

Committee:	Medical Advisory Committee-REVISED				
Date:	December 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: <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	• 2024-11-14-MAC Minutes
	<i>*Draft Motion: To accept the November 14, 2024 MAC Minutes.</i>				
4	Business Arising from Minutes				
5	Medical Staff Reports				
5.1	Chart Audit Review	Nelham / McLean	Information	as needed	• SHHA Hospital Clinical Chart Audit Committee Terms of Reference DRAFT v2
5.2	Infection Control	Kelly	Information	as needed	
5.3	Antimicrobial Stewardship	Nelham	Information	as needed	
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 December 12, 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	• 2024-12-Monthly Report-COS
6.4	President & CEO	CEO	Information	5min	• 2024-12-Monthly Report-CEO
6.5	CNE	CNE	Information	5min	• 2024-12-Monthly Report-CNE
6.6	CFO	CFO	Information	5min	• 2024-12-Monthly Report-CFO
6.7	Patient Relations	Klopp	Information	5min	• 2024-12-Monthly Report-Patient Relations

6.8	Patient Care Manager	Walker	Information	5min	
6.9	Clinical Informatics	Sherwood	Information	5min	
*Draft Motion: To accept the December 12, 2024 Other Reports to the MAC.					
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"> • 2024-12-12-Report to MAC-Credentials SHH-IC
*Draft Motion: To move into the in-camera session at XX:XXam.					
8.2	Move out of In-Camera	Chair			
*Draft recommendation made to move back into open session at XX:XXpm.					
8.3	Motions made based on In-Camera discussion	Chair	Action		
*Draft Motion: To accept the Credentialing Report of December 12, 2024 as presented, and recommend to the Board for Final Approval.					
9	Next Meeting & Adjournment				
	Date	Time	Location		
	January 9, 2024	8:00am-9:00am	Boardroom B110 / MS Teams		

Committee:	Medical Advisory Committee		
Date:	November 14, 2024	Time:	8:07am-8:59am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Chan, Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Lynn Higgs, Heather Klopp, Robert Lovecky, Shari Sherwood, Jimmy Trieu, Adriana Walker		
Regrets:			
Guests:	Shari Sherwood, Christie MacGregor (Board Representative)		
1	Call to Order / Welcome		
1.1	<ul style="list-style-type: none"> • Dr. Ryan welcomed everyone and called the meeting to order at 8:07am <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"> ○ None <p><i>MOVED AND DULY SECONDED</i> <i>MOTION: To accept the October 10, 2024 MAC minutes. CARRIED.</i></p>		
4	Business Arising from Minutes		
5	Medical Staff Reports		
5.1	<u>Chart Audit Review:</u>		
	<ul style="list-style-type: none"> • No discussion 		
5.2	<u>Infection Control:</u>		
	<ul style="list-style-type: none"> • No discussion 		
5.3	<u>Antimicrobial Stewardship:</u>		
	<ul style="list-style-type: none"> • STI Algorithm is being reviewed today and will be brought to MAC at a later date 		
5.4	<u>Pharmacy & Therapeutics:</u>		
	<ul style="list-style-type: none"> • Meeting scheduled next week; updates to follow 		
5.5	<u>Lab Liaison:</u>		
	<ul style="list-style-type: none"> • Next meeting scheduled for Jan 2025 <ul style="list-style-type: none"> ○ Lab Liaison is asked to review the Troponin Algorithm; a number of facilities are moving from 0 in 3 hours to 0 in 1 hour based on high sensitivity 		
	<u>Action:</u> <ul style="list-style-type: none"> • Forward Troponin algorithm • Consider changing the Troponin Algorithm as discussed 	<u>By whom / when:</u> <ul style="list-style-type: none"> • Ryan; Today • Dr. Bueno / Lab Liaison; Jan 2025 	
5.6	<u>Recruitment and Retention Committee:</u>		
	<ul style="list-style-type: none"> • Meeting held Nov 5 <ul style="list-style-type: none"> ○ Discussion regarding financial incentives has not been finalized to date; any committee recommendations will require Board approval ○ AMGH physician are asking for a \$50-\$60K signing bonus, and that is on top of the \$91K NRRR Initiative; the Town of Goderich representatives remain hesitant regarding a signing bonus as this is not in the budget ○ With all of the various signing bonuses being offered, SHH & AMGH will be overlooked if a signing bonus is not offered 		

	<ul style="list-style-type: none"> ○ Free clinic space, preferable mortgage rates, etc., are being offered, but the other organizations are offering this as well as a monetary signing bonus ● Three psychiatrists will be starting at AMGH over the next year; Dr. Dixon Dec 2024; Dr. Rose and Dr. Doering Summer / Fall 2025 <ul style="list-style-type: none"> ○ Currently Dr. Rose and Dr. Doering are providing locum services 				
5.7	<p><u>Quality Assurance Committee:</u></p> <ul style="list-style-type: none"> ● No discussion 				
	<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Medical Staff Reports as presented for the November 14, 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"> ● Discussed the priority of ALC patients to be placed in Long Term Care; the Province has reverted to pre-COVID-19 LTC placement steps, which means ALC patients are not considered crisis and will be in-hospital longer <ul style="list-style-type: none"> ○ This is a concern as we move into Respiratory season; an increase in ALC patients and LOS have already been observed compared to the past two years <ul style="list-style-type: none"> ▪ Increased respiratory admissions are happening on an already pressured capacity ○ Ms. Walker will be meeting with Home Care at a Regional level for review and discussion around access and flow ○ Looking for Provincial advocacy <ul style="list-style-type: none"> ▪ Concern that lack of ‘care at home’ resources will result in return admissions for ALC patients 				
	<table border="1" style="width: 100%;"> <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 to SW CEO, OHA Tables and the MPP </td> <td> <ul style="list-style-type: none"> ● Trieu; Nov </td> </tr> </table>	<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> ● Forward to SW CEO, OHA Tables and the MPP 	<ul style="list-style-type: none"> ● Trieu; Nov
<u>Action:</u>	<u>By whom / when:</u>				
<ul style="list-style-type: none"> ● Forward to SW CEO, OHA Tables and the MPP 	<ul style="list-style-type: none"> ● Trieu; Nov 				
6.2	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> ● No discussion 				
6.3	<p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> ● 2024-11-Monthly Report-COS circulated <ul style="list-style-type: none"> ○ ED schedule is filled to the end of the year; Dr. McLean is working on the next schedule, which will be circulated soon for review ○ Dr. Ryan attended Primary Care Summit last week <ul style="list-style-type: none"> ▪ Some results realized in getting the issue of low resource communities into the top 5 priority goals for next year ○ Dr. Ryan and Ms. Walker met with the Exeter Villa to discuss transfer issues <ul style="list-style-type: none"> ▪ Exeter Villa representatives are encouraged to call the SHH ED to provide a ‘heads up’ when transferring a patient via ambulance ▪ SHH is also committed to communicating with the Exeter Villa when transferring patients back ○ SHHF is very close to acquiring the land needed to build the new SHMC; expecting more information in the next few weeks 				
6.4	<p><u>President & CEO:</u></p> <ul style="list-style-type: none"> ● 2024-11-Monthly Report-CEO circulated <ul style="list-style-type: none"> ○ Next year’s funding is expected to be constrained; OHA will continue advocating the importance of funding hospitals so we can continue provide services within our communities ○ We have only received 73% of this year’s funding related to Bill 124; received 85% last year; senior leadership is working diligently to get needed funding for operations ○ Now news received regarding the SHH CT Scanner yet; CEO will be contacting OHW later today to inquire again about the application ○ Very close to submitting the final MRI package to the Capital Branch for approval of construction and acquisition 				
6.5	<p><u>CNE:</u></p> <ul style="list-style-type: none"> ● 2024-11-Monthly Report-CNE 				

	<ul style="list-style-type: none"> ○ CNE met with EMS, HPHA, and LWHA for discussion of Stroke Bypass, OB Bypass, EMS and ‘fit to sit’ protocols <ul style="list-style-type: none"> ▪ There is a protocol to follow for AMGH to go on Stroke Bypass due to unsafe conditions and/or over capacity for CTAS 3s, 4s and 5s <ul style="list-style-type: none"> – As of Nov 13, we no longer take CTAS 3s, 4s and 5s if we are over capacity ▪ There is currently no formal agreement in place with EMS, and therefore ‘fit to sit’ cannot be practiced; ‘fit to sit’ will only be practiced with a formal agreement in place ensuring that EMS will reciprocate as needed <ul style="list-style-type: none"> – ‘Fit to Sit’ is described as a pre-triage to determine if patients brought in by EMS can sit in the waiting room – Over capacities result in off load delays ▪ EMS is attempting to implement protocols, but are not involving the physicians who are impacted in the discussion and development of the protocols, i.e., Ortho Bypass ○ Recruitment updates <ul style="list-style-type: none"> ▪ Offered the Manager, Mental Health position to a prime candidate, who took a job with the OHA instead ▪ Very close to filling the Manager, OR position ○ OPP, Huron Perth Memorandum of Agreement regarding patient transition signed on Nov 8 <ul style="list-style-type: none"> ▪ Attempting to get OPP officers back on the road as quickly as possible ○ Working on an algorithm of decision support for our Admin On-Calls who don’t have clinical background ○ Appreciation extended to our Staff and Physicians who continue to work through a very busy season
<p>6.6</p>	<p><u>CFO:</u></p> <ul style="list-style-type: none"> ● 2024-11-Monthly Report-CFO circulated <ul style="list-style-type: none"> ○ Board meeting held Nov 21; no significant financial changes from last month reported ○ Year-to-date Sep for whole organization, we are sitting at a \$1.4M deficit position against a budgeted \$1.6M ○ SHH has a positive variance of \$300K related to one-time funding, preferred accommodation collections and DI technical fees ○ There is an overage on the expense side due to stipends and additional benefit costs ○ Quarterly capital updates are presented to the Board, which for SHH is just over \$700K; we have only spent about 20% of that and are waiting for some medical equipment items <ul style="list-style-type: none"> ▪ U/S device to be installed over the next few weeks ▪ Vital signs monitors to be purchased before the end of the year ▪ Working with Healthcare Materials Management Services (HMMS), London, to streamline procurement processes ○ Working on recruitment in the Labs, screening interested candidates ○ Flu vaccinations are under way at SHH & AMGH ○ There is a possibility of getting COVID-19 vaccines <ul style="list-style-type: none"> ▪ Considering development of a Medical Directive, however, due to the amount of admin work required in entering data into COVaxON, patients are being directed to Pharmacies ▪ There were 5 COVID-19 positive patients at SHH in Oct, but did not reach outbreak status ○ Diversity, Equality and Inclusion (DEI) meetings held recently; working with Ontario Health on the delicate task of collecting sensitive data around identity, gender and ethnicity to determine appropriate labels <ul style="list-style-type: none"> ▪ Pulse check survey coming out soon; gathering data on staff feelings about inclusion levels in the workplace ▪ All staff encouraged to participate
<p>6.7</p>	<p><u>Patient Relations:</u></p> <ul style="list-style-type: none"> ● 2024-11-Monthly Report-Patient Relations <ul style="list-style-type: none"> ○ Accessing the Common Electronic Patient Record (EPR) at a hospital other than SHH <ul style="list-style-type: none"> ▪ MDs cannot use their SHHA EPR credentials for patients seen at other hospitals - only at SHHA ▪ It would be preferable to use ClinicalConnect

	<ul style="list-style-type: none"> ▪ If a MD at SHH was accepting a patient with no family physician on record, they would be required to declare a relationship upon logging into this patient’s EPR; the MD would select ‘Family practice, admitting, attending, family medicine and record in the chart access log (CAL)’ ○ Positive feedback received from a patient who visited the AMGH ED on Remembrance Day and appreciated the moment of silence at 11am, and the care that they received that busy day
<p>6.8</p>	<p><u>Patient Care Manager</u></p> <ul style="list-style-type: none"> • Nursing Skills Day started today; reviewed direct antibiotics with RPNs <ul style="list-style-type: none"> ○ Finalizing a cheat sheet that will be posted in ED and Inpatient unit • Falls Committee has implemented a volunteer program to have visitors sit with dementia patients to reduce falls <ul style="list-style-type: none"> ○ Six volunteers recruited to date; starts Dec 6 ○ Alzheimer Society will be coming in to provide some teaching • Massive Hemorrhage Protocol (MHP) is on its way; nursing training started today <ul style="list-style-type: none"> ○ Policies are being finalized; Power Plan is being finalized in Cerner ○ Information to be brought forward to the MHP and P&T committees for a final review; once finalized, mock codes will take place ○ SHH MHP aligns with LWHA; MHA debriefing held for SHH and LWHA with trauma team in London • Trillium Gift of Life Network (TGLN) protocol for tissue recovery will go live Dec 1; nursing training started today <ul style="list-style-type: none"> ○ Nursing staff will notify TGLN about donors; and TGLN will then arrange the entire process ○ Ocular recoveries will take place in the ED by a visiting team • Working on Ontario Health at Home protocol • Inpatient unit has been over capacity for the past week; staff have done a really good job of keeping flow moving and holders out of the ED
<p>6.9</p>	<p><u>Clinical Informatics:</u></p> <ul style="list-style-type: none"> • Power Chart Touch is available on the iPads and can be used in inpatients as well as ED <ul style="list-style-type: none"> ○ Controlled license process through London; access is same as log on ○ When working in ED, ensure you have added the ED patient list; see shari.sherwood@shha.on.ca with any questions • Congratulations to all for 100% of medical staff accessing electronic documentation and Dragon Medical <ul style="list-style-type: none"> ○ Tracking taking place through Health Records ○ SHH is ahead of most facilities in terms of physician adoption ○ Dragon Medical Quick Reference Guide will be shared with all physicians; reviewed some tips <ul style="list-style-type: none"> ▪ Residents will receive their own log ins ○ Discussed Residents having DynaDoc access and training, however, they cannot sign off on their own notes; these will require sign off by physician preceptors through their inboxes <ul style="list-style-type: none"> ▪ Creates efficiency ▪ Test patient available for training ▪ Discussed creating and using ‘stamps’ in DynaDoc • Discussed Emergency Department Return Visit Quality Program (EDRAP) <ul style="list-style-type: none"> ○ Auditing process for return visits; meeting scheduled for Nov 21 at 2pm • With move into Electronic Documentation in the ED, we are working on decreasing printing starting Jan 2025 <ul style="list-style-type: none"> ○ Scanning project starting next year following the LHSC process; all paper charting to be scanned in and available online ○ Alexandra and Tillsonburg are now paperless; working out some challenges ○ SHH ED staff doing very well at using diagnosis functions at discharge
<p><i>MOVED AND DULY SECONDED</i> <i>MOTION: To approve the Other Reports as presented for the November 14, 2024 MAC Meeting. CARRIED.</i></p>	
<p>7</p>	<p>New Business</p>
<p>8</p>	<p>In-Camera Session</p> <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	<p><u>Move into In-Camera</u></p> <ul style="list-style-type: none"> • Human Resources <ul style="list-style-type: none"> ○ 2024-11-Report to MAC-Credentials SHH circulated <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To move into In-Camera at 8:58pm. CARRIED.</u></p>		
8.2	<p><u>Move out of In-Camera</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>Recommendation made to move back into open session at 8:59pm.</u></p>		
8.3	<p><u>Motions Moved Out of In-Camera</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the Credentialing Report of November 14, 2024 as presented, and recommend to the Board for Final Approval. CARRIED.</u></p>		
9	Adjournment / Next Meeting		Regrets to alana.ross@amgh.ca
	Date	Time	Location
	December 12, 2024	8:00am	Boardroom B110 / MS Teams
	<p><u>Motion to Adjourn Meeting</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the November 14, 2024 meeting at 8:59am. CARRIED.</u></p>		
Signature			
<p>_____</p> <p>Dr. Sean Ryan, Committee Chair</p>			

SHHA Clinical Audit Committee Terms of Reference

Purpose:

The purpose of the Clinical Audit Committee (CAC) is to ensure the quality and accuracy of clinical documentation within the hospital, promote compliance with regulatory standards and contribute to enhancing patient safety and care outcomes.

Objectives:

- To conduct regular audits of clinical charts to assess the quality of documentation.
- To identify areas for improvement in clinical practices and documentation standards.
- To provide recommendations for training and development based on audit findings.
- To monitor compliance with hospital policies, legal requirements, and accreditation standards.
- To facilitate communication and collaboration among clinical staff regarding best practices.

Membership:

Membership Area of Representation	Representative
Chair (Physician)	Dr. Nelham
CNE	Lynn Higgs
Health Records	Alice Broom
Patient Care Manager	Adriana Walker
Clinical Scholar	Brenda Palsa
Pharmacy	Brittany Beauchamp
Quality Assurance/Accreditation	Shari Sherwood
Clinical Educator	Laurie Hakkers

ADHOC – Lab Representative, IPAC, Diagnostic Imaging

- **Chair/CoChair:** Physician Rep/CNE

Roles and Responsibilities:

Chair/CoChair: Facilitate meetings, report findings to appropriate committees

- **Members:** Participate in audits, contribute to discussions, develop action plans and implement recommendations in their respective departments. Members will act as recorder, rotating through the membership as listed above.
- **Audit Owners:** (assigned on basis of individual audits). Coordinate compiling and analyzing audit data. Prepare summary and review findings with the committee.

Audits:

- ED RVQP (ERNI)
- VTE Prophylaxis (Accreditation)
- Suicide Screening (Accreditation)
- Skin Integrity Screening (Accreditation)
- Transfer of Accountability (Accreditation)
- Falls Screening/Documentation Audits (to falls committee)

- Trillium Gift of Life Network (TGLN) audit (TGLN) – Health Records (?) – awareness to this committee (minutes)
- Charting Quality – rotate quarterly as recommended by committee
- Medication Reconciliation (multiple accreditations) ***
- Narcotic Audits (Accreditations)
- High Alert Medication Audits (Accreditations)
- Provider chart audits – rotate quarterly as recommended by committee
- ?Patient Safety Incidents – to determine auditing priorities
- And others to be added as identified and approved by this committee

Meetings:

- **Frequency:** The committee shall meet quarterly or as needed.
- **Agenda:** The agenda will include review of the previous minutes, audit findings, action plans and new business.
- **Quorum:** A quorum shall consist of at least 4 members at the meeting for review. Decisions on audits will require consensus by entire committee.

Reporting:

- The committee will communicate findings to relevant clinical departments to promote awareness and adherence to standards. As well as:
 - Medical Affairs Committee (MAC)
 - COO/CEO approve TOR and submission to Quality Board
 - Quality Board Committee (quarterly)

Review of Terms of Reference:

These terms of reference will be reviewed every 2 years and updated as necessary to reflect changes in hospital policies, regulatory requirements or best practices.



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December 2024 Chief of Staff Report

We are facing significant ER schedule challenges in the new year with multiple unfilled shifts beginning January 1. The current regional landscape of 24/7 ERs is not sustainable and until this is addressed, we will continue to have major challenges and risk of closure. The Temporary Locum Program funding is currently in place until March 31, 2025. This “temporary” funding has been in place since 2021. It is essential to maintain current staffing levels and frustrates us that it has not yet been made permanent.

I am happy to report that all our ER physicians are now documenting electronically through Cerner for every ER visit. Paper charts will no longer be printed beginning in the new year. A big thank you to each of our physicians for their positive attitudes towards this significant change in practice.

ER volumes and acuity have continued to be high. The inpatient unit was overcapacity for several weeks. Currently, we are below capacity, but this will likely change quickly over the holiday season.

We continue to progress toward finalizing a design plan for the new medical centre. Several meetings are scheduled in the coming weeks.

Finally, we continue to anxiously await a decision on our application for a CT scanner which is expected anytime. Transfers for CTs continue to increase at a significant cost to the hospital and inconvenience to patients.

Please contact me with any questions or concerns.

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

PRESIDENT & CEO REPORT

December 2024

METRICS

Area	AMGH	SHHA	Comment
Health Human Resources	Yellow	Yellow	Physician recruitment is a priority and working with various sources. The lab manager is experiencing significant pressures for MLTs, but is working on solutions.
Master Plan and Functional Plan	Green	Green	Capital Branch is reviewing the Master Plan proposal. Waiting for approval to move forward.
Finance	Yellow	Yellow	HHS operations are running at a reduced deficit but are seeing increased bed capacity pressures. Continue to capture the cost of staying open.
SHH Medical Clinic	White	Green	SHHF is working on acquiring the land where the medical centre will be built.
CT Scanner	White	Yellow	Waiting on approval from MoH
MRI Scanner	White	Yellow	Submitted operational plans to Capital Branch for approval to move forward on implementation.

TOP OF MIND

Hospital Services

- HHS ED has experienced significant pressures due to the fall respiratory virus season
- Capacity issues have plagued the system and movement of patients are taking longer
- A [CBC analysis](#) found that 2024 was the worst year for Ontario ER closures
 - 1 out of every 5 hospitals with an ER or urgent care had planned shutdowns
 - 7 out of 10 hospitals are in the Huron Perth region with the most days of partial closures or reduced hours
 - Unscheduled ER closures have significantly decreased over the past few years — from nearly 4,200 hours in 2022 to about 939 hours this year
 - But “scheduled closures” have increased representing more than 93% of all service interruptions for ERs in the province, more than offsetting any improvements in “unscheduled closures”
 - CBC's data also shows the primary cause of ER closures has been a shortage of nurses, accounting for more than 85 per cent of all closure hours

	Department	2022	2023	2024
1	Clinton Public Hospital	365	365	335
2	Chesley Hospital	296	364	335
3	Durham Hospital	2	94	280
4	Walkerton Hospital	143	32	2
5	Wingham and District Hospital	15	58	10
6	St Marys Memorial Hospital	41	17	8
7	Seaforth Community Hospital	19	29	4
8	Glengarry Memorial Hospital	49	0	0
9	Almonte General Hospital	8	12	16
10	Louise Marshall Hospital	3	16	6

CBC categorized all closures as scheduled or unscheduled. Scheduled closures are instances where a hospital or health authority has changed its policy to permanently or semi-permanently reduce the hours of an ER or UCC. Unscheduled closures are unplanned and sporadic.

Funding

- AMGH \$730,400 in base funding to address impacts of Bill124 for the period between Oct 1, 2024 to March 31, 2025
- HHS has been in contact with OH regarding funding and there is no indication that extra funding is available, however, they have indicated that HHS is doing the right thing and that we have their support

BIG WINS | LEARNING

OPP Hospital Transition Protocol

- A formal agreement between the OPP and HHS was signed on November 8 to help improve police to hospital transitions of mental health patients
- This agreement has standardized processes leading to smoother transitions for individuals apprehended by police under the Mental Health Act that require assessment in hospital emergency departments
- The work reflects the strong commitment of community partners to provide an effective and integrated response to acute crisis situations across Huron and Perth Counties

HPA-OHT

- The Accreditation Decision Committee has reviewed the evidence submitted by HPOHT Accreditation Collaborative as a follow-up to your recent accreditation decision. As a result of this review, they advised us that the follow-up requirements have been met.

Influenza Vaccine Rate

- HHS has the highest staff vaccine compliance in the SW at 58.3% for AMGH and 50% for SHH. The median between all hospitals is approximately 40%
- Kudos to staff and physicians for getting protected!!

Gateway CERH Virtual Session

- I had an opportunity to be a panelist on Gateway's Lunch & Learn series. The topic was Retention the Key to Recruitment. Dr. Sarah Newbery was the guest presenter from Northern Ontario School of Medicine.
- There were over 50 participants and Dr. Newbery presented on her ideas about physician recruitment.
- Key takeaways: Mentorship matters, Strategy is Key and Retained physician are like gravity

PRESIDENT & CEO SUMMARY

On December 3, 2024, the Government of Ontario [introduced](#) *Bill 231, More Convenient Care Act, 2024* in the legislature. It proposes [several legislative and regulatory changes](#) related to transparency, patient care, and service delivery.

Notable proposed changes include:

Transpaency

- Creating a transparency framework for staffing agencies that operate in the hospital, long-term care and community health sectors, to disclose administrative mark-up rates to the government through the new *Health Care Staffing Agency Reporting Act, 2024*.

Merger of Nine Local Public Health Agencies (LPHAs)

- Government support for the voluntary merger of nine LPHAs into four new entities (Porcupine Health Unit and Timiskaming Health Unit; Brant County Health Unit and Haldimand-Norfolk Health Unit; Haliburton, Kawartha, Pine Ridge District Health Unit and Peterborough County-City Health Unit; Hastings and Prince Edward Counties Health Unit and Kingston, Frontenac and Lennox and Addington Health Unit and Leeds, Grenville and Lanark District Health Unit)

Patient Care

- Modernizing the provincial electronic health record (EHR) to provide eligible Ontarians with access to personal health information online through Health811.
- Allowing nurse practitioners to complete and sign mandatory blood testing forms to expand access to care for people submitting applications (including victims of crimes,

correctional officers, members of the College of Nurses of Ontario or the College of Physicians and Surgeons of Ontario, medical or nursing students, or paramedics).

Service Delivery

- Strengthening the authority of the Chief Medical Officer of Health to promote greater alignment and consistency when issuing orders across regions.

The government says it aims to enhance hospital governance by working with the sector to define best practices to ensure providers across the province have access to the tools and resources needed to deliver high quality care. Details on any measures related to hospital governance were not released in the bill.

To continue to support members on evolving governance issues the OHA will release the fourth edition of the *Guide to Good Governance* in early 2025. The OHA is also actively considering opportunities to provide point-in-time learning opportunities and resources on emerging governance and risk issues.

Respectfully submitted,

Jimmy Trieu
President & CEO

December 2024

CNE/ VP Clinical Services - Monthly Report

“I’M SO HAPPY IT’S GOING TO SNOW AGAIN” – Said, no healthcare worker ever.

A sincere thank you to all the staff that made it through the snowdrifts and terrible weather to provide excellent care and support their patients and co- workers. A special thank you to Becky Jervis as she worked endlessly to help us safely cover all the shifts. Thank you!

FOCUS ON SAFE, QUALITY PT CARE, CLOSE TO HOME

- Admin on call education provided to better support staff
- Continuing to provide an environment of respect and professionalism
- Continue to review the ongoing audit requirements and policy updates consistent with the new standards. We have also received access to the self-assessment for Core standards which will be discussed at the Quality meeting
- We have received the new HQO QIP for 2025/26 and are working to align on of the quality indicators for 2025/26 across the OHT, as per the recommendation of Accreditation Canada
- Sickle Cell training and Patient Experience Survey completion targets have been met for both organizations
- Dr Setia is currently working on an agreement to provide us access to infectious disease expertise
- Nursing Skills Days completed at SHH (topics addressed: sickle cell, delirium, new Airvo use, Cath Flo, IV direct and antibiotics direct for inpatient unit, TGLN, MHP, Feeding/Aspiration prevention training, cardiac documentation, IO insertion for ED nurses, Port-a-Cath, wound care, emergent event documentation) – lots of great feedback and discussion
- TGLN policy is complete. Staff Education completed and physicians aware. Go-Live date of December 1.
- MHP Policy almost complete at SHH. Training completed during Nursing Education Days. Just waiting for finalized power plan and then we will have appropriate parties sign off and a mock code will be arranged after that
- High volumes in the ER at South Huron since the clinic closed Monday to Friday adding a nurse on three days a week noon to 2000hrs to assist with the increase

FOCUS ON OUR PEOPLE AND WORKPLACE

- Great big thank-you to everyone that volunteered and participated with the holiday luncheon. It was simply amazing and very much appreciated by all.
- Continuing to recruit for managers at AMGH
- Hoping to recruit for ICU at AMGH
- Looking at Framework for ethical decisions ie. IDEA YODA. SBAR is not an ethical framework
- Violence Against Women –VAW we have rolled out a mandatory education for all staff to better understand their role 3 R’S RECOGNIZING the warnings signs of Gender Based Violence understanding how to RESPOND safely and effectively and knowing where to REFER people to find help in the community. Make it our business training to all staff – This has been deemed an epidemic and has seen an increase since 2023 by 68%.

FOCUS ON INCREASING THE VALUE OF OUR HEALTHCARE SYSTEM

- Pyxis project is underway
- Collaboration with TGLN to update policies and practices, approaching implementation of potential tissue/organ harvesting at AMGH
- OneChart accounts with dynamic documentation and Dragon (front-end voice recognition dictation) the uptake has been excellent with over 90% of ED notes now being completed electronically. This has reduced our faxing requirements significantly and has ensured all notes are legible and reach the external providers in a timely fashion
- The document scanning and inbound eFax initiatives are underway with implementation early 2025
- Pocket Health DI reports will be available 2025. Also external provider access to images will be made available-this will remove the need for DI staff to cut CD'S to send images to family providers\
- EDP4R successfully implemented ERNI ED wait times - data capture for both HHS emergency departments, benchmarking against provincial counterparts and quality improvement will now be possible

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

- Continuing to work with HPHA, HHS AND EMS for protocols on fit to sit
- Continuing to work on an over capacity bypass 3,4,5 and obstetrical by pass agreement with EMS, HHS and Listowel/ Wingham

Respectfully submitted by



Lynn Higgs



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CFO Report to Board

DATE: December 9, 2024
FROM: Rob Lovecky, Vice President of Finance and CFO
TOPIC: CFO Report to Board of Directors

Financial Snapshot (Period 7, YTD October 2024/25):

- **Total HHS: \$1.67 million operating deficit**, but **\$315k positive variance compared to budget.**
 - Deficits and Year-End positive budget variances are expected to continue. The current forecast is for a **total HHS deficit of \$2.4 million. (approximately \$2 million better than original budget)**
-

Finance:

- Finalizing Preliminary 2025/26 Operating Budget with Executive Team – still expected to budget deficits for both hospitals. Formal Budget Report to Board expected in January 2025. Compensation growth greater than revenue growth.
- Discussion with OH-W – HHS hospitals are in better positions than peers from what they are seeing. Currently focused on ‘putting out fires’ mode, according to them. Message was to keep doing what we are doing, and to get used to operating in deficit environments.
- Canada Post strike impacting sending out patient bills / collections. Will be a timing difference on revenue collection it looks like. We will accrue revenue but collections may age more than usual. On payable side, most vendors have already switched to EFTs so no major impacts.
- 10 Year Capital planning process on going. Prioritization of 2025/26 requests and validating 10 year Capital plan will continue in January. Expected Board update in February 2025.
- Continue to monitoring HHS Working Capital and determine what portion is available for future strategic initiatives such as HIS and ERP Transformation.

ITS:

- LHSC provided estimates on implementing Oracle Health HIS/EMR at AMGH at \$5.5 million.
 - Received ERP transformation proposal from Deloitte includes costs of building and implementing Oracle ERP cloud-based system for Finance, Procurement, HR, and Payroll business processes. Total HHS estimated capital costs are between \$2.0 to \$3.5 million.
-

Laboratory:

- HHS: HHR shortages continue at both sites due to vacancy challenges. Investigating opportunity to add additional MLT and share Senior MLT responsibilities across team.
 - HHS: Successful deliveries of our new Sysmex XN-550 Hematology Systems
-

Cardiorespiratory:

- AMGH: Working short staffed due to unfilled leave. Exploring opportunity to add permanent part-time position to attract interest and help stabilize regular services to patients.

Diagnostic Imaging:

- AMGH: Discussions with MoH AND OH-West on final approval process for MRI suite. Project team will submit Group N Designation request in December and anticipate final approval in early 2025.
 - AMGH: Replacing the ultrasound in the ER - In discussions with vendors and anticipate replacement by March 31, 2025.
 - AMGH: Digital Mammography unit is up and running!
-

Patient Relations, Registration, Privacy, and Health Records:

- HHS: Roll-out of new cross-site patient surveys for OR and Out Patient Departments
- SHH: **Award-Winning Heart Failure Program (from HPAOHT newsletter)**
 - **Why It Matters** - Our Heart Failure Program at the Huron Perth & Area Ontario Health Team (HPA-OHT) has received the [AFHTO Bright Lights Award for “Expanding Access to Team-Based Care.”](#) This honour recognizes not only the program’s innovative, people-centred model but also the extensive collaboration that has made this initiative a success. This award is a tribute to everyone involved, especially Dr. Shanil Narayan and our Family Health Teams.

Patient Experience Story for December 2024 MAC and Board Meetings

Respectfully Submitted by Heather Klopp. Manager Patient Relations, Patient Registration, Health Records and Privacy

Just Culture in Healthcare

Staff onboarding and orientation can be just as challenging for patients as it is for the new team member. We have patients who have been used to having the same Registration clerks serve them for many years, in the same way, and when new staff come along, they let the manager know that they recognize the change. We appreciate their patience and thank them for letting us know when errors are made so that the team member can learn from them.

At the same time, other team members are tasked with the process of orienting new staff to our hospitals. When we are undergoing the hiring process, we talk to the candidates about “Just Culture in Healthcare”. It’s a system that encourages a trusting environment where healthcare workers feel supported and accountable when things go wrong. It’s based on the idea that errors are opportunities to learn and improve the healthcare system.

Just culture means we focus on the processes which will help us get it right, evaluate fairly, promote accountability, encourage learning and build relationships. It can take a long time!

Here is a good example where one employee onboarding a new team member communicated to them:

“Hi. There were two Emergency Department registrations from yesterday that needed correction. Do you mind if I tell you about them? You registered two pediatric cases as adults.”

“This is a common mistake for newer staff, so don't beat yourself up! I had trouble with this when I first started too, as we're so used to registering adults most of the time. I found it helpful to force myself to look at the patient's age before choosing from the category drop-down. If we get going too fast, or an adult is registering on behalf of the patient, it can be easy to overlook this one field. Feel free to contact me if you have any questions. 😊 “

That was an actual communication from one of our Registration Clerks to another! The goal of the trainer is to help the new person improve their performance, prevent healthcare errors, and improve efficiency in the department so that we don't have to spend time correcting errors. In time, this new team member will have the skills, knowledge and ability to help train other new staff – all contributing to an excellent healthcare experience for the patients at SHH and AMGH.

INTER-OFFICE MEMORANDUM

TO: SHH MAC / HHS Common Board

FROM: Dr. Sean Ryan, Dr. Craig McLean

DATE: December 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
Koblic, Dr. Paul	Returning	Locum
MacKenzie, Dr. Stacey Dawn	NEW	Courtesy
Ward, Dr. Caitlin	Returning	Courtesy