOE which allows us to more safely order and accurately capture therapeutics. This in turn will facilitate such programs as Antimicrobial Stewardship and Med Reconciliation. It is critical in managing our liability in the future and for the process of accreditation. Every time something is expanded in our EMR there is a

frustrating learning curve but eventually most things will pay us back in helping us provide better patient care. There is always more to come.

We also reviewed and updated our Professional Staff By-Laws, which was essential to allow us to include remote access to meetings. We have moved forward our application for a CT scanner which has been approved by the Board and the Foundation and will go to the ministry in the near future once the architectural drawings are completed. We have worked through a merger of our hospital with our colleagues in Alexandra Marine and General Hospital. The new combined Board and our leadership team are united in bringing forward the construction of a new family practice clinic in Exeter. This is now our highest priority as the number of orphan patients continues to grow and recruitment of family physicians to join us depends on having appropriate space for them to work.

I think our leadership team at South Huron Hospital is outstanding, something that was not the case when I started. There have been many people involved in these efforts and it has been my pleasure to know many of them personally and interact with them in moving our planning and decisions forward. We need to continue to acknowledge and respect each other. Words and actions of encouragement go a long way in developing that sense of community and support so important to each one of us. It is the part of our organizational culture that makes coming to work a good thing. From this base we are able then to look out to the needs of our town and strive to provide competent and caring medical service to our community. We want to be a centre of care. Often we lose track of that in striving for technical excellence.

There are a number of other things that will require our ongoing attention. You are all aware that the electrical project is moving forward. This will impact our work environment as it is done but should solve the problem of a tenuous archaic system and allow us some expansion in the future. We need to continue to press for more ED beds in the future and for the addition of at least two level 2 ICU beds for our inpatients. The upgrade of our monitor system is ready and waiting so we should see that sometime fairly early next year. We are also expecting an upgrade in our lab with a new analyser, which will add several new tests to our in-house capabilities.

We all want a new hospital and, frankly, that would be the most efficient use of MOH funds in the long run but we are unlikely to see such a decision made in the near future. We are in the process of creating a long-range plan for Huron Health System, which will help us prioritise resource acquisition and development to meet the current health needs and future growth of our communities.

Dr. Mark Nelham

Chief of Staff

South Huron Hospital Association

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PRESIDENT & CEO REPORT

September 2023

METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			Ministry of Health (Ministry) will be sending detailed guidance and supports to all hospitals regarding the reimbursement process for hospitals affected by reopener arbitration awards
Master Plan and Functional Plan			Funding grant has been submitted to Ministry Capital Branch for continuation of Master Planning
Finance			Finance remains on budget. Pressures continue from the cost of staying open. Work on budget for next fiscal has begun.

TOP OF MIND

ED Physician Pressures

- Gaps in ED schedule starting on Jan 6, 2024
  - ED physicians will be relying on EDLP more often this coming year
  - P4R funding will be used to stabilize ED operations
  - This funding is targeted to increase ED access, improve patient experience and reduce length of stay
- Physician Services Agreement established a bilateral HOCC Working Group (WG) for the purpose of designing for implementing a Burden-Based On-Call program to replace the existing Hospital On-Call Coverage program
- Physician groups are asked to complete an application for the new program
- We will be helping physicians complete this survey
- We are gearing up to have a busy fall/winter season with COVID-19, RSV and the flu all being observed in the community

BIG WINS | LEARNING

- Gateway Research held a recognition event to honour healthcare workers on Sept 28
- Many of our staff including 3physicians, 1 leader, and 2 board members were recognized for their outstanding dedication and commitment to healthcare
- The incident in the SHH ED was managed very well by our nursing staff and our leaders. No injuries occurred and the patient will be charged by the OPP.
- South Huron Hospital name change went live on October 1 and a press release was issued on our website and through the Exeter Lakeshore Times Advance

PRESIDENT & CEO SUMMARY

W we are seeing a rise in COVID-19 transmission, the overall risk to Ontarians has been diminished through increased immunity, high vaccination rates, and the availability of tools such as antivirals to manage the impacts of the virus. However, the overall risk posed by seasonal viruses this fall/winter is expected to continue to be atypical compared to pre-pandemic years based on observations from the southern hemisphere in summer 2023. We anticipate an early start to the influenza season, co-circulation of influenza A and B, and low-to-moderate RSV levels in most regions, including increased respiratory illness burden among pediatric populations.

Ontario Health's (OH)goal in preparing for a surge in respiratory viruses this fall/winter is to maintain this momentum, support ongoing efforts, and minimize impact on patient care. As such, OH is asking all hospitals to:

- Prepare surge plans to accommodate 120% inpatient capacity and increased emergency department volumes. For post-acute care hospitals, prepare surge plans to match the occupancy levels of surrounding acute care hospitals.
- Continue to prioritize ALC reduction and implement initiatives to improve access and flow while maximizing diversion strategies away from acute care.
- Aim to maintain scheduled surgeries and procedures, prioritizing patients waiting beyond clinical access targets ("long waiters") and ramp up scheduled surgeries that do not require any inpatient footprint.
- Connect with your local OHT where appropriate to identify care options in the community for those who do not require emergency or acute care services.
- Collaborate with IMS and/or regional and provincial tables to balance capacity, including accepting transfers of patients in a timely manner (ideally within 24 hours) when directed.
- Continue to use a standard person-centred admission process that includes consent to transfer to another hospital, if required.

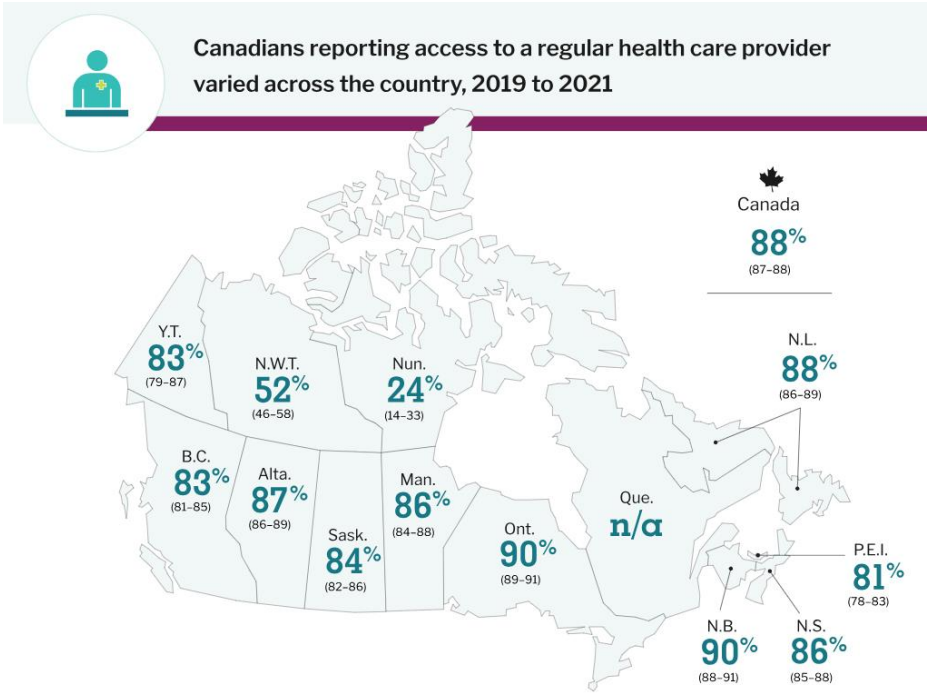
Health Human Resource (HHR) challenges still persist. These are big and complex problems, and during discussions in February 2023 on funding health care for the next decade, the Government of Canada and the provincial and territorial government agreed to work together to improve Canadian health care in 4 priority areas:

- Expanding family health services and improving access to primary health care
- Increasing the supply of health workers and decreasing backlogs in care to support resilient health systems
- Improving access to mental health and substance use services
- Modernizing health care information systems and digital tools for secure sharing of electronic health information

Canadians are worried about their health care

- Only about 40% of Canadians reported easy access to primary care after hours when the Commonwealth Fund asked about it in 2020.[1]
- In an August 2022 survey, the Angus Reid Foundation found roughly 40% of Canadian adults said it was difficult or impossible to access 1 of 5 key health services in the past 6 months: emergency and non-emergency care, surgeries, tests and specialist appointments.[2]
- Results of an Ipsos poll released in February 2023 reported that 60% of Canadians rated the quality of the health care they and their family have access to in Canada as good, a drop from 72% in 2020, the height of the pandemic.[3]

Primary care access can mean better health outcomes and fewer visits to the emergency department and hospitalizations. Yet many Canadians struggle to access a regular health care provider when they need health care or advice. About 88% of Canadians 12 and older (not including Quebec) said they had a regular health care provider in national surveys between 2019 and 2021. The pandemic changed how patients interacted with their doctors and more people received virtual care than ever before. More information is needed to understand how virtual care may help improve access to care for Canadians, reduce costs for patients and provide faster access to health care, particularly for those living in rural or remote locations.



Source: CIHI

Improving Canada's healthcare systems will depend on getting the right mix and number of healthcare providers so they're available when Canadians need them. We know the supply of nurses and physicians is growing overall, but there is much to learn about whether we are educating enough new professionals and how and where they will be needed. We will need to protect providers from burnout, and explore different ways of delivering care that may be able to support health care workers and their work–life balance. We will need a resilient healthcare workforce to address the surgical backlogs and meet the evolving health care needs of Canadians.

Respectfully,

Jimmy Trieu
President & CEO

VP Clinical Services/CNE Monthly Report October 2023

Focus on Safe, Quality Patient Care, Close to Home

Cardiac Monitor Project SHH

The cardiac monitor project at SHH is progressing more quickly than anticipated as a result of the recent destruction to the emergency department, further impairing our cardiac monitor system. We are now on an earlier projection to have the project completed before January 1, 2024.

Medication Dispensing Improvement SHH

New process for dispensing medications from the Emergency Department, which includes records being attached to the Electronic Medical Record, went live. This initiative promotes medications safety and stewardship, while improving our documentation and record keeping.

Focus on Our People & Workplace

SHH ED Construction

The repairs occurring in the SHH emergency department continue to impact patient flow and access. The team has done an excellent job of setting up alternate space and flow patterns to provide the best care possible, however the impacts of having 2 negative pressure capable rooms and a washroom out of service is challenging. Interruptions in patient flow and access at any level of our system creates backlogs and interruptions to other services including our EMS and partner hospital Emergency Departments. We are anticipating full resumption of space by October 20, 2023.

Nursing Education Days/Accreditation Preparation

Education dates are booked at SHH and planning is under way at AMGH for nursing specific education days, to ensure requirements are met for our upcoming accreditiaotn process in April 2024.

MDRU AMGH

The continued theme of small departments having staffing challenges when one or more employee is on leave for any variety of reasons (mat leave, medical, bereavement etc). MDRU is experiencing some HHR challenges and there is risk of reduced or altered hours of service in the near future. All efforts are being made to prevent any service disruption, however the current risk is valid.

Flu Shot Clinics

Concerns regarding low uptake of the influenza vaccine due to vaccine burn out. We continue to advocate for staff to receive the vaccine and the role that influenza vaccines play in keeping our patients safe. In house staff influenza programs have commenced.

VP Clinical Services/CNE Monthly Report October 2023

Focus on Increasing the Value of our Healthcare System

Cerner Clinical Documentation in Emergency Department SHH (Clin Doc)
ED Clinical documentation into the electronic medical record is underway, with target completion Nov 2023.

Ontario Health – Fall/Winter Operational Direction
Key Objectives:

- Actively coordinate and support local surge, inter-region and provincial responses with Ontario Health regional teams and OHTs.
- Maximize HHR capacity by utilizing innovative models f care and expanded scopes of practice where needed
- Prepare plans to accommodate 120% inpatient capacity and increased emergency department volumes.
- Continue to prioritize ALC reduction and implement initiatives to improve access and flow while maximizing diversion strategies away from acute care
- Aim to maintain schedules surgeries and procedures, prioritizing patients waiting beyond clinical access targets, and ramp up schedules surgeries that do not require any inpatient footprint
- Collaborate with regional and provincial tables to balance capacity, including accepting transfers of patients in a timely manner.

Emergency Department Specific:

- Continue to prioritize patient safety in the context of extended wait times, including ensuring timely triage of arriving patients and offload of ambulance arrivals, and regular check ins with patients and families waiting.
- Identify additional space for patient care Including co-horting of patients where appropriate
- Prepare teams to provide high acute pediatric care

SHH

- ED Clinic room 1 converted into a treatment room, aim to create additional capacity and aid in patient flow, through supporting reduced ED wait times.
- 2 acute medical unfunded flex beds in operations (option to flex to 3) physical capacity, overcrowding and staff burnout are the largest risks.
- ED Nurse Education Program courses and Clinical Scholar support

AMGH

- 2 unfunded acute medicine flex beds remain in use
- 2 additional unfunded flex beds opening in room 151 (total of 4 acute beds), to aid in ED overcrowding
- ED Nurse Education Program courses and Clinical Scholar support

VP Clinical Services/CNE Monthly Report October 2023

Focus on Working with Partners towards an Integrated & Sustainable Rural Health Care System

Volunteers

SHH is starting to look at volunteer opportunities to offer support to our frail elderly and dementia patients on our inpatient unit.

Stroke/Telestroke Update

Act-Fast education will be coming to the physicians and nursing teams in the coming weeks. The regional switch from TPA to TKA in acute stroke care is rolling out slowly throughout the South West.

In closing, I look forward to discussing this Report, and any other items of interest with the Board at our upcoming meeting.

Respectfully,

Michelle Wick
CNE/VP Clinical Services

ALANA.ROSS

From: HEATHER.KLOPP
Sent: October 10, 2023 9:37 AM
To: ALANA.ROSS
Subject: Patient Experience for Oct 2023

Hi Alana,
Here is a patient experience story for MACs and Board.

Oct 2023 Patient Experience.

A patient was in the hospital this summer for 18 days and wanted to send out a "big thank you". They arrived one morning in the AMGH emergency room and were informed by Dr. Ng that they had no idea how sick they were.

The patient stated that Dr. Ng and his ER team were terrific and stabilized them prior to their stay in the ICU.

"The ICU nurses were also awesome. They had exceptional professional skills as well as great people skills which made the eleven- day ICU stay easier."

Seven days were then spent on the ward where they stayed to finish off their treatment and recovery.

The patient wishes to shout out to Doctors Watson, Dawson, Renaud, and Natuik.

A donation was made to the hospital by this patient.

Heather Klopp | Manager Patient Relations, Patient Registration, Privacy and Health Records
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BRIEFING NOTE

Redeploy Hospital MLA Staff; Eliminate Outpatient Clinic at SHH FPC	
DATE:	September 20, 2023
TO:	SHH MAC
FROM:	Jimmy Trieu, President / CEO Matt Trovato, VP Corporate Service / COO
TOPIC:	SHHA - Remove Hospital MLA Staffed Outpatient Clinic at SHH FPC

Situation:

Currently, SHH provides 2.5 days/week of MLA staff resources to complete community blood draws at the SHH FPC. This work is outside of the mandate of the hospital, and has significantly strained the already delicate lab resourcing, leaving the lab down to one staff member during these times. An opportunity to strengthen our stretched lab resources, and better align hospital resources with our hospital mandate, is to discontinue this service and keep lab staff in the hospital lab.

Background:

Outpatient laboratory work not funded by the Ministry of Health in a hospital setting, and completing outpatient bloodwork in a hospital setting falls outside of the terms of the Hospital Service Accountability Agreement (HSAA). However, this has been a practice at SHH, resulting in hospital lab staff performing an outpatient clinic 2.5 times/week for 4 hours; total 10 hours average per week. This is much needed lab staff power that should be redirected back in the lab given the current human health resources crisis. Community members have the ability to have blood drawn free of charge through private laboratory services such as Dynacare and LifeLabs.

There is an HHR crisis in Canada, in lab particularly, with ~50% of MLTs potentially retiring within the next 4-8 years, and only ~60% of this will be renewed at current rates of graduation from MLT programs. This clinic was setup as a temporary stop gap while a physician group planned to construct a medical centre in Exeter and setup a blood collection service through a community lab. This plan never came to fruition, but we are still providing this stop gap service.

Impact:

There will be no financial impact to this change, as this MLA staff is needed in the lab, and would be repatriated labour back into the lab.

There will be an impact in the community, as residents of South Huron will have to travel to their closest community labs. Fortunately, there are numerous community labs within a short distance, including in Seaforth, Goderich, London, and Stratford.

This change will have substantial positive operational impact on our SHH blab, redirecting much needed resources into core lab work, allowing for better sick/leave coverage, faster turnaround, and great hospital support as we continue to experience additional visits and higher acuities in both our Emerge and inpatient departments. It will also reduce lab staff burnout, which has been cited as a reason for early retirements in our already limited staffing pool.

Action:

Discontinue community lab draws, brining much needed MLA support back into the hospital to support core lab services. This will be accomplished by:

1) Providing a three month advanced notice to all stakeholders and the community for discontinuation of this service (January 1, 2024 implementation date)
2) Add these 10 MLA hours/week back into our core lab schedule, and visit any training needs to ensure MLAs spending more time in the hospital lab are used to their full scope of practice