Huron Health SYSTEM
South Huron Hospital

AGENDA

Committee:	**Medical Advisory Committee**		
Date:	September 12, 2024	Time:	8:00am-9:00am
Location:	Boardroom B110 / MS Teams		
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Members:	All SHH Active / Associate, CEO, VPs, Clinical Managers		
Guests: *(Open Session Only)*	Heather Zrini, Shari Sherwood, Aileen Knip (Board Representative)		

	Agenda Item	Presenter	Anticipated Actions	Time Allotted	Related Attachments
1	**Call to Order / Welcome** • Notifications: ○ 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	Previous Minutes	COS	Decision	1min	• 2024-06-13-MAC Minutes
	Draft Motion: To accept the June 16, 2024 MAC Minutes.				
4	**Business Arising from Minutes**				
5	**Medical Staff Reports**				
5.1	Chart Audit Review	Nelham / McLean	Information	as needed	
5.2	Infection Control	Kelly	Information	as needed	
5.3	Antimicrobial Stewardship	Nelham / Zrini	Information	as needed	• 2024-08-UTI Clinical Pathway Algorithm
5.4	Pharmacy & Therapeutics	Pres. MS	Information	as needed	
5.5	Lab Liaison	Bueno	Information	as needed	
5.6	Recruitment and Retention Committee	COS	Information	as needed	
5.7	Quality Assurance Committee	Nelham / CNE	Information	as needed	
	Draft Motion: To accept the September 12, 2024 Medical Staff Reports to the MAC.				
6	**Other Reports**				
6.1	Lead Hospitalist	Pres. MS	Information	5min	
6.2	Emergency	Chief of ED	Information	20min	
6.3	Chief of Staff	COS	Information	5min	• 2024-09-Monthly Report-COS
6.4	President & CEO	CEO	Information	5min	• 2024-09-Monthly Report-CEO
6.5	CNE	CNE	Information	5min	
6.6	COO	COO	Information	5min	
6.7	Patient Relations	Klopp	Information	5min	• 20204-09-Monthly Report-Patient Relations

	Draft Motion: To accept the September 12, 2024 Other Reports to the MAC.				
7	**New and Other Business**				
7.1	Credentialing Report	COS	Acceptance Recommendation	1min	• 2024-09-12-Report to MAC-Credentials
	Draft Motion: To accept the Credentialing Report of September 12, 2024 as presented, and recommend to the Board for Final Approval.				
7.2	Discovery Week Video • 2024 Discovery Week Review • 2025 Jun 2-Jun 5 (Mon-Thu)				• 2024-05-DW SHH Review 2024-05-DW Student Video
8	**Education / FYI**				
8.1	Sessions Available	Walker	Information	1min	
9	**In-Camera Session** • Notifications: o Guests will be invited by the Committee Chair, as required; any members with conflicts of interest during in-camera discussion, can be recused as needed o All participants of the in-camera session are expected to declare that their surroundings are secured from unauthorized participants				
10	**Next Meeting & Adjournment**				
	Date	**Time**		**Location**	
	October 10, 2024	8:00am-9:00am		Boardroom B110 / MS Teams	

Huron Health System
South Huron Hospital

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	• Dr. Ryan welcomed everyone and called the meeting to order at 8:05am
	  ○ Notifications:
	  ▪ 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	Previous Minutes • Approval / Changes ○ None ***MOVED AND DULY SECONDED*** ***MOTION: To accept the May 9, 2024 MAC minutes. CARRIED.***
4	**Business Arising from Minutes**
5	**Medical Staff Reports**
5.1	Chart Audit Review: • No discussion

5.2	Infection Control:
	• Catching up post accreditation; met all ROP criteria
	  ○ 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
	  ○ Pronouns discussion is ongoing; to be implemented in the EMRs, etc.
	• Pride Month pins available in HR

5.3	Antimicrobial Stewardship: • 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 ○ 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	Pharmacy & Therapeutics: • No discussion
5.5	Lab Liaison: • No discussion

5.6	Recruitment and Retention Committee:
	• Biggest issue is physician incentives
	  ○ Discussed what other hospitals are doing in terms of sign on bonuses; is this the best course of action?
	  ▪ 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	Quality Assurance Committee: • Patient feedback ○ DI-4, ED-3, HK-1, Inpatient-12, Lab-5, Medicine-4 • Looking for a better way of tracking
	MOVED AND DULY SECONDED ***MOTION: To approve the Medical Staff Reports as presented for the June 13, 2024 MAC Meeting. CARRIED.***
6	**Other Reports**
6.1	Lead Hospitalist: • Welcome to new Locum Hospitalist Dr. Asad Naeem, who has moved to the area and will be picking up regular shifts

6.2	Emergency:
	• Debrief to be held following a preterm neonatal resuscitation
	  ○ 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
	  ○ 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
	  ○ 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
	  ▪ 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
	  ○ Application is still under review, but under a different branch of the Ministry; CEO followed up two weeks ago
	  ▪ 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
	  ○ Implementing a new workflow in ED (Ambulance hold 1234) for ambulance offload; Jun 20
	  ▪ 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
	  ▪ 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

	▪ 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
6.3	<u>Chief of Staff:</u> • 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 o Medical Staff made a $10K contribution to the Foundation, WELL DONE and THANK YOU!!! • Reviewed DynaDoc (dynamic dictation) and Dragon Medical (dictation) o Go Live scheduled for Sep o Will replace current dictation system; replaces handwritten notes and decrease paper usage o Physician access to patient lists, note making, capability to add a picture to notes, a variety of folders available, i.e., Ortho, Oncology, etc. o 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 o Power mics will be ordered and hardwired to the dictation desk computers o Learning Journey is being set up for Docs; straightforward, but there are a number of modules, which will take some time ▪ There is background and components to learn; lots of options and set up of specialty items ▪ Voice training is not necessary
6.4	<u>President & CEO:</u> • 2024-06-Monthly Report-CEO, circulated • Thank you to all staff and physicians for their participation in the Accreditation Survey; very successful event o First accreditation survey of its kind making SHH & AMGH trailblazers o 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 o Lengthy application, but a good opportunity to get some funding for the CT Scanner o 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 o 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 o Awareness for potential for back logs o Will be going back to a central waitlist for hips and knees, however, there has been pushback from providers • CNE recruitment o Interviewed two really good candidates; in final stages o Dr. Ryan and Dr. Natuik had met with candidates yesterday o Planning a meeting for the candidates to meet the Clinical Leaders within 10-14 days o Decision will then be made, and a start date is expected around Sep/Oct
6.5	<u>CNE:</u> • Pride Week; events happening around the hospital, pins available through HR o Drag Kings and Queens production scheduled at the Legion on July 6 o 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 o Looking for soft restraints at SHH; could not find them recently o 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. o Affects both AMGH & SHH

	○ 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 ○ 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 ○ 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 ○ Focus on mental health and addictions, housing stability and homelessness, and domestic violence ▪ 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	<u>COO:</u> • No discussion
6.7	<u>Patient Relations:</u> • 2024-06-Monthly Report-Patient Relations, circulated • Review of patient story related to SHH ED, and quick thinking of registration staff ○ Staff are grateful for the teamwork • Diabetes ○ Sheila Jackson-Elder has announced her retirement plans for Sep ○ A posting for the Diabetes Educator position will be circulated soon • Health Records ○ If a patient registers and leaves without being seen, please keep the patient chart ▪ 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 ▪ 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
	<u>MOVED AND DULY SECONDED</u> ***<u>MOTION: To accept the June 13, 2024 Other Reports to the MAC. CARRIED.</u>***
7	**New Business**
7.1	<u>Dr. Nicola McLean:</u> • 2024-06-10-Memo to MAC-Dr. Nicola McLean, circulated ○ 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	<u>Credentialing: New Appointments & Reapplications:</u> • 2024-06-13-Report to MAC-Credentials circulated ○ No concerns raised

	MOVED AND DULY SECONDED ***MOTION: To accept the Credentialing Report of June 13, 2024, as presented, and recommend to the HHS Common Board for final approval. CARRIED.***	
	Action: • Forward SHH credentials report to HHS Common Board for final approval	***By whom / when:*** • EA; Today
7.3	F2425 Annual Reappointments: • 2024-06-05-CMaRS Reappointment Report circulated ○ No concerns raised ***MOVED AND DULY SECONDED*** ***MOTION: To accept the Annual CMaRS Reappointment Report, as presented, and recommend to the HHS Common Board for final approval. CARRIED.***	
	Action: • Forward SHH reappointment reports to HHS Common Board for final approval	***By whom / when:*** • EA; Jun 13 (1st report) / Jun 27 (2nd report)
8	**Education / FYI**	

8.1	Sessions Available:
	• 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
	Cerner:
	• Physicians access to Cerner App on phone
	  ○ 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** / **Location**	
	September 12, 2024 / 8:00am / Boardroom B110 / MS Teams	
	Motion to Adjourn Meeting: ***MOVED AND DULY SECONDED*** ***MOTION: To adjourn the June 13, 2024 meeting at 9:14am. CARRIED.***	
Signature		
_____ Dr. Sean Ryan, Committee Chair		

Clinical Pathway for Urinary Tract Infection Treatment in Non-pregnant Adults

Practice Points:

- UTI is a clinical diagnosis, not laboratory -Urinalysis and culture should be ordered pursuant to symptoms
- Urine cultures are not indicated for a change in colour, smell or cloudiness
- Absence of WBCs in urinalysis rules out a UTI
- Do not start antibiotics before sample is collected
- Candida spp and Enterococcus spp are considered normal urological flora
- Staph Aureus is not a typical urinary pathogen and should prompt blood cultures
- This algorithm is not meant to apply to immunocompromised people
- This algorithm does not replace clinical judgement

Suspected UTI

- Urinary symptoms: dysuria, frequency, suprapubic pain, flank pain, hematuria
- OR in patients with indwelling catheter and systemic symptoms of unknown cause (fever, rigors, hypotension, delirium)

YES

NO

Proceed with Diagnostic Testing

- Urinalysis and culture
- Blood cultures (if systemic symptoms)
- Consider imaging if indicated

UTI Unlikely, no further tests required

- Exception: asymptomatic screening and treatment in pregnancy and patients undergoing invasive urologic procedure

Urinalysis

Leukocyte esterase negative or WBC less than 5hpf

Leukocyte esterase positive or WBC greater than 5hpf

Urine culture

No pathogen

UTI Unlikely
Consider alternative diagnosis

Pending/ Positive

<u>Uncomplicated UTI/ Cystitis</u>

Nitrofurantoin (Macrobid) 100mg PO BID*
Sulfamethoxazole—Trimethoprim DS 1 tab PO BID
Cephalexin 500 mg PO QID
Amoxicillin 500 mg PO TID
Fosfomycin 3g dissolved in 1/2cup water x 1 dose**
Ciprofloxacin 500mg PO BID

***Contraindicated in CrCl less than 30**
****non-formulary at SHH**

<u>Complicated UTI</u>

(pyelonephritis, male, recent instrumentation, catheter, structural abnormality)
Amox/clav 875 mg PO BID
Ciprofloxacin 500 mg PO BID
Ceftriaxone 1 g IV daily

- Duration of treatment varies based on comorbidities and complicating factors (eg. pyelonephritis)
- Always treat source (eg. stone, abscess, indwelling catheter)

Diagnostic testing for urinary tract infection

·A negative urinalysis (i.e., negative for leukocyte esterase/WBCs and nitrites) is sufficient to rule out cystitis and a urine culture should NOT be done.

·Urine cultures should NOT be ordered to document clearance of bacteria from the urine after treatment (except in special populations such as pregnant women & patients preparing to undergo an invasive urologic procedure (eg. TURP).

·Screening and treatment for asymptomatic bacteriuria is only done in pregnant women and patients preparing to undergo an invasive urologic procedure (ie. TURP),

·Healthy, premenopausal women with no known co-morbidities can be treated empirically for uncomplicated cystitis based on clinical diagnosis alone (ie. dysuria and frequency with no vaginal symptoms), ALL other patients should have diagnosis confirmed with laboratory testing.

Indications for imaging and functional testing

·Imaging modalities include renal and pelvic ultrasound with post void residual, intravenous pyelogram, CT or MRI. Specialist referral for functional testing such as cystoscopy, retrograde pyelogram and urodynamic studies may also be done if the patient is suspected to have a functional/anatomical abnormality (including but not limited to): ○ male patients of any age, post-menopausal women, recurrent/new onset urinary tract infection after gynecological surgeries like bladder suspension (may suggest bladder outlet obstruction) and women with recurrent urinary tract infections with systemic symptoms.

· Imaging should also be done in patients who do not respond to initial therapy within 2-3 days and patients who are severely ill (eg. urosepsis) to rule out any correctable problems like urinary retention or abscesses.

Treatment for urinary tract infection

· To reduce incidence of catheter-associated urinary tract infections, use aseptic technique when placing catheters and only place catheters when needed and remove at earliest possible date.

Recurrent uncomplicated cystitis treatment

· Defined by 2 or more urinary tract infections within 6 months or 3 or more urinary tract infections within 1 year.

· Treat each recurrence the same as uncomplicated urinary tract infection.

· Use urinalysis and urine culture to confirm diagnosis and direct treatment.

· Additionally, consider patient-directed treatment and antimicrobial prophylaxis (either post-coital or continuous).

· Consider imaging if suspicion of functional/anatomic abnormality and complications.

Adopted from LHSC and edited: Dr. Michaela Ondrejicka MD for South Huron Hospital

Authors: Emily Stephenson M3, Brian Zimmer BScPhm ACPR, Rita Dhami, PharmD, Dr. Sameer Elsayed MD

Reviewed by: LHSC Antimicrobial Stewardship Team (04/2019)

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September 2024 Chief of Staff Report

Thanks to our dedicated physicians and nurses, our emergency department stayed open throughout the summer. In a significant improvement from last summer, only 5% of our shifts were covered by non-SHH physicians i.e. Health Force Ontario. We still have 5-6 unfilled shifts each month until the end of the year but are hopeful these will get filled. The Ministry has yet to announce an extension of the Temporary Summer Locum Program funding. This "temporary" funding has been in place for over 3 years and is vital to us being able to staff the emergency department.

Discussions with the Foundation have continued over the summer regarding a new purpose-built medical center for our primary care physicians. In the coming weeks, I am anticipating the announcement of some exciting news relating to a major step in this process.

In August, under the initiative of our CEO, a second application was submitted for CT scanner funding at SHH. This application falls under the Integrated Community Health Services Centers (ICHSC) program, an alternative funding pathway to the original CT application submitted to the Ministry last winter.

Finally, SHH is pleased to welcome Dr. Bradley Jackson, an allergist who will be running a Penicillin Allergy Clinic beginning sometime this fall. Further details regarding referral process and clinic dates will be announced shortly.

Sean Ryan MD CCFP(EM) FCFP

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PRESIDENT & CEO REPORT

September 2024

METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			Staffing complement is in a good position. HHS continues to recruit and retain staff. Physician recruitment is a priority and working with various sources.
Master Plan and Functional Plan			Capital Branch is reviewing the Master Plan proposal. Waiting for approval to move forward.
Finance			Funding for the next fiscal remains unknown for now. Continue to capture the cost of staying open.
SHH Medical Clinic			Draft plans have been created and meetings with respective individuals will take place over the next few months.

TOP OF MIND

ED Services

- HHS has completed another very successful summer and kept our EDs open
- Many thanks to all our staff and physicians who demonstrated their commitment, dedication and resilience by going above and beyond to ensure that healthcare services to our communities were not compromised

Funding

- Still waiting for funding letters to address structural deficits

BIG WINS | LEARNING

Accreditation

- The HPA-OHT will be presenting at the North American Conference on Integrated Care (NACIC24) Scientific Committee an oral paper at the 2nd NACIC taking place October 15 to 17, 2024 in Calgary, Alberta, titled “Wind in Our Sails: Collaborative Accreditation of Huron Perth & Area Ontario Health Team First in Canada”

PRESIDENT & CEO SUMMARY

It's hard to believe that another summer has passed by! It has been a busy summer with staffing pressures, capacity issues, and heat in the OR and ED due to malfunctioning HVAC. However, we managed to get through it all because of our dedicated and hard working staff.

1. Financial Status and Pending Funding

HHS is currently awaiting responses to several key funding letters. These letters are critical for ensuring our operational continuity, especially as we seek to bolster our emergency services and prepare for the increased demand in the upcoming fall and winter months. While we have taken steps to mitigate immediate financial challenges, securing this funding will provide much-needed stability and allow us to execute our strategic initiatives effectively. I will keep the board updated on the progress of these applications as soon as I receive feedback.

2. Emergency Department (ED) Operations

I am very pleased to report that our Emergency Department has remained fully operational throughout the summer months, even as other hospitals in the region were forced to close their EDs temporarily. This is a significant achievement for our hospitals, as it demonstrates our commitment to providing uninterrupted care to our community. It has also reinforced our reputation as a reliable healthcare provider in times of need.

We did encounter some staffing challenges due to the higher-than-expected patient volumes and regional shortages. However, through proactive measures, such as temporary staffing arrangements and internal resource reallocation, we have successfully maintained patient care without significant disruption.

3. Focus on System Stability and Capacity Expansion

Looking ahead to the fall and winter seasons, the system anticipates a surge in patient demand, particularly in emergency and respiratory care. As part of our strategic response, HHS in collaboration with Ontario Health is focusing on enhancing system stability and increasing capacity across key service areas. This includes:

- Improving Staffing Levels: Continue to use Clinical Externs to prepare for the upcoming seasonal surge. Leverage our Clinical Scholar to provide practice mentorship to nursing staff.
- Infrastructure Optimization: We are reviewing operational workflows to maximize bed capacity and reduce ALC patient by working with our peers on repatriation.
- Supply Chain Readiness: Steps have been taken to ensure we are fully stocked with necessary medical supplies and equipment in anticipation of increased patient load.

4. Strategic Vision and Long-Term Goals

While the immediate focus remains on operational readiness and financial stability, HHS is also laying the groundwork for long-term success. As part of this effort, I will continue to explore

partnerships and collaborations that will enhance our service offerings and align with our growth strategy.

In summary, while we face certain external challenges, including awaiting additional funding, our proactive approach to maintaining emergency services, preparing for future capacity needs, and ensuring system stability has positioned us well. I look forward to further discussing these efforts and receiving the board's input on our upcoming initiatives.

Respectfully submitted,

Jimmy Trieu
President & CEO

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Communication Intended for: Huron Health System-Both AMGH & SHH

Patient Experience Story.
For Board, MAC, Patient Experience Panel Committee, Sept 2024.

Over the past 18 months my health has been a constant puzzle.

My diagnosis have ranged from a rare immune disease where the platelets are attacked by the white blood cells, to allergic reaction to prescription medication, to psoriasis, to Gastroesophageal Reflux Disease and to potential asthma. I have had two full tears in my rotator cuff, and Achilles tendonitis. There have been 9 conditions diagnosed in total over 18 months. This has required significant clinical resources and testing.

I have had numerous visits to the emergency department in Exeter. Each and every time I have been there, the staff have been extraordinary. They have been respectful, sympathetic, and quick to provide service. I have observed them with other patients, and each and every interaction has been appropriate and kind. The emergency department is a busy place, but I never felt rushed. I managed to get the same physician, Dr Joseph, twice. The first time he managed my rotator cuff tears and ordered the follow-up diagnostics once the initial swelling had subsided. When I saw him again about 8 weeks later for an allergic reaction he asked about the rotator cuff. The nursing and other staff have been equally outstanding. They have provided appropriate support while waiting for the physician.

The medical imaging department in Exeter has also been great. The staff have been professional, efficient, pleasant and effective. My last visit was for an x-ray ordered due to shortness of breath. The Community Health Centre Clinician had ordered it and instructed me to go to Exeter and they would do the x-ray without an appointment. When I arrived, the staff were a bit surprised, but didn't turn me away. They said 'you are lucky, we can squeeze you in right now!' They instructed my husband to stay with the registration person while the technician took me in to complete the x-ray. I was back in Grand Bend within 45 minutes of leaving!

AGMH has provided more advanced diagnostics including CT Scans and surgical scopes. The physicians and technicians have also been outstanding. The doctors were kind, empathetic, pleasant and effective. They went over and beyond to make me feel like I can call for follow-up at any time. The nursing, admin and other hospital staff were great - pleasant, accommodating, professional.

I have often heard that people have concern about the future of our health-care system. I was a hospital executive for 30 years, and in my opinion these two hospitals are providing exactly the type of experiences Canadians are seeking in the health care system. In general the wait times have been less than I would have expected, the staff are better, the outcomes are wonderful. Thank you!

Heather Klopp

Huron Health SYSTEM

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INTER-OFFICE MEMORANDUM

TO: HHS Common Board

FROM: Dr. Sean Ryan, Dr. Craig McLean

DATE: September 12, 2024

RE: **Applications for SHH Professional Staff**

It is the recommendation of the credentialing process to appoint the following named individuals to the SHH professional staff. Privileges will be extended to June 30, 2025 and then subject to the re-application process, with the exception of HFO-EDLP physicians, which run from Jan-Dec. New LCAP are requested for HFO-EDLP physicians at the beginning of each year.

LOCUM	CHANGE / STATUS	COMMENTS
BRUINSMA, Dr. David	NEW-Locum EDLP	
ENG, Dr. Kevin	NEW-Consulting Radiologist	
HARKER, Dr. Lynda	NEW-Consulting Radiologist	
MAHMOUD, Dr. Mohamed	NEW-Locum Hospitalist	
NAYEEMUDDIN, Dr. Mohammed	NEW-Consulting Radiologist	
SAMOUR, Dr. Fathe	NEW-Locum EDLP	
SPARROW, Dr. Keith	NEW-Consulting Radiologist	
ZAKI-METIAS, Dr. Kaitlin	NEW-Consulting Radiologist	
ZIA, Dr. Asma	New-Locum Family Medicine	

DISCOVERY WEEK

2024

-Exeter-

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Introduction

Distributed Education wants to thank all of our community partners for your commitment and dedication to Discovery Week. The following report is summary of the evaluations that students were asked to complete as part of their Discovery Week experience.

The goal of this report is to provide feedback in order to build upon Discovery Week. The information has been tailored to your region where possible to provide each participating community with the most useful feedback. We have also included averages for all communities to give a comparison.

We thank you again for all your efforts and hope to work together to further this important learning experience.

Participation Summary

Exeter participated in Week Two of Discovery Week on Week Two: June 3-6, 2024. Student participants stayed at the Oakwood Inn Resort. Two students were selected to participate in Exeter. Of this number, two students completed a Discovery Week evaluation survey. Their results are included below.

Quantitative Results

One of the shared goals between the Distributed Education and the participating communities is to increase awareness of rural and regional medicine. This can be achieved by immersing students in a distributed site, introducing the reality of rural/regional medicine and showing the benefits associated with training/working in a distributed site.

Figure 1 shows a summary of student responses to questions measuring their opinions and understanding of rural medicine. Questions were rated on a scale from 0 (Disagree) to 4 (Agree) with a score of 2 being neutral. Averages for your community and group averages for all Discovery Week 2024 communities across Weeks 1 and 2 are shown for reference.

The full set of questions can be seen in the Appendix A at the end of this report.

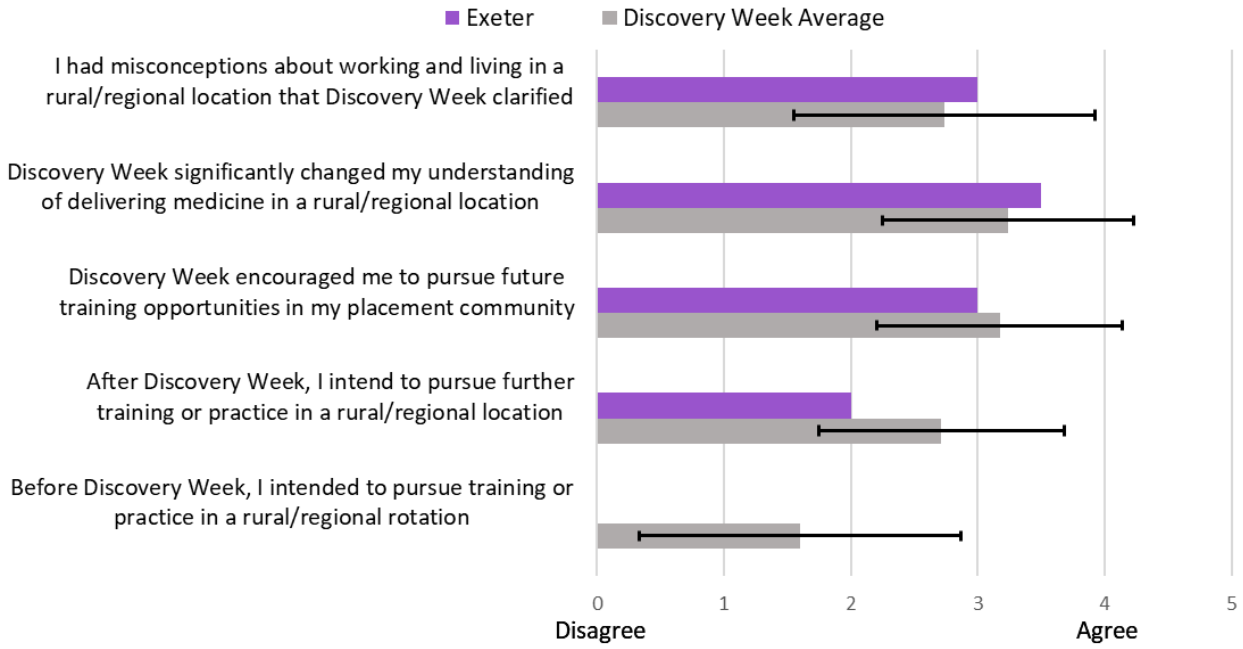

Figure 1. Means of student responses to Likert-type questions measuring opinions on rural medicine and training. Error bars on Discovery Week averages represent ±1 standard deviation. Before Discovery Week, students did not intend to pursue training or practice in a rural or regional location. Many students also held misconceptions about living in a rural or regional location. Participation in Discovery Week changed students' understanding of delivering medicine in rural or regional locations and encouraged students to pursue future training in similar locations in the future.

Figure 2 below shows an overall student rating of Discovery Week as a medical learning experience. This question was rated on a scale from 0 (Disagree) to 4 (Agree) with a score of 2 being neutral.

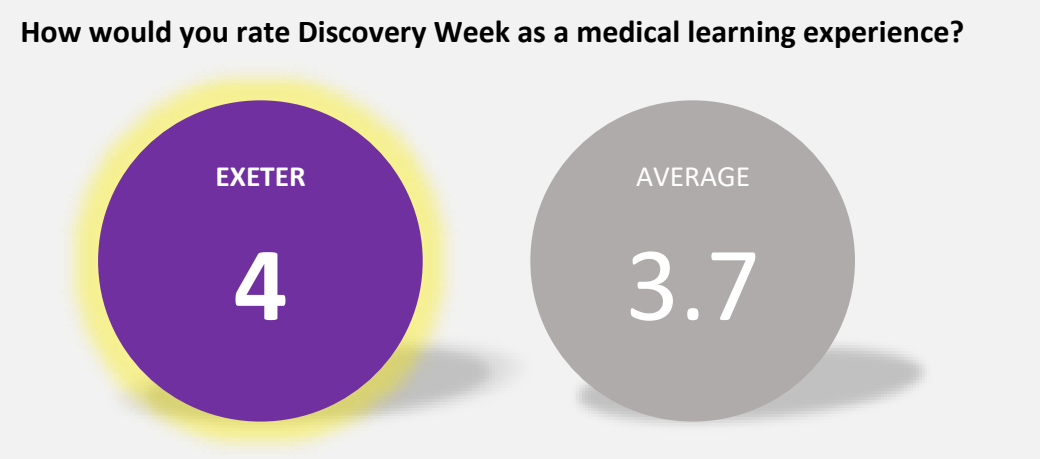

Figure 2. Mean rating of Discovery Week as a medical learning experience on a scale of 0-4. Overall, students had an extremely positive experience in Exeter.

Students were also asked to rate seven aspects of Discovery Week as either “Enhancing” or “Detracting” from the experience. Figures 3 and 4 show the results for your community compared to the overall averages. For each aspect, the proportion of students who chose “Enhanced” or “Detracted” in your region is shown in purple, and the corresponding overall averages are shown in dark grey.

Which of these aspects enhanced your Discovery Week Experience?

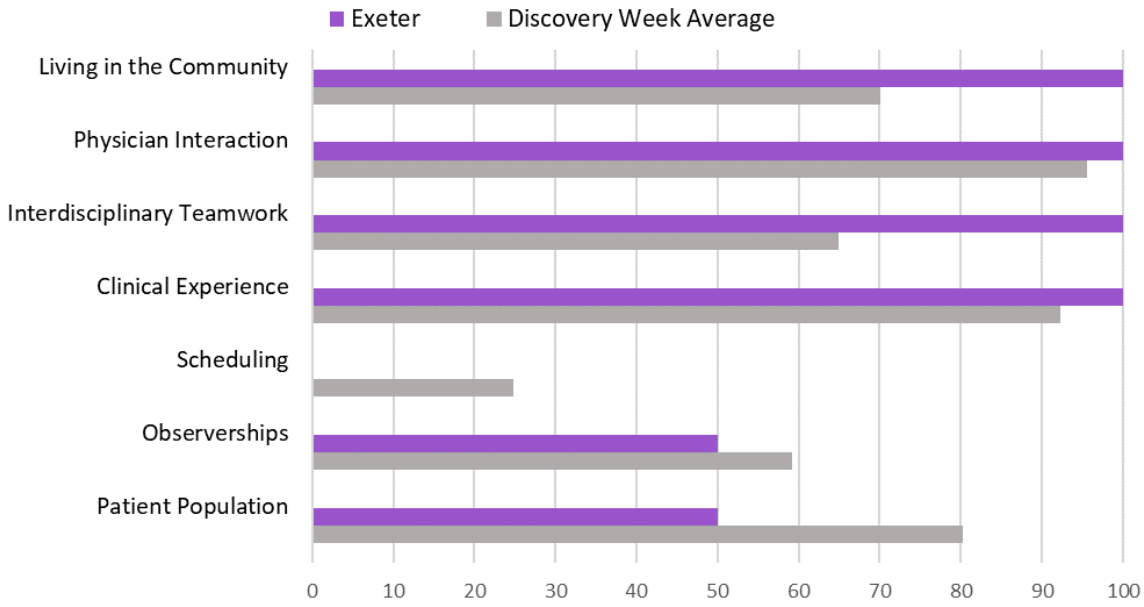

Figure 3. Aspects of Discovery Week that enhanced student experience, measured as percentages. Physician Interaction and Clinical Experience most strongly enhanced student experience overall. In Exeter, students selected Living in the Community, Physician Interaction, Interdisciplinary Teamwork, and Clinical Experience as the most strongly enhancing aspects.

Which of these aspects detracted from your Discovery Week Experience?

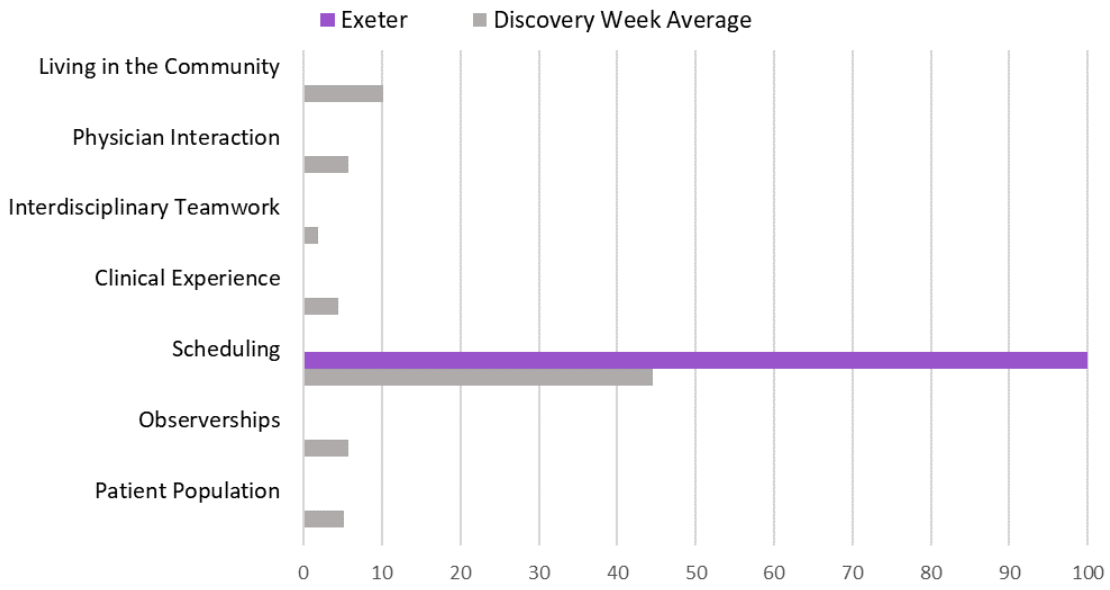

Figure 4. Aspects of Discovery Week that detracted from student experiences, measured as percentages. Scheduling most strongly detracted from student experience in your region and in the overall Discovery Week average.

Qualitative Results

We have included comments and feedback from students who participated in Discovery Week in your community. Each row represents one student's comment. All feedback provided was copied verbatim from our survey, please excuse any spelling or typographical errors.

How did Discovery Week impact your perception of rural/regional medicine?
It did open my perspective to the opportunities and advantages that rural medicine may have. I learnt that even some specialists can work there a few days a week. I learnt about the major healthcare needs of the community.
Helped me gain an appreciation for rural medicine, see some of the differences between rural and urban medicine, and clear up misconceptions that I had about rural/regional medicine.

What was your favourite part of Discovery Week?
Just meeting the people. staff, physicians, admin, lab techs etc. Everyone was very friendly and open to teaching me and answering my questions
Emergency medicine rotation with Doctor Ondrejicka; I learned a lot and was interactive

Were there any activities you wish you did more of?
I wish there were more observership opportunities, maybe with different doctors just so I can experience and chat with more physicians
I wish more of my placements were interactive and less just observing

Were there any activities you would like to have tried but didn't get to?
nope
none

What clinical experience resonated with you most strongly?
I really liked observing in the ER. It is something that i am considering for my future and it helped show me a different site of the ER than what my OCLOS at Vic hospital had shown me.
Physio rotation; made me recognize how much certain patients are limited by their conditions, and made me more appreciative of my good health.

How could the Discovery Week experience be improved?
Overall i think the experience as pretty great, no real there. I think that what was possibly lacking was not a variety of different department. there was a hospitalists at exeter and it would have been interesting to see or shadow them for the day as well instead of two days in the ED. Other than, that I had a fantastic time and I think I was able to learn from Exeter everything the hospital was able to offer including diagnositc imaging and the lab
More opportunity to learn directly from and converse with rural physicians

Conclusion

Discovery Week continues to be an enriching learning experience for medical students. Through regular analysis of the feedback provided by the medical students, we can develop plans to continuously improve the experience. This will also aid in ensuring that all stakeholders' expectations are being met.

Students in your region had an overwhelming positive experience at Discovery Week. Thank you for all the effort you put into this program and for a successful Discovery Week 2024! We are looking forward to a successful program next year.

APPENDIX A

Discovery Week Student Experience Activity

1. **Where did you go for Discovery Week? (drop down)**

   Chatham – Chatham Kent Health Alliance
   Clinton – Clinton Public Hospital, HPHA
   Exeter – Huron Health System South, Exeter Hospital
   Forest – North Lambton Community Health Centre
   Goderich – Alexandra Marine & General Hospital
   Hanover (Wk 1)– Hanover and District Hospital
   Hanover (Wk 2) – Hanover and District Hospital
   Ingersoll – Alexandra Hospital
   Leamington (Wk 1) – Erie Shores Health Centre
   Leamington (Wk 2) – Erie Shores Health Centre
   Listowel – North Perth Family Health Team
   Markdale – Brightshores Health Services
   Owen Sound – Brightshores Health System, Owen Sound
   Petrolia – Bluewater Health Charlotte Eleanor Englehart
   Sarnia – Bluewater Health Sarnia
   Sarnia – West Lambton Community Health Centre
   Seaforth – Seaforth Community Hospital
   St. Marys – St. Marys Memorial Hospital
   St. Thomas – St. Thomas Elgin General Hospital
   Stratford – Huron Perth Health Alliance, Stratford
   Strathroy – Strathroy Middlesex General Hospital, MHA
   Tillsonburg – Tillsonburg District Memorial Hospital
   Walkerton – South Bruce Grey Health Centre
   Wiarton – Brightshores Health System, Wiarton
   Windsor (Wk 1) – Windsor Regional Collaboration
   Windsor (Wk 2)– Windsor Regional Collaboration
   Wingham – Wingham & District Hospital
   Woodstock (Wk 1) – Woodstock Hospital
   Woodstock (Wk 2) – Woodstock Hospital

2. **Please rate your experiences below:**

   Before Discovery Week I intended to pursue training or practice in a rural/regional location.
   (5 pt scale – Strongly Disagree – Strongly agree)

   After Discovery Week I intend to pursue training or practice in a rural/regional location.
   (5 pt scale – Strongly Disagree – Strongly agree)

Discovery Week encouraged me to pursue future training opportunities in my placement community.
(5 pt scale – Strongly Disagree – Strongly agree)

Discovery Week significantly changed my understanding of delivering medicine in a rural/regional location.
(5 pt scale – Strongly Disagree – Strongly agree)

I had misconceptions about working and living in a rural/regional location that Discovery Week clarified.
(5 pt scale – Strongly Disagree – Strongly agree)

3. **How did Discovery Week impact your perception of rural/regional medicine?**
   (Open text box)

4. **Which of these aspects enhanced your Discovery Week experience? Select all that apply**
   Living in the Community
   Physician Interaction
   Interdisciplinary Teamwork
   Clinical Experience
   Observerships
   Patient Population
   Scheduling
   Other:

5. **Which of these aspects detracted from the Discovery Week experience?**
   Living in the Community
   Physician Interaction
   Interdisciplinary Teamwork
   Clinical Experience
   Observerships
   Patient Population
   Scheduling
   Other:

Overall

6. **How would you rate Discovery Week as a medical learning experience?**
   (5 pt scale – Negative – Positive)

7. **What was your favourite part of Discovery Week?**
   (open text box)

8. **Were there any activities you wish you did more of?**

9. **Where there any activities you would like to have tried but didn't get to?**

10. **What clinical experience resonated with you most strongly?**

11. **How could the Discovery Week experience be improved?**