

Committee:	Medical Advisory Committee				
Date:	November 14, 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: <i>(Open Session Only)</i>	Shari Sherwood, Heather Zrini, Christie MacGregor (Board Representative)				
	Agenda Item	Presenter	Anticipated Actions	Time Allotted	Related Attachments
1	Call to Order / Welcome <ul style="list-style-type: none"> • Notifications: <ul style="list-style-type: none"> ○ Video/Audio recordings and transcriptions of the open session meeting are retained for the purpose of creating accurate minutes and will be expunged on final approval of the minutes by the Committee; in-camera sessions are not recorded or transcribed 				
2	Guest Discussion / Education Session				
3	Approvals and Updates				
3.1	Previous Minutes	COS	Decision	1min	• 2024-10-10-MAC Minutes
	<i>*Draft Motion: To accept the October 10, 2024 MAC Minutes.</i>				
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	• STI 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	
	<i>*Draft Motion: To accept the November 14, 2024 Medical Staff Reports to the MAC.</i>				
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	• 2024-11-Monthly Report-COS
6.4	President & CEO	CEO	Information	5min	• 2024-11-Monthly Report-CEO
6.5	CNE	CNE	Information	5min	• 2024-11-Monthly Report-CNE
6.6	CFO	CFO	Information	5min	• 2024-11-Monthly Report-CFO
6.7	Patient Relations	Klopp	Information	5min	• 2024-11-Monthly Report-Patient Relations
6.8	Patient Care Manager	Walker	Information	5min	

6.9	Clinical Informatics	Sherwood	Information	5min	
<i>*Draft Motion: To accept the November 14, 2024 Other Reports to the MAC.</i>					
7 New and Other Business					
8 In-Camera Session					
<ul style="list-style-type: none"> • Notifications: <ul style="list-style-type: none"> ○ 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 ○ All participants of the in-camera session are expected to declare that their surroundings are secured from unauthorized participants 					
8.1	Move into In-Camera	Chair	Motion, if needed		<ul style="list-style-type: none"> • 2024-11-Report to MAC-Credentials SHH
<i>*Draft Motion: To move into the in-camera session at XX:XXam.</i>					
8.2	Move out of In-Camera	Chair			
<i>*Draft recommendation made to move back into open session at XX:XXpm.</i>					
8.3	Motions made based on In-Camera discussion	Chair	Action		
<i>*Draft Motion: To accept the Credentialing Report of November 14, 2024 as presented, and recommend to the Board for Final Approval.</i>					
9 Next Meeting & Adjournment					
	Date	Time		Location	
	December 12, 2024	8:00am-9:00am		Boardroom B110 / MS Teams	

MINUTES

Committee:	Medical Advisory Committee						
Date:	October 10, 2024	Time:	8:03am-8:51am				
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross				
Present:	Dr. Bueno, Dr. Chan, Dr. Hammond, Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. Nelham, Dr. Patel, Dr. Ondrejicka, Dr. Ryan, Lynn Higgs, Heather Klopp, Robert Lovecky, Jimmy Trieu, Adrianna Walker						
Regrets:	Christie MacGregor (Board Representative)						
Guests:	Shari Sherwood, Heather Zrini						
1 Call to Order / Welcome							
1.1	<ul style="list-style-type: none"> • Dr. Ryan welcomed everyone and called the meeting to order at 8:03am <ul style="list-style-type: none"> ○ Notifications: <ul style="list-style-type: none"> ▪ Video/Audio recordings and transcriptions of the open session meeting are retained for the purpose of creating accurate minutes and will be expunged on final approval of the minutes by the Committee; in-camera sessions are not recorded or transcribed 						
2 Guest Discussion / Education Session							
3 Approvals and Updates							
3.1	<u>Previous Minutes</u> <ul style="list-style-type: none"> • Approval / Changes <ul style="list-style-type: none"> ○ CHANGE re Page 4, Dr. Joseph should be Dr. Jadd <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the September 12, 2024 MAC minutes, as amended. CARRIED.</u></p>						
4 Business Arising from Minutes							
5 Medical Staff Reports							
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none"> • Terms of Reference in development; anticipating structure to be ready by the beginning of 2025 <ul style="list-style-type: none"> ○ Goal is to consolidate all chart audit processes into one committee 						
5.2	<u>Infection Control:</u> <ul style="list-style-type: none"> • Most recent Hand Hygiene audits all rated over 92%; excellent results • Masking is required in clinical areas as we move into Respiratory Infection season • Pharmacy has asked to copied on IPAC recommendations on a monthly basis, and will report accordingly going forward 						
5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> • Clinical Pathways cDiff Adults, circulated and reviewed • Team is meeting on Nov 8 to review the next algorithm – STIs <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><u>Action:</u></td> <td style="width: 50%;"><u>By whom / when:</u></td> </tr> <tr> <td> <ul style="list-style-type: none"> • Finalize Clinical Pathways cDiff Adults and post • Add STI Algorithm to next Mac </td> <td> <ul style="list-style-type: none"> • Zrini; Oct • EA; Nov 14 </td> </tr> </table>			<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> • Finalize Clinical Pathways cDiff Adults and post • Add STI Algorithm to next Mac 	<ul style="list-style-type: none"> • Zrini; Oct • EA; Nov 14
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5.4	<u>Pharmacy & Therapeutics:</u> <ul style="list-style-type: none"> • Discussed Push Dose antibiotics policy <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><u>Action:</u></td> <td style="width: 50%;"><u>By whom / when:</u></td> </tr> <tr> <td> <ul style="list-style-type: none"> • Work with Pharmacy team to develop Push Dose Antibiotics policy </td> <td> <ul style="list-style-type: none"> • Zrini; Oct / Nov </td> </tr> </table>			<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> • Work with Pharmacy team to develop Push Dose Antibiotics policy 	<ul style="list-style-type: none"> • Zrini; Oct / Nov
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5.5	<u>Lab Liaison:</u> <ul style="list-style-type: none"> • Met in September; discussed availability of blood cultures 						
5.6	<u>Recruitment and Retention Committee:</u> <ul style="list-style-type: none"> • Next meeting scheduled for Nov 5; report to be shared in Dec 						

5.7	<p><u>Quality Assurance Committee:</u></p> <ul style="list-style-type: none"> • Next meeting scheduled for Oct 16 <ul style="list-style-type: none"> ○ Review of fall and medication incidences for Q1 & Q2 ○ There were 2 critical incidents, which were both false 					
<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Medical Staff Reports as presented for the October 10, 2024 MAC Meeting.</u> <u>CARRIED.</u></p>						
6	Other Reports					
6.1	<p><u>Lead Hospitalist:</u></p> <ul style="list-style-type: none"> • No report 					
6.2	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> • All ED shifts filled for Oct • Most SHH Docs have switched to DynaDoc Electronic documentation <ul style="list-style-type: none"> ○ Discussed use of LWBS (left without being seen) vs LAMA (left against medical advice) compared to where the patient is in their visit and when they leave <ul style="list-style-type: none"> ▪ Same form has been used for years; process needs to be updated <ul style="list-style-type: none"> • Discussed having two different forms available ▪ Discussed 'left before being seen by MD' after triage ▪ Discussed patient call-backs vs LAMA ○ All LWBS and LAMA are captured in the EMR on discharge ○ Family physicians receive a notification that their patient registered in the ED, but they do not receive a notification that the patient LWBS or LAMA • Patients providing Med lists and medical histories that are not up-to-date; tediousness of logging into the computers in every patient room vs using the COW <ul style="list-style-type: none"> ○ Looking for a smaller portable version of the COW that is Cerner compatible; possibly PowerChart Touch, which works on Smartphones / iPads ○ Looking for ability to chart on the patient while with the patient, rather than writing down the information and retyping it into the EMR after leaving the patient room ○ Concern with electronic documentation is that errors keep getting retranscribed • Currently having to type the family physician name into each chart in order to have a copy shared; concern that this step could be missed, resulting in the family physician not receiving a copy of the patient chart <ul style="list-style-type: none"> ○ Can family physician data be automatically linked to each patient chart? ○ Can ordered diagnostic tests also be automatically tagged rather than having to manually tag them? <table border="1" data-bbox="245 1262 1474 1423" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><u>Action:</u></td> <td style="width: 50%;"><u>By whom / when:</u></td> </tr> <tr> <td> <ul style="list-style-type: none"> • Forward instructions on use of LWBS vs LAMA • Determine standard process for writing notes in DynaDoc related to patients re LWBS / LAMA • Portable iPad access in ED </td> <td> <ul style="list-style-type: none"> • Walker; Oct / Nov • All; Oct / Nov • Sherwood / Higgs; Nov / Dec </td> </tr> </table>		<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> • Forward instructions on use of LWBS vs LAMA • Determine standard process for writing notes in DynaDoc related to patients re LWBS / LAMA • Portable iPad access in ED 	<ul style="list-style-type: none"> • Walker; Oct / Nov • All; Oct / Nov • Sherwood / Higgs; Nov / Dec
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6.3	<p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> • 2024-10-Monthly Report circulated • Discussed vaccination of pregnant women for RSV <ul style="list-style-type: none"> ○ Studies are showing that vaccination is reducing risk of neonatal and infant RSV admissions <ul style="list-style-type: none"> ▪ Multi antibody available for infants with active RSV symptoms ○ Clinic and ED will be stocking RSV vaccine seasonally • Reminder of the 2nd Annual Primary Care Summit scheduled for Nov 6; hosted by OHT <ul style="list-style-type: none"> ○ Important for physicians in leadership positions <table border="1" data-bbox="245 1696 1474 1822" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><u>Action:</u></td> <td style="width: 50%;"><u>By whom / when:</u></td> </tr> <tr> <td> <ul style="list-style-type: none"> • Discuss RSV vaccine for ED with Public Health • Forward Public Health communication to all Medical Staff </td> <td> <ul style="list-style-type: none"> • Ryan / Walker; Oct • Ryan / Oct </td> </tr> </table>		<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> • Discuss RSV vaccine for ED with Public Health • Forward Public Health communication to all Medical Staff 	<ul style="list-style-type: none"> • Ryan / Walker; Oct • Ryan / Oct
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6.4	<p><u>President & CEO:</u></p> <ul style="list-style-type: none"> • 2024-10-Monthly Report-CEO circulated 					

<p>6.5</p>	<p>CNE:</p> <ul style="list-style-type: none"> • All staff and physicians are encouraged to participate in HART (High Adversity Resilience Training) <ul style="list-style-type: none"> ◦ Has been well attended by staff with good feedback; great training for ED staff • Recruiting volunteers for dementia • Radiothon is coming soon • Continuing to collaborate with regional partners • New Pyxis is coming • Reviewing and updating policies • New process for Accreditation is underway • Eating Disorders Program is now live • At least three nurses have applied for the Nipissing University Bridging Program from RPN to RN • Flu vaccine is available • COVID-19 vaccine anticipated to be available mid-Oct • Successfully filling gaps with recruitment • SHH & AMGH have aligned masking protocol with LWHA and HPHA; masks to be worn in clinical areas • Community Safety and Well Being Campaign was focused on mental health and homelessness this year • Working on The Gift of Life Network (TGLN) policies; anticipated live date is Dec 2024 • Celebrated Truth and Reconciliation end of Sep • Heart Harmony – transforming heart failure care within Ontario ‘One Beat at a Time’; presentations Oct 15th & 17th • New Diabetes Educator has been hired, starting Oct 20 	
<p>6.6</p>	<p>CFO:</p> <ul style="list-style-type: none"> • Welcome Robert Lovecky, VP, Finance/CFO • Reviewed current state of SHH finances to end of Aug <ul style="list-style-type: none"> ◦ Deficit position is at \$436K, which is better than expected by \$300K; due to one-time funding for nurse training program and higher preferred accommodations billings <ul style="list-style-type: none"> ▪ Deficit positions for SHH & AMGH are lower than other same-size regional hospitals ◦ Year end deficit is anticipated to be \$1.2M rather than \$2.2M, which could improve with receipt of more one-time funding; continuing to look for efficiencies, but this demonstrates to the Ministry the cost of running a hospital ◦ Ministry is paying close attention to quarterly reports this year; learning curve • Working on a 10-year capital planning tool to provide better decision making and prioritization to improve budgeting and funding processes • Ultrasound Department refresh at is expected to be completed by the end of Q3 • News regarding CT Scanner is still pending, expected around Q4 • Patient Surveys have been refreshed and rolled out for both hospitals; tied to P4R funding <ul style="list-style-type: none"> ◦ Discussed most appropriate time to hand surveys to patients in order to capture relevant information 	
	<p>Action:</p> <ul style="list-style-type: none"> • Provide deficit comparisons of similar size rural hospitals in the area 	<p>By whom / when:</p> <ul style="list-style-type: none"> • Lovecky; Nov
<p>6.7</p>	<p>Patient Relations:</p> <ul style="list-style-type: none"> • 2024-10-Monhtly Report-Patient Relations circulated • Good reviews received from staff and physicians regarding VOYCE program <ul style="list-style-type: none"> ◦ iPad available for VOYCE; hoping to secure another one • SHH is proud to have staff that speak one or more language and can assist patients 	
<p>6.8</p>	<p>Patient Care Manager:</p> <ul style="list-style-type: none"> • NRP sessions still available, dates to be determined; contact Adriana if interested • Glidescope stylet has been replaced • If physicians or nurses are looking for any specific education, contact Adriana • LHSC is starting to charge hospitals \$50 per COVID-19 test, however, their turnaround time for results is much quicker than that of Public Health; to be reserved for inpatient testing <ul style="list-style-type: none"> ◦ Adriana is waiting to find out if there is an alternative option; there may be an opportunity with HPHA, but this would not begin until the new fiscal year 	

	<ul style="list-style-type: none"> ○ Slow testing turnaround results in bed-blocking ○ Inpatients to be isolated on admission 						
6.9	<p><u>Clinical Informatics:</u></p> <ul style="list-style-type: none"> • No report 						
	<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Other Reports as presented for the October 10, 2024 MAC Meeting. CARRIED.</u></p>						
7	New Business						
7.1	<p><u>Credentialing: New Appointments & Reapplications:</u></p> <ul style="list-style-type: none"> • Credentialing and Reappointment list circulated • Waiting for application from Dr. Jackson, Allergist <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the Credentialing Report of October 10, 2024 as presented, and recommend to the Board for Final Approval.</u></p>						
8	Round Table						
8.1	<p><u>Letter in Support of Jessica’s House:</u></p> <ul style="list-style-type: none"> • Medical Staff and SHH Foundation have written and submitted letters on behalf of Jessica’s House to support the application for funding for three new hospice beds <ul style="list-style-type: none"> ○ An extension has been planned for the northeast corner of the building ○ Government has announced increased funding for hospice beds 						
9	<p>Adjournment / Next Meeting Regrets to alana.ross@amgh.ca</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Date</th> <th style="width: 25%;">Time</th> <th style="width: 50%;">Location</th> </tr> </thead> <tbody> <tr> <td>November 14, 2024</td> <td>8:00am</td> <td>Boardroom B110 / MS Teams</td> </tr> </tbody> </table> <p><u>Motion to Adjourn Meeting</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the October 10, 2024 meeting at 8:51am. CARRIED.</u></p>	Date	Time	Location	November 14, 2024	8:00am	Boardroom B110 / MS Teams
Date	Time	Location					
November 14, 2024	8:00am	Boardroom B110 / MS Teams					
Signature							
<div style="border-bottom: 1px solid black; width: 30%; margin-left: 0;"></div>							
Dr. Sean Ryan, Committee Chair							



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November 2024 Chief of Staff Report

The Huron Perth Primary Care Summit took place on November 6. There was positive discussion regarding future goals for primary care. It was noted that South Huron has the highest percentage of unattached patients in the entire region. I again expressed concern that our Exeter primary care group is yet to receive any allied health funding. There seemed to be an understanding of this but no commitment to share existing resources. We did manage to get a commitment to prioritize regions in need if new funding is announced.

Respiratory illness season is in full swing. Our inpatient unit has been over capacity for the past few weeks, and we anticipate this to continue for the next several months.

Progress has been made in our goal to build a new medical center in Exeter. We are expecting the Foundation will officially close on acquiring the land along Main Street within the next 60-90 days.

Please contact me with any questions or concerns.

Sean Ryan MD CCFP(EM) FCFP
ryanse7@gmail.com

PRESIDENT & CEO REPORT

November 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 time 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			HHS received base funding for Bill124. Operations are running at a reduced deficit. Continue to capture the cost of staying open.
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.
CT Scanner			Waiting on approval from MoH
MRI Scanner			Working on submitting operational plans to Capital Branch for approval to move forward on implementation

TOP OF MIND

Hospital Services

- It is anticipated that the ED will experience significant pressures due to the fall respiratory virus season
- Flu shots have been available to all hospital staff beginning in early October. To date uptake of the flu shot at AMGH is 46% and at SHH is 34%

Funding

- AMGH \$730,400 in base funding to address impacts of Bill124 for the period between Oct 1, 2024 to March 31, 2025
- SHH received \$309,400 in base funding to address impacts of Bill124 for the period between Oct 1, 2024 to March 31, 2025

- This amounts to about 73% of Bill 124 impacts. Last year, the MoH covered 85% of the impacts. The OHA has been advocating on behalf of hospitals that 100% funding is needed in order to prevent program reductions

BIG WINS | LEARNING

Welcome to our three new board members David Atkinson, Nonie Brennan and Jared Petteplace.

Radiothon

- AMGH Foundation raised over \$67,000
- SHH Foundation raised over \$40,000
- Many thanks to our very generous donors

Patient & Family Experience Surveys:

- HHS will be rolling out new surveys to all departments over the next few months
- Inpatient Units and Emergency Departments have seen an increase in the response rate
- Patient survey have been standardized across HHS with the help of the Patient Experience Panel

PRESIDENT & CEO SUMMARY

A new study, [Projected Patterns of Illness in Ontario](#), published by the University of Toronto's Dalla Lana School of Public Health in collaboration with the Ontario Hospital Association (OHA), represents the most recent comprehensive public report to quantify chronic disease and multimorbidity in the Ontario population. This study combined age and sex-specific demographic projections with historical chronic disease trends to model the burden of illness in the population in the future.

Key Facts

- The population will grow by 36 per cent in Ontario over the next 20 years, with the largest increase happening in the 65 and older age group.
- The number of people living in Ontario aged 65 or older will grow from 2.6 million in 2020 to 4.2 million in 2040, an expansion of over 60 per cent.
- The number of people living with chronic illnesses has nearly doubled over the past 20 years from approximately 960,000 in 2002 to 1.8 million in 2020. This trend is expected to continue, reaching approximately 3.1 million people living with major illness in 2040.
- Major illnesses are expected to increase substantially in the age 30 to 64 age group of the population – or working age population, from 5.7 per cent in 2002 and 9.2 per cent in 2020 to over 10 per cent in 2040.
- An additional 5.1 million people will be living with some illness in 2040, up from 2.9 million in 2002 and 3.9 million in 2020.
- Some of the conditions expected to experience large growth in the number of cases are those typically associated with aging, such as dementia, hearing loss and osteoarthritis.

Multimorbidity is a major driver of demand for health services and costly for hospitals as people living with multimorbidity have unique and complex health care needs. Canadians are living longer, with life expectancy growing to 81.5 years as of 2020-2022. An aging population contributes significantly to the estimated increases. Underlying structural and social determinants of health and an increase in chronic disease risk factors also contribute to these estimates.

This report represents the most recent large-scale effort to project chronic disease and multimorbidity in the Ontario population. Short-term options to increase health system capacity include a broadened scope of practice, increased use of different care models, and more community-led outreach programming to help prevent disease progression and enable early detection in community settings, particularly for those with lower access. There will likely need to be substantial new investments in physical infrastructure to support changes in practice and new builds to support high-quality community care.

The findings in this report have crucial implications for Ontario's health system. The growing burden of illness will strain the system significantly in the next two decades. More Ontarians will live with chronic diseases, necessitating stronger prevention, early treatment and management strategies. Prevention strategies, including population-level approaches, are essential to improving health and postponing illnesses.

There is much more work to be done and HHS will play a vital role in the provision of healthcare in the region. Planning in collaboration with partners will be important to sustain healthcare delivery.

Respectfully submitted,

Jimmy Trieu
President & CEO

Board Report Nov 2024

FOCUS ON SAFE QUALITY PATIENT CARE

We continue to keep our emergency departments open despite high volumes and overflow. (looking at opportunities on how we can support this at both hospitals.)

The updated patient experience surveys have increased.

Encouraging debriefs after significant situations within the hospital—LHSC and AMGH reviewed a case that was seen in the ER. There was a massive hemorrhage protocol initiated. This is part of our quality improvement program and we did quite well.

Continuing to provide HART training. (healthcare aggressive response training)

Court case this week following an individual that entered into the Goderich Hospital with a knife. Support definitely provided to anyone that is requesting it as this can be quite triggering especially for those that are testifying.

The official police hospital transition was finalized and signed on Friday November 7 2024 which will improved person centered care for people experiencing crisis-will have a common approach to communicate between police and hospital staff to ensure safe effective decision making-will protect health care worker safety and security through system improvements and decrease police officer wait times in hospital emergency departments allowing for more efficient use of police resources and will continue to promote public safety.

Still trying to finalize funding and three year commitment with the Tanner Steffler foundation for YCRT.

BPMH upon admission is mandatory but BPMH is now mandatory upon discharge to meet the new accreditation standard.

Nicole Kucan and Shari Sherwood are leading the accreditation process and staff and leaders are working closely to continue to achieve high standards. Focus on access and flow equity experience and safety

Significant amount of policies to update and be approved.

Annual fire drill cross site- November 19th Fire department will be on site target of 4 minutes and 25 seconds from the time of the discovery of the fire to empty the room of the fire and get the occupants outside the door of the fire and have the door closed.

FOCUS ON OUR PEOPLE AND WORKPLACE

Continue to interview for the OR/ER role of manager as well as In Pt and Out Pt Mental Health and Addictions

Dueling piano was quite successful an extremely talented duo at the pianos everyone quite enjoyed.

A special thank you to Becky Jervis our scheduler who is doing an excellent job. Thanks to all staff and physicians for continuing to manage the high volumes.

We are now a CNO approved organization for Supervised Practice Experience

OB department has had 48 deliveries to date an increase since last year.

Really promoting individuals working together in a professional respectful manner as I continue to get some feedback that this is not always happening.

Three possibly four volunteers have been recruited for the volunteer program in Exeter- training is December 4th and the Alzheimer's Society is coming to provide a short presentation on that day.

Opportunities for continued education. Most staff have now completed NRP training as well as some physicians

Lots of maternity leaves at both hospitals.

Maid policy review and attempting to credential a local NP so there are two potential people to call.

Working with Gateway Stigma Project

FOCUS ON WORKING WITH PARTNERS TOWARDS AN INTEGRATED AND SUSTAINABLE RURAL HEALTH CARE SYSTEM

Looking at signing our completed quote for the Pyxis

Meeting with Listowel, HPHA HHS and EMS –discuss over capacity bypass, obstetrical by pass, Fit 2 Sit programs

Coordinated Access for children and youth and standardization.

Stepped Care assessment baseline right time right care to build understating

FOCUS ON INCREASING THE VALUE OF OUR HEALTHCARE SYSTEM

ACCESSTO SERVICE-MOU for police hospital transition

- Working with Gateway -project on Stigma Increase awareness of mental health and addictions stigma experienced by individuals in healthcare settings.
- Increase the knowledge and confidence of healthcare partners to address mental health and addictions stigma within their organization(s).
- Promote stigma-related training opportunities that provide continued professional development for healthcare partners.
- Reduce mental health and addictions stigma in healthcare settings by improving beliefs, attitudes, and behaviors towards individuals with lived experience.

November 23rd at the Goderich Legion –noon until midnight NO HATE-games, Mental Health education-coffee house, musicians poetry , etc.

Medavie-has been utilized and working together on a referral form to best suit the needs of the organization.

PATIENT ACCESS AND FLOW

District Stroke Council –exploring educational supports to improve access and timelines Ontario ED education sessions-met with Health records for accurate Data submission

SW RAG WORK PLAN-(south west Sub-Region Access and Flow Recovery Advisory Group)- ALC-alternate level of care- leading practices (including Home First Operational Direction (emphasis on 1. screening for those at high risk for ALC 2. Delirium prevention through DASH (Delirium Aware Safer Healthcare 3. ALC coding and designation

B Transition in care implement complex resolution Tables starting with Assisted Living.

Lynn Higgs, VP Clinical Services / CNE

CFO Report to Board

DATE: November 13, 2024
FROM: Rob Lovecky, Vice President of Finance and CFO
TOPIC: CFO Report to Board of Directors

Financial Snapshot (Period 6, YTD September 2024/25):

- **Total HHS: \$1.48 million operating deficit**, but **\$175k positive variance compared to budget.**
 - Operating Deficit and Year-End positive operating variance to budget are expected to continue. The current Year-End forecast is for a **total HHS deficit of \$2.4 million**, and **\$2 million positive variance compared to budget.**
-

Finance:

- Completed 2025/26 operating budgeting meetings with HHS leaders in November, expected to have draft budget presented to Board in December 2024.
 - Engaging HHS leadership in November to build 2025/26 Capital Budget and provide input into 10 year Capital Planning Tool (increase asset management accountability, improve strategic planning, decision making, and prioritization of organizational needs)
 - Q2 and Year-End Forecast submission to be reviewed with OH-West in November
 - Bill 124 base funding received for October-March (covers 73% of go-forward annual costs)
 - Reviewing Signing Authority Policy and Capital Dollar threshold to bring in line with inflation
 - Engaged HMMS to standardize and support procurement processes and leverage buying power
 - Discussions with AMGH bank to discuss financing options for funding long-term capital plans (DI Campaign)
-

ITS:

- Working with LHSC to validate costs of implementing Oracle (CernerEMR) at AMGH
 - Researching other regional hospital partners strategic plans for implementing new ERP (Enterprise Resource Planning) systems – key success factor for standardizing Accounting, Budgeting, Supply Chain, Scheduling, and Human Resources systems, streamlining processes, increasing productivity, and reducing risk to HHS organization. (*Woodstock leveraged OEM agreement*)
-

Laboratory:

- HHR shortages improving due to recent recruitment and onboarding of new part-time lab technologists
 - New Hematology Analyzers delivered at both sites and clinical solutions specialists are configuring units and training staff in November
-

Diagnostic Imaging:

- AMGH: New Digital Mammography shipment delays from overseas has pushed out implementation. Recognize DI team for diligence in optimizing patient care by changing schedules and filling schedule vacancies weekly.
 - AMGH: waiting for funding assurance letter from AMGH Foundation in November to submit with MRI Protocol and floor plans to MoH for final approval.
 - SHH: 2nd Ultrasound device arrived and being installed in November.
-

Patient Relations, Registration, Privacy, and Health Records:

- AMGH: Acute Care Clinic minor space renovations for additional workstations and space to improve work conditions and productivity.
- AMGH: New scanner purchased to improve productivity and meet scanning requirements for ED P4R (Pay For Results) quality program.
- SHH: Coders began submitting Level One and Level Three data together for ED P4R (Pay For Results) quality program.



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Monthly Report - Patient Relations

Nov 2024

Patient Experience Story for November MAC and Board Meetings

We have made it a tradition to take time to observe Remembrance Day at our Hospitals – in spite of the busy atmosphere of our hospitals!

An announcement is made overhead by the Registration Clerk at 11 am sharp. The clerk reads:

"In honour of the men and women who have given their lives for our country, and in the pursuit of freedom and democracy throughout the world over the decades, please observe two minutes of silence"

Let two minutes pass then say "We shall remember them".

As the Registration Clerk is speaking, and in the silence (a hospital is a difficult place to be completely silent for two minutes) they will be aware of patients, staff and visitors who will hear the words on behalf of the hospital overhead. Even though we don't know their individual stories, it gives everyone two minutes to reflect and feel grateful for what has been given up, and continues to be given up around the world, for the life we enjoy today.

Respectfully submitted,
Heather Klopp

INTER-OFFICE MEMORANDUM

TO: SHH MAC / HHS Common Board

FROM: Dr. Sean Ryan, Dr. Craig McLean

DATE: November 14, 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
CHEN, Dr. Ginger Lynn	NEW	Consulting Rad
RAWJI, Dr. Nick	NEW	Locum EDLP
LOUBANI, Dr. Tarek	NEW	Locum EDLP
HAWLEY, Dr. Christopher	NEW	Locum EDLP