Huron Health SYSTEM
South Huron Hospital

AGENDA

Committee:	**Medical Advisory Committee**		
Date:	October 10, 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, (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 / Education Session**				
3	**Approvals and Updates**				
3.1	Previous Minutes	COS	Decision	1min	• 2024-09-12-MAC Minutes
	Draft Motion: To accept the September 12, 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	Information	as needed	• Clinical Pathway-CDiff-Adults
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 October 10, 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	• 2024-10-Monthly Report-COS
6.4	President & CEO	CEO	Information	5min	• 2024-10-Monthly Report-CEO
6.5	CNE	CNE	Information	5min	
6.6	CFO	CFO	Information	5min	
6.7	Patient Relations	Klopp	Information	5min	• 2024-10-Monthly Report-Patient Relations

6.8	Patient Care Manager	Walker	Information	5min	
6.9	Clinical Informatics	Sherwood	Information	5min	
	Draft Motion: To accept the October 10, 2024 Other Reports to the MAC.				
7	**New and Other Business**				
7.1	Credentialing Report	COS	Acceptance Recommendation	1min	• 2024-10-Report to MAC & Board-Credentials
	Draft Motion: To accept the Credentialing Report of October 10, 2024 as presented, and recommend to the Board for Final Approval.				
8	**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				
9	**Next Meeting & Adjournment**				
	Date	**Time**		**Location**	
	November 14, 2024	8:00am-9:00am		Boardroom B110 / MS Teams	

Huron Health System
South Huron Hospital

MINUTES

Committee:	**Medical Advisory Committee**-Revised		
Date:	September 12, 2024	Time:	8:05am-9:26am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Chan, Dr. Kelly, Dr. Lam, Dr. McLean, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Lynn Higgs, Heather Klopp, Jimmy Trieu, Adriana Walker		
Guests:	Shari Sherwood		

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 June 16, 2024 MAC minutes. CARRIED.***
4	**Business Arising from Minutes**
5	**Medical Staff Reports**

5.1	Chart Audit Review:
	• In process of creating a committee that will be moving paper charting to electronic medical records
	  ○ Ad Hoc meeting scheduled for Sep 18 to review targets, with expectations of having a functioning group in place by the beginning of 2025
	  ○ Electronic records will allow meetings to be moved to a quarterly basis

5.2	Infection Control:
	• New IPAC Coordinator is Amber Brodie
	  ○ Last Hand Hygiene audit was 87% compliance
	  ○ All of our hand sanitizer units have been inspected and meet with Public Health guidelines
	  ○ One incident noted where an MRSA positive patient was placed in a semi-private room with a non-MRSA patient; this has been reviewed

5.3	Antimicrobial Stewardship:
	• Meeting held last month, and another meeting scheduled for Sep, next week
	  ○ 2024-08-UTI Clinical Pathway Algorithm, circulated and reviewed; per MAC, this model will now be considered the standard algorithm
	  ▪ Appreciation extended to Dr. Ondrejicka for her work on this document
	  ○ An STI algorithm is scheduled for Oct, and a cDiff algorithm is scheduled for Nov
	  ▪ Two cDiff cases were recently transferred to SHH from London

5.4	Pharmacy & Therapeutics: • No discussion

5.5	Lab Liaison:
	• Meeting held on Jun 25
	  ○ Dr. Chris Tran is the new Director, Laboratory
	  ○ Main discussion was related to Massive Transfusion Protocol; still working on a specific process and anticipating that there will be a training model for physicians on the website by Nov
	  ▪ Guidelines have recently changed, which has prompted changes to the draft policy

	– Policy outlines that SHH has 4 units and how to move it from the Lab to the ED ▪ Transexamic Acid (TXA); dosing is different per situation, i.e., hemorrhaging from childbirth vs trauma case ▪ Compared ACS pathways to LHSC policy and made more specific to SHH; order sets have been updated
5.6	Recruitment and Retention Committee: • Meeting held on Sep 3 o Discussion was mainly around financial incentives to attract physicians o Town of Goderich is not supportive of monetary incentives at this time; if we were to offer a $100K signing bonus, it would be supported solely by the hospital o Looking for the right physician complement to our hospitals and trying to avoid competition o One issue that has been noted is that there are physicians going from town-to-town to collect these incentives, rather than being invested in the location ▪ AMGH approved one signing bonus last year, and that physician has yet to start o HHS would prefer to determine if a physician is a good fit and is committed to the area first, before discussing tailored, individual incentives
5.7	Quality Assurance Committee: • No discussion
	MOVED AND DULY SECONDED ***MOTION: To approve the Medical Staff Reports as presented for the September 12, 2024 MAC Meeting. CARRIED.***
6	**Other Reports**
6.1	Lead Hospitalist: • Shift coverage was managed well; some supplementary funding received o Thank you to the medical staff who have worked so hard to keep the hospital open • No further information has been received in regards to burden-based funding
6.2	Emergency: • Temporary Locum Funding has been extended to Mar 31; very helpful o This temporary funding has now been in place for 3½ years, and it is hoped that it will be moved to permanent base funding; this will require negotiations • Dr. McLean has shared the ED schedule with Dr. Jason Lam and Dr. David Morden, who have been picking up EDLP shifts, and will continue to do so; great support
6.3	Chief of Staff: • 2024-09-Monthly Report-COS, circulated o Temporary Locum Funding extension; positive news • CEO, with Dr. Osman, Radiologist, has submitted a 2nd CT Scanner application under a separate stream of funding, i.e., Independent Health Centre funding; expecting a response in the Fall o The 1st application was submitted to Ministry in Feb; CEO has requested a response, however, the application is still under review o The difference in the applications is the where the actual location of the CT Scanner will be, i.e., in the Hospital vs the new Medical Centre; it will depend on approval of an application and timing • Working with the Foundation on plans for the new Medical Centre; progress is happening and positive news is expected soon o Logistics planning continues • Developing a Nurse Practitioner Program for assistance in the FHT; applied for funding, but did not receive it; hiring an NP is still under way • Developing a Penicillin Allergy Clinic; applications from the Allergist and his NP wife / assistant are still pending • HHS Summits scheduled for Sep 23 (Goderich Comfort Inn 6-8pm) & 24 (Exeter Legion 6-8pm); the summits are the same, but staff can attend either one based on their availability • Paediatric Day Conference scheduled for Oct 23; email shared
6.4	President & CEO: • 2024-09-Monthly Report-CEO, circulated

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CEO expressed sincere gratitude to the physicians and staff for their hard work in keeping the ED open over the summer
A call was held with LHSC / St. Joe's last week; due to stipends that are available across various hospitals, they are expecting up to 1,000 uncovered shifts between Nov and Jan
Discussed issues with the current HFO environment
Congratulations to Lynn Higgs, who has accepted the VP, Clinical Services / CNE position
Congratulations to Robert Lovecky, who has accepted the VP, Finance & Chief Financial Officer (CFO) position; starting Sep 18
HHS Summit scheduled for discussion with staff and physician around direction of HHS
Appreciation extended to those who completed the surveys and attended the focus groups
Discussed surgical capacity at AMGH; three surgeons now available
Although manpower has improved over a few years ago, some closures are still happening based on unavailability of nursing and/or anaesthesia
There are two nurses in OR training
Anaesthesia had dropped to 80% coverage; in the meantime we have credentialed another anaesthetist who is currently providing locum coverage and is working on relocating to the Goderich area and working full time at AMGH
CT partnership is improving between AMGH / SHH; prioritize CT scans through AMGH going forward, where possible, however, there are still extra steps based on Radiologist approval requirements
Manager of MI is working on extending FTE hours for more appropriate on-site coverage rather than on-call
Working with LXA in regards to urgency of having CT scans read

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<u>CNE:</u>

Congratulations to Amber Brodie, who has accepted the IPAC position
Working with Adriana on policy development and update
Working with Trillium Gift of Life Network (TGLN)
Hospital has signed an agreement for ocular recovery; CNE has met with Coordinator to develop policy
Training for nurses will be held in Nov, with a 'go live' date in Dec
Medavie is a new program to Huron Perth as of Sep 9
If a patient does not need to be admitted to the mental health unit, Medavie can be contacted to provide safe transportation home or one-time crisis therapy for the patient
Medavie will be providing an in-service on Sep 13; CNE has asked them to provide information that can be shared via email
Unfortunately at this time, the service is not 24/7 due to difficulty in staffing
Hours are currently 8:30am-4:30pm, Monday to Friday
Working with the Tanner Steffler Foundation, which is a youth specific crisis response team in Huron Perth
Meeting scheduled for this evening
Sponsorship is for three years, and covers ages 12-29
Working with OPP as well
This is different from the Mobile Crisis Response Team for Huron Perth, which is for adult crisis
Working on proactively recruiting to cover anticipated Mat LOAs
Meribeth Vlemmix scheduling power shut downs and will provide related information

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Provide information / policy regarding crisis programs for staff</td><td><u>By whom / when:</u>
CNE; Oct / Nov</td></tr>
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<u>Operations (CFO):</u>

4% or $777K base funding received from Ministry
$170K SRN base funding received
$230K received in support of Bill 124; still short $1.1M
Currently projecting $2.2M deficit for F2425, inclusive of $1.1M outstanding for Bill 124
Non-urgent patient transfers are now over budget by $20K and rising; approximately $^{2}/_{3}$ related to CTs
Physicians continue to try to have a friend or relative provide transportation, and don't use non-urgent patient transfer unless absolutely necessary

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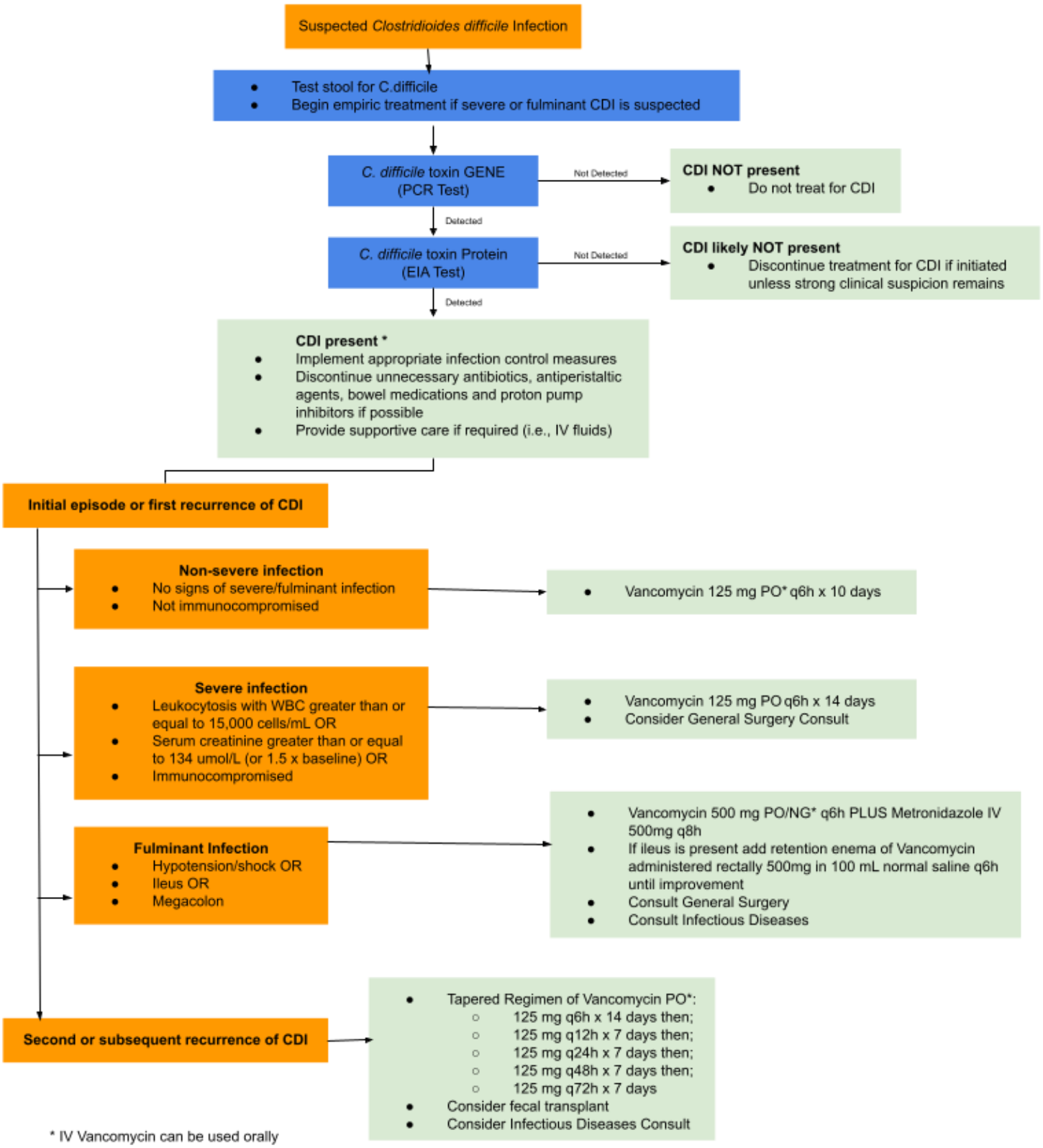
	○ This cost will be reduced significantly, once the SHH CT scanner is in place
6.7	Patient Relations: • 2024-09-Monthly Report-Patient Relations, circulated ○ Reviewed a very positive patient story that included both SHH & AMGH • Dr. Joseph is starting up a walk-in clinic on Monday evenings as of Oct 1; bookings will be scheduled via Dr. Joseph's office or online ○ Physicians who have at least 50% online bookings receive full reimbursement; new physicians to the program will receive half reimbursement this year ○
	MOVED AND DULY SECONDED ***MOTION: To approve the Other Reports as presented for the September 12, 2024 MAC Meeting. CARRIED.***
7	**New Business**
7.1	Credentialing: New Appointments & Reapplications: • 2024-09-12-Credentials Report, circulated ***MOVED AND DULY SECONDED*** ***MOTION: To accept the Credentials Report of September 12, 2024 as presented, and recommend to the Board for Final Approval.***
7.2	Discovery Week: • 2024 DW Video, circulated and played • 2024 Discovery Week Review, circulated and reviewed • 2025 Jun2-5 (Mon-Thu) ○ Overall, students were interested in learning more about rural medicine
8	**Education / FYI**
8.1	Education : • NRP training Sep 27, Oct 1, Oct 11 and Oct 17; courses are 4-5hrs, so looking for four trainees per course • Soft restraints now available per conversation in Jun; physician order required • BiPAP masks have been switched out due to issues • Physician had difficulty finding the Glidescope stylet as it may have been considered disposable and thrown out; had to shape own • VOYCE interpretation service is now available; professional and healthcare oriented; works well • Discussed ED storage space; current space will be renovated for U/S in Sep • Discussed the Baycrest Virtual Behavioural Medicine Consultation Program in partnership with University Health Networks Toronto Rehab Institute for dementia patients with significant physical behaviours; pharmacological approach • Neonatal resuscitation equipment has been reviewed and reorganized; equipment available in both regular and OB crash carts • ED P4R is live; province is making funding available to small volume hospitals ○ Small hospitals must be compliant of requirements around wait times and data must be submitted ○ Clerks are capturing physician initial assessment times, 'Left Without Being Seen' and 'Left Against Medical Advice' • Starting next year, will be tracking patients that come to the ED as return visits after being seen here or somewhere else and are admitted; tracking is quarterly • Audit committee to have a plan in place by Mar 31st for tracking of certain diagnoses, i.e., cardiac ACS, stroke and paediatric sepsis
	Action: • Order new stylet — ***By whom / when:*** • Walker; This week
9	**In-Camera Session**
10	**Adjournment / Next Meeting** Regrets to alana.ross@amgh.ca

	Date	**Time**	**Location**
	October 10, 2024	8:00am	Boardroom B110 / MS Teams
	Motion to Adjourn Meeting		

	MOVED AND DULY SECONDED ***MOTION: To adjourn the September 12, 2024 meeting at 9:26am. CARRIED.***
Signature	
_____ Dr. Sean Ryan, Committee Chair	

Clostridioides difficile infection (CDI) - Adults



* IV Vancomycin can be used orally

Testing for Diagnosis

- Testing should only be performed for patients with diarrhea and only on samples of unformed stool, unless there is clinical suspicion of ileus due to *Clostridioides difficile* infection (CDI).
- Only one stool sample should be tested per patient per diarrheal episode unless testing is inconclusive, in which case testing can be repeated
- A stool specimen for suspected CDI will first be processed via a PCR (DNA) test for the toxin A/B genes. If this test comes back negative, the *C. difficile* can be considered to be absent. If the PCR test comes back positive then the next step will be to perform an enzyme immunoassay (EIA) for toxins A/B. If both of the PCR and EIA tests come back positive, the *C. difficile* can be considered to be present. However, if the PCR is positive and the toxin A/B EIA is negative then the patient carries a toxin-producing strain of *C. difficile* (which may or may not be associated with CDI).
- Testing for cure is not recommended.

Infection Control Measures

- Follow local infection control guidelines for all patients with CDI. Every person entering the room of a person with CDI must use gloves and gowns.
- Every person who has made contact with a patient with CDI must wash their hands with soap and water (or an alcohol hand sanitizer if soap and water are not available) *C. difficile* spores are resistant to alcohol hand rubs.
- Contact precautions should be maintained for the duration of diarrhea.

Treatment of *Clostridioides difficile* infection

- Probiotics are not recommended for the treatment or prevention of *C. difficile*.
- In most cases, a positive stool test for *C. difficile* is required before treatment but if severe or fulminant CDI is suspected clinically, then empiric treatment can proceed without a positive stool test.
- Diagnostic testing is not sufficient to completely rule out CDI. Thus, even in the cases of a negative test, clinical judgment and patient risk factors should guide treatment.
- In cases of recurrent CDI, other therapeutic options can be considered such as a fecal transplant OR fidaxomicin (especially in patients at high risk of relapse; use of this antibiotic is restricted to the Infectious Diseases Service).
- Metronidazole may be used in patients with first occurrence, non-severe CDI if vancomycin or fidaxomicin are not available.
- Outpatient drug coverage is available for oral vancomycin capsules under a limited use code for patients eligible for Ontario Drug Benefits
  https://www.formulary.health.gov.on.ca/formulary/limitedUseNotes.xhtml?pcg9Id=081228075
  (Case by case requests for higher doses, prolonged tapers or liquid vancomycin may be obtained through EAP Forms)
- Outpatient drug coverage for fidaxomicin is available through EAP Telephone Request Service for patients eligible for Ontario Drug Benefits.
  http://health.gov.on.ca/en/pro/programs/drugs/docs/frequently_requested_drugs.pdf

Authored by: Emily Stephenson, Michael Juba, Rita Dhami, Dr. S. Elsayed (09/2021)
Reviewed by: Dr. A. Cabrera, Dr. M. Payne, Antimicrobial Stewardship Team (09/2021)
Approved by: Drug & Therapeutics Committee Executive (09/2021)

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October 2024 Chief of Staff Report

The Temporary Summer Locum Program funding has been extended once again, this time until March 31, 2025. This funding is integral to us being able to keep our emergency department open.

We are making progress with physician electronic charting in both the emergency department and inpatient unit. At present, most of our regular medical staff are using this feature in Cerner. In the coming weeks, we hope to have everyone transitioned.

Flu and COVID shots are being delivered to the South Huron Medical Centre this week to begin our seasonal vaccination program. The recommendation is one of each shot to protect patients for the fall and winter respiratory virus season. In further vaccination news, we are also expecting delivery of the new RSV vaccination to be administered in pregnant women. Studies with this new vaccine show a dramatic reduction in RSV-related hospital admissions for newborns if administered to expectant mothers in the 3rd trimester. This will be a game-changer in reducing the number of sick infants we see during RSV season.

The Huron Perth Primary Care Summit takes place on November 6. I will be attending along with some of my primary care colleagues in Exeter.

Due to a scheduling conflict, I am unable to attend this months Board meeting. Please contact me directly with any questions or concerns.

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PRESIDENT & CEO REPORT

October 2024

METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			Staffing complement is in a good position at SHH. HHS continues to recruit and retain staff. Physician recruitment is a priority and working with various sources. AMGH will be experiencing maternity leaves in the ED and recruiting for this department is a priority. OR recruitment continues and AMGH is experiencing reductions in service from time to due to staffing challenges both in nursing and anaesthesia.
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. OH is indicating that a balanced budget for F25 is not required, but is asking for hospitals to look at administrative savings if possible.
SHH Medical Clinic			Meetings of the Steering Committee have begun and will continue monthly. SHHF is working on acquiring the land where the medical centre will be built.

TOP OF MIND

Hospital Services

- It is anticipated that the ED will experience significant pressures due to the fall respiratory virus season
- Flu shots will be available to all hospital staff in early October
- New Covid-19 shots (KP.2) will be available through pharmacies in mid October
- IPAC is investigating whether HHS should hold a COVID-19 vaccine clinic

Funding

- Still waiting for funding letters to address structural deficits
- The budgeting process will be starting soon and early indications from OH that a balanced budget for F25 is not required. OH understands the significant pressures that hospitals are facing and want to ensure that health care delivery is not affected

BIG WINS | LEARNING

HHS Summit

- A total of 168 participants responded to the survey
- 22 people attending the inperson focus groups
- Themes from the summit include but are not limited to:
    - More transparent communication and engagement from leadership
    - The need to stabilize the leadership team and rebuild trust between leadership and front-line providers and staff.
    - The need for greater staff engagement in planning, communicating and implementing change.
    - The desire for greater clarity on the organizational structure
    - The desire for progress on key initiatives such as facility and equipment challenges, (i.e. CT scanner, common EMR)
    - Clear vision for integration of programs and services

Commitments from the Summit:

BOARD

- Commit to Board of Directors professional training on Governance Best Practices Roles and Responsibilities
- Continuing to move Huron Health System forward
- Ensure two-way accountability and communication between Huron Health System Board of Directors and the CEO

CEO

- Continue to be visible in both organizations through regular rounding and connecting with staff and physicians
- Ensure regular and transparent communications cascading through the organization with the support of the HHS leadership team
- Bring clarity to the Huron Health System vision by working with teams to operationalize the strategic priorities

PRESIDENT & CEO SUMMARY

The Montreal Economic Insitute released a study that found 40% of nurses in Canada quit the profession before the age of 35. This figure is up 25% from 2013. By 2030, Canada is expected to suffer a shortage of 117,600 nurses.

Ontario ranked third, with 35.1 young nurses leaving for every 100 entering in 2022. This is 83 percent higher than in 2013.

Proportion of young nurses leaving to young nurses entering the profession, by province, 2022

Province	Ranking	Ratio	Change since 2013
Manitoba	1	29.4%	11%
British Columbia	2	31.5%	-32%
Ontario	3	35.1%	83%
Saskatchewan	4	35.4%	-4%
Quebec	5	43.1%	29%
Prince Edward Island	6	44.5%	-14%
Alberta	7	47.7%	39%
Newfoundland and Labrador	8	50.3%	4%
Nova Scotia	9	60.4%	42%
New Brunswick	10	80.2%	51%

Note: A negative change (BC, SK, and PEI) indicates an improvement, i.e., relatively fewer nurses leaving.
Source: Author's calculations. CIHI, Nursing in Canada 2023 – Data Tables, Table 4: Supply, 2024.

Some of the most commonly cited concerns were a lack of control over their work schedules, including mandatory overtime and a lack of shift flexibility as principal sources of workplace stress.

Nurses who expressed a desire to quit their current position were also more likely to express interest in working for an independent nursing agency. For those desiring better working conditions with more flexibility and better pay, independent agencies are considered a preferable alternative and often a final step before leaving nursing altogether.

As I look to staffing at HHS, there continues to be pressure on the staffing level. Recruitment for nursing continues as well as for all positions. Heading in to what is expected to be a very active respiratory illness season, close monitoring of staffing resources will be critical in order to maintain current levels of services. Flu shots and COVID-19 vaccines will be available in the next couple of weeks and board members will be notified.

Finally, as we approach Thanksgiving, I want to take a moment to express my heartfelt gratitude to each of you for your unwavering dedication and compassion. Your tireless efforts and commitment to HHS make a profound difference in the lives of those we serve. This holiday reminds us of the importance of community, teamwork, and the impact we have on each other. Let's take this opportunity to reflect on our shared successes and support one another, fostering a spirit of gratitude and appreciation within our hospital family. Thank you for all that you do!

Respectfully submitted,

Jimmy Trieu
President & CEO

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Interpretation Experience Story for Oct Board and MAC meetings.

Oct 6, 2024

Patients at both of our Hospital sites arrive from many parts of the world and speak many different languages.

The best experience for a patient is when there is a person at the Registration desk who is not only warm and friendly, but also speaks their language!

One of our newer Registration Clerks at SHH is Jiju Tom. Jiju speaks five languages – Tamer, Hindi, Tulu, Malayalam and English.

Jiju works in Registration for the Emergency/Out-Patient Dept., Diagnostic Imaging, Family Practice and Walk-In Clinic. He reports that patients who speak these languages are very comfortable receiving care at SHH when he is at the Registration desk and appreciate when he can help explain their needs to those providing care.

Similarly, we have other members of our teams who speak European, Middle Eastern or Hispanic languages, for example, who also greatly help our patients with language barriers.

But, what if there are no bilingual or multilingual team members on site when patients needing a translator arrive for care at our sites? Often they will bring a family member or employer with them to help them communicate. Others will use Google Translate on their phone or I-pad. Sometimes these methods work…and sometimes they don't!

Enter "VOYCE" at SHH. VOYCE is a Medical Report Interpretation Platform that connects Patients with Certified Interpreter through an APP on our I-Pads. It offers real-time, accurate and comprehensive Interpretation in over 240 languages including American Sign Language.

Once a team member requests a VOYCE translator for a patient, the interpreter appears on the screen, introduces themselves and moves forward with the registration, triage, in-patient visit, diagnostic test – whatever is needed. The translator stays with the circle of care for as long as needed.

After only a couple of months of use, SHH team members have expressed excitement about the positive experiences for their patients when using the VOYCE platform!

Submitted by Heather Klopp

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INTER-OFFICE MEMORANDUM

TO: SHH MAC / HHS Common Board

FROM: Dr. Sean Ryan, Dr. Craig McLean

DATE: October 10, 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
Tanaka, Dr. Peter	RETURNING-Locum EDLP	
Wu, Dr. Adrian	NEW-Locum EDLP	