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| Committee: | Medical Advisory Committee | | | | |
| Date: | March 20, 2025 | 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 | • 2025-02-13-MAC Minutes |
| | <i>*Draft Motion: To accept the February 13, 2025 MAC Minutes.</i> | | | | |
| 4 | Business Arising from Minutes | | | | |
| 4.1 | Reappointment • Due Mar 31 | Ryan | Reminder | 1min | |
| 4.2 | Discovery Week • June 2-5 | Ryan | Reminder | 1min | |
| 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 | |
| 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 March 20, 2025 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 | • 2025-03-Monthly Report-COS |
| 6.4 | President & CEO | CEO | Information | 5min | • 2025-03-Monthly Report-CEO |
| 6.5 | CNE | CNE | Information | 5min | • 2025-03-Monthly Report-CNE |

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| 6.6 | CFO | CFO | Information | 5min | • 2025-03-Monthly Report-CFO |
| 6.7 | Patient Relations | Klopp | Information | 5min | • 2025-03-Monthly Report-Patient Relations |
| 6.8 | Patient Care Manager | Walker | Information | 5min | |
| 6.9 | Clinical Informatics | Sherwood | Information | 5min | |
| *Draft Motion: To accept the March 20, 2025 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 ensure that their surroundings are secured from unauthorized participants | | | | |
| 8.1 | Move into In-Camera • Credentialing Report | Chair | Motion, if needed | 2min | • 2025-03-20-Report to MAC-Credentials |
| *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:XXam. | | | | | |
| 8.3 | Motions made based on In-Camera discussion | Chair | Acceptance Recommendation | | |
| *Draft Motion: To accept the Credentialing Report of March 20, 2025 as presented, and recommend to the Board for Final Approval. | | | | | |
| 9 | Next Meeting & Adjournment | | | | |
| | Date | Time | | Location | |
| | April 10, 2025 | 8:00am-9:00am | | Boardroom B110 / MS Teams | |

MINUTES

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|------------|--|-----------|---------------|
| Committee: | Medical Advisory Committee | | |
| Date: | February 13, 2025 | Time: | 8:04am-9:20am |
| Chair: | Dr. Sean Ryan, Chief of Staff | Recorder: | Alana Ross |
| Present: | Dr. Chan, Dr. Kelly, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Lynn Higgs, Heather Klopp, Robert Lovecky, Jimmy Trieu, Adriana Walker | | |
| Guests: | Shari Sherwood, Christie MacGregor (Board Representative), Holly Stokman, Rebecca McNaughton | | |
| 1 | Call to Order / Welcome | | |
| 1.1 | <ul style="list-style-type: none"> • Dr. Ryan welcomed everyone and called the meeting to order at 8:04am <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 | | |
| 2.1 | <p><u>Medical Directive-Diabetes:</u></p> <ul style="list-style-type: none"> • Documents circulated and reviewed: <ul style="list-style-type: none"> ○ 2025 SHH DEP Insulin Adjustment Medical Directive-Revised ○ 2025 SHH DEP Insulin Directive Authorization Form • Welcome to Holly Stokman, Diabetes Nurse Educator <ul style="list-style-type: none"> ○ Diabetes Nurse for 10 years in primary and community care, including the Inter Community Health Centre and St. Joseph’s Diabetes Education Centre, both in London • Ms. Stokman and Ms. McNaughton have both written the mandatory Insulin Adjustment Exam • There is gap based on the number of insulin management patients referred by Dr. McLean, now that she has retired <ul style="list-style-type: none"> ○ Diabetes team do not have the authorization to adjust insulins, and will be looking for a physician authorization on patient charts (physicians can ‘tick the box’ in the EMR) • Medical Directive allows the Diabetes team to assist physicians, that are not part of the group, with insulin management <ul style="list-style-type: none"> ○ Locum/Courtesy Physicians are to read the Medical Directive and sign, authorizing the Diabetes team ○ All Physicians are encouraged to keep sending referrals in order to receive timely care for diabetic patients, as there is a long wait list • Medical Directive is closely aligned with our Regional partners within the Huron Perth Diabetes Program <ul style="list-style-type: none"> ○ Reviewed by Dr. Lindsey Chow, Stratford ○ Changes mostly related to new insulins on the market, i.e., insulin GLP combination therapies that have specific adjustment criteria ○ Providing education to capable patients regarding making supplemental adjustments for insulin to carb ratios, correction factors, etc. • Hypoglycemia Program <ul style="list-style-type: none"> ○ Ms. Walker is reviewing AMGH and HPHA protocols, and will be addressing gaps and updating the SHH Hypoglycemia Management Clinical protocol for inpatients / outpatients; it was agreed that the protocol will be changed to a Medical Directive ○ Ms. Sherwood is working on updating old order sets and protocols that are housed in SHHAre ○ There is no longer a Glucometer in the Diabetes Clinic • It was clarified, for Accreditation purposes, that insulin samples are no longer handed out <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the 2025 SHH DEP Insulin Adjustment Medical Directive-Revised. CARRIED.</u></p> | | |
| 3 | Approvals and Updates | | |

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| 3.1 | <p><u>Previous Minutes</u></p> <ul style="list-style-type: none"> • Approval / Changes <ul style="list-style-type: none"> ○ None <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the January 9, 2025 MAC minutes. CARRIED.</u></p> | |
| 4 | <p>Business Arising from Minutes</p> | |
| 5 | <p>Medical Staff Reports</p> | |
| 5.1 | <p><u>Chart Audit Review:</u></p> <ul style="list-style-type: none"> • Working with Quality to put QIP indicators in place by Mar 31 <ul style="list-style-type: none"> ○ Proposed RVQP Audit (Emergency Department Return Visit Quality Program) <ul style="list-style-type: none"> ▪ Charts to be audited and recommendations to be reviewed at MAC ▪ Although chart audits are useful, there is concern for the cost of this process; physicians feel that this money could be more effectively used towards patient care | |
| 5.2 | <p><u>Infection Control:</u></p> <ul style="list-style-type: none"> • Measles outbreak in the South Western Ontario; all physicians encouraged to be aware of any unusual presentations of fever with rash • Based on the IPAC report, staff influenza vaccination rates are low this year; less than ²/₃ of staff <ul style="list-style-type: none"> ○ Low numbers could be due to vaccination fatigue, but all are encouraged to keep up with vaccinations to protect ourselves and our patients • AMGH expressed appreciation to SHH for taking overflow patients recently | |
| 5.3 | <p><u>Antimicrobial Stewardship:</u></p> <ul style="list-style-type: none"> • No discussion | |
| 5.4 | <p><u>Pharmacy & Therapeutics:</u></p> <ul style="list-style-type: none"> • No discussion; next meeting scheduled in Mar | |
| 5.5 | <p><u>Lab Liaison:</u></p> <ul style="list-style-type: none"> • Recurring daily blood work is sticking in the system <ul style="list-style-type: none"> ○ When ordering labs during the admission process, there is an ability to click ‘next morning’ or ‘every three days’, which works well for physicians ○ Physicians are able to discontinue colleague’s ‘daily’ orders as needed ○ Reviewed Lab maintenance times, downtimes: <ul style="list-style-type: none"> ▪ Daily 1hr around noon ▪ Weekly 1½ hrs ▪ 3rd Thursday 2hrs ○ Potential for new hematology analyzers ○ Dr. Tran is working with London on the development of a Troponin Algorithm; majority of hospitals are going with a 2hr | |
| | <p><u>Action:</u></p> <ul style="list-style-type: none"> • When removing ‘daily’ labs from the system, don’t ‘modify’, instead discontinue and reorder as needed • Determine why the ‘modify’ ability is available, as modifications don’t go anywhere | <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • All; Ongoing • Sherwood; Feb |
| 5.6 | <p><u>Recruitment and Retention Committee:</u></p> <ul style="list-style-type: none"> • AMGH is in the process of recruiting for OB/GYN and Internal Medicine; postings have been out for some time <ul style="list-style-type: none"> ○ Meeting scheduled with head of Internal Medicine Group in Stratford next week ○ Working on starting a visiting Internist at SHH in the Spring • Family Physician interest at AMGH; Drs. Kluz have recently signed on at AMGH to provide Locum Hospitalist and Emergency care, however, they will be starting up their own medical clinic in Bayfield | |
| 5.7 | <p><u>Quality Assurance Committee:</u></p> <ul style="list-style-type: none"> • Quality meeting held in Mar, reviewed <ul style="list-style-type: none"> ○ Status of the current dashboards <ul style="list-style-type: none"> ▪ Progressing very well at SHH; QIPs have been met ○ Working on preliminary draft of F2526 QIP program | |

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| | <ul style="list-style-type: none"> ▪ There is impact on the physicians this coming year with the RVQP <ul style="list-style-type: none"> – Physician initial assessment times – Wait time, ambulance offload times, LWBS; currently trending below provincial average ▪ EID-AR (DEI); eLearning course has been updated, and is mandatory for all staff ▪ Patient Experience Surveys; still working on bringing in an adequate volume of responses, i.e., 5 to 10% of potential surveys being completed by ED patients / Inpatients ▪ Discharge Medication Reconciliation rates; rate of 95-99% for SHH – WELL DONE! <ul style="list-style-type: none"> – Working on improving AMGH DMR |
| | <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Medical Staff Reports as presented for the February 13, 2025 MAC Meeting.</u> <u>CARRIED.</u></p> |
| 6 | Other Reports |
| 6.1 | <p><u>Lead Hospitalist:</u></p> <ul style="list-style-type: none"> • Inpatient unit continues to be extremely busy |
| 6.2 | <p><u>Emergency:</u></p> <ul style="list-style-type: none"> • Volumes continue to be up and acuity is high <ul style="list-style-type: none"> ○ Unfilled ED shifts in Mar (10) and Apr (10); concerning <ul style="list-style-type: none"> ▪ There is still Board approved shift incentive funding available from the Fall that can be used to increase rates, if needed ○ Mar shifts are in the EDLP Shift Scheduler waiting for pick up ○ Today’s shift was dropped by an EDLP physician due to potential weather scheduled for today; THANK YOU to Dr. Lach for picking up that shift on short notice |
| | <p><u>Action:</u></p> <ul style="list-style-type: none"> • Determine what is left in the account for shift incentives and forward information to Dr. Ryan |
| | <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • Trieu / Lovecky; Today |
| 6.3 | <p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> • Documents circulated <ul style="list-style-type: none"> ○ 2025-02-Monthly Report-COS ○ 2025-01-SRPC Letter • SHH Physicians continue to be concerned about the lack of news on the CT Scanner applications • Society of Rural Physicians of Canada addressed a letter outlining health care priorities to all federal political parties in preparation for the pending election |
| 6.4 | <p><u>President & CEO:</u></p> <ul style="list-style-type: none"> • 2025-02-Monthly Report-CEO, circulated <ul style="list-style-type: none"> ○ Regarding the CT Scanner, discussion held recently with Ontario Health West and the Ministry Capital Branch, however, there were no answers available due to the pending election; not expecting any further information until late Mar ○ Board Chair continues to reiterate the importance of the CT Scanner at SHH to the MPP ○ HHS has received a letter of endorsement from Ontario Health West regarding the Master Planning process <ul style="list-style-type: none"> ▪ Options include building onto the hospital, building a new hospital on the current site, or building a new hospital on a different site; the Master Planning process will take approximately 3-5 years ▪ Ministry approval letter will arrive after the election <ul style="list-style-type: none"> – Stakeholder engagement will then begin including staff, physicians, community and municipality, Community Engagement Council, etc. – Will discuss what the future of healthcare will look like in Huron County ○ AMGH is trialing a Hospitalist Model for the next three months; Feb 1-Apr 30 <ul style="list-style-type: none"> ▪ Positive feedback has been received; workflow communication between physicians and nursing staff has improved significantly ○ AMGH is in the process of upgrading its EPR; would like to have SHH Physicians showcase Oracle (Cerner) to the AMGH physicians, i.e., review workflow and benefits <ul style="list-style-type: none"> ▪ LHSC has been invited to AMGH for a demo, and to encourage physician buy-in |

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| | <ul style="list-style-type: none"> ▪ Physicians concerned that moving away from HPHA will hinder their clinical work flows, however, there are a significant number of area hospitals in the region utilizing Oracle <ul style="list-style-type: none"> – EDLP physicians / Residents coming to our sites are trained on Cerner; impact on future recruiting ▪ HPHA has not made a final decision between MediTech Expense and Oracle to date; however, their new Cancer Ward utilizes Cerner ▪ AMGH has submitted an unsolicited Project Funding Request to OHW/Ministry in support of this initiative ▪ Medication Reconciliation would greatly improve with transfers between sites, if AMGH transitions into Oracle ▪ A quarterly meeting is scheduled with Ontario Health in two weeks for further discussion around business planning and costs | | |
| | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Action:</u></p> <ul style="list-style-type: none"> • Invite Dr. Patel, Gastroenterologist, GTA, to MAC to discuss MediTech Expense experience </td> <td style="width: 50%; vertical-align: top;"> <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • Ryan / Trieu; Apr </td> </tr> </table> | <p><u>Action:</u></p> <ul style="list-style-type: none"> • Invite Dr. Patel, Gastroenterologist, GTA, to MAC to discuss MediTech Expense experience | <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • Ryan / Trieu; Apr |
| <p><u>Action:</u></p> <ul style="list-style-type: none"> • Invite Dr. Patel, Gastroenterologist, GTA, to MAC to discuss MediTech Expense experience | <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • Ryan / Trieu; Apr | | |
| <p>6.5</p> | <p><u>CNE:</u></p> <ul style="list-style-type: none"> • 2025-02-Monthly Report-CNE, circulated <ul style="list-style-type: none"> ○ New Managers announced: Stephanie Black, Manager of Inpatient / Outpatient Mental Health; Marni Mezger, Manager, Emergency (cross-site assist) and Pharmacy (cross-site); Brenda Perriam, Manager, Operating Room, MDRU and ACC (AMGH) • Appreciative of the ongoing team work between the sites • Reminder that election representatives will be in the Hospital on Monday to assist patients with the voting process | | |
| <p>6.6</p> | <p><u>CFO:</u></p> <ul style="list-style-type: none"> • 2025-02-Monthly Report-CFO, circulated <ul style="list-style-type: none"> ○ Financial position continues to track positive variances to budget ○ Huron Health System currently shows a deficit of \$1.1M compared to an expected yearend deficit of \$1.8M, which is better than budget by \$2.8M ○ Draft budget is under way for F2526; looks similar to the F2425 budget (\$4.4M), with a planned deficit of \$4.5M <ul style="list-style-type: none"> ▪ Increase annuals costs are approximately \$300K ▪ A number of large capital investments are being drafted for next year, i.e. DI for SHH <ul style="list-style-type: none"> – Planning some significant upgrades (\$900K) in ERP system, i.e., finance, payroll, procurement, etc. ▪ SHH cash balance is light; this has been taken to Resources with strategies that will be taken to the Board, i.e., increasing working capital using some of the investments as well as increasing our Line-of-Credit ○ Lab is working towards validation of the new hematology system; expected by Mar <ul style="list-style-type: none"> ▪ Downtime issues expected to improve ▪ Lab vacancies continue at both sites ○ OneChart Phase II implementation; impacting Health Records, and training is scheduled for Jun | | |
| <p>6.7</p> | <p><u>Patient Relations:</u></p> <ul style="list-style-type: none"> • 2025-02-Monthly Report-Patient Relations, circulated <ul style="list-style-type: none"> ○ ConnectMyHealth is starting to gain traction; 35% patients accessing their own health records ○ New portal through LHSC may cause some confusion ○ | | |
| <p>6.8</p> | <p><u>Patient Care Manager</u></p> <ul style="list-style-type: none"> • New Ultrasound machine is in ED <ul style="list-style-type: none"> ○ Online training available, and there are also built-in tutorials in the machine itself ○ Specific cleaning wipes are currently on the machine, and extras are in stores; a note has been left on the machine to use proper wipes; nursing has been notified ○ Username and password are also noted on the machine in case it gets logged out ○ Machine has network access | | |

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| | <ul style="list-style-type: none"> ○ QPath allows images to be transitioned from the machine to Cerner, however, this is not preferable to the physicians; looking for a different way to integrate images across equipment, i.e., PACS <ul style="list-style-type: none"> ▪ Point of Care ultrasound - snapshots of images can be taken and saved on the hard drive, which can then be uploaded to Cerner for sharing with specialists • ED face sheets will be discontinued as of Mar 3 <ul style="list-style-type: none"> ○ Physician billing sheets and labels are still available ○ Working on a nursing process ○ Considering ability to print two different labels, depending on needs, i.e., referrals | |
| | <p><u>Action:</u></p> <ul style="list-style-type: none"> • When cleaning the new ultrasound machine, ensure you are using the correct wipes; ensure new wipes are ordered from stores – NO BLEACH | <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • All; Ongoing |
| 6.9 | <p><u>Clinical Informatics:</u></p> <ul style="list-style-type: none"> • Working on labels, go live sometime in Mar • ‘Go Live’ date for OCP 2Go is Jun 3 <ul style="list-style-type: none"> ○ Scanning will be implemented at SHH this day ○ Barcodes have been added to labels and phase sheets to facilitate the scanning process ○ Determining where we can do additional electronic documentation ○ Tracking paper usage, as there will be a significant drop during this phase of the project • Integration across our facilities will allow online ordering of DI tests at other facilities, i.e., Strathroy <ul style="list-style-type: none"> ○ Tests can be added to our order catalogue, which is recommended for future use ○ The transition between paper and electronic is confusing depending on the facility, i.e., Echoes and ultrasounds ○ Working on getting Goderich and Stratford connected • Re consult forms, electronic is available, but physicians are unsure if the forms are being viewed; currently completing paper forms and faxing; causes duplication and redundancy <ul style="list-style-type: none"> ○ Being part of the Oracle Health Consortium (OCI) provincial project, SHH is in line to become part of the central e-referral system; looking for consolidation in the near future • Appreciation extended to all physicians for 90% electronic documentation <p><u>Action:</u></p> <ul style="list-style-type: none"> • Notify physicians when online ordering for all tests across sites is available <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • Sherwood; As available | |
| <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the February 13, 2025 Other Reports to the MAC. CARRIED.</u></p> | | |
| 7 | <p>New Business</p> | |
| 8 | <p><u>In-Camera Session</u></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 ensure that their surroundings are secured from unauthorized participants | |
| 8.1 | <p><u>Move into In-Camera</u></p> <ul style="list-style-type: none"> • Credentialing and Reappointment list circulated <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To move into In-Camera at 9:19am. 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 9:20am. CARRIED.</u></p> | |
| 8.3 | <p><u>Motions Moved Out of In-Camera</u></p> <p><u>MOVED AND DULY SECONDED</u></p> | |

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| <i>MOTION: To accept the Credentialing Report of February 13, 2025 as presented, and recommend to the Board for Final Approval. CARRIED.</i> | | | |
| <i>Action:</i> | | <i>By whom / when:</i> | |
| <ul style="list-style-type: none"> • Forward Credentials Report to Board | | <ul style="list-style-type: none"> • EA; Feb 13 | |
| 9 | Adjournment / Next Meeting | | |
| | Regrets to alana.ross@amgh.ca | | |
| | Date | Time | Location |
| | March 20, 2025 | 8:00am | Boardroom B110 / MS Teams |
| | <u>Motion to Adjourn Meeting</u> | | |
| | <i>MOVED AND DULY SECONDED</i> | | |
| | <i>MOTION: To adjourn the February 13, 2025 meeting at 9:20am. CARRIED.</i> | | |
| Signature | | | |
| <hr/> Dr. Sean Ryan, Committee Chair | | | |



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March 2025 South Huron Hospital Chief of Staff Report

We continue to struggle month to month for ED shift coverage. From mid-March to mid-April, we have 9 unfilled shifts. There is still no word from the MOH regarding extension of the Temporary Locum Program ED funding beyond March 31. Cessation of this funding would all but guarantee frequent closers of our department.

There is also still no MOH decision on our CT application.

On a positive note, plans and discussions are ongoing regarding the new medical center and we look forward to continuing these.

Please contact me with any questions or concerns.

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

PRESIDENT & CEO REPORT

March 2025

METRICS

| Area | AMGH | SHHA | Comment |
|---------------------------------|------|------|---|
| Health Human Resources | | | Working on recruitment of nurses, physicians and MLT's. A priority is to recruit an MRI tech to prepare for MRI installation. |
| Master Plan and Functional Plan | | | OHW has endorsed HHS Master Plan and Master Programming proposal to the MoH. Final approval will depend on the provincial election and will not occur until late March. |
| Finance | | | 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 | | | SHHF is working on acquiring the land where the medical centre will be built. |
| CT Scanner | | | Waiting on approval from MoH. Over 2000 applications were submitted for the ICHSC (private DI services). |
| MRI Scanner | | | Submitted operational plans to Capital Branch for approval to move forward on implementation. |

TOP OF MIND

Capacity Challenges:

- As of March 2024, the total number of hospital beds in Ontario is approximately 35,000 of which 65% are acute care beds
- Ontario has the second lowest number of total hospital beds (all types) per 1,000 population in Canada at 2.28
- To accommodate Ontario's growing and aging population while facing a shortage of beds, hospitals continue working to shorten stays, reduce the need for hospitalizations (through greater use of same-day procedures and outpatient services) and other innovative quality and operational improvement efforts
- Alternate Level of Care (ALC) is a major long-standing challenge resulting from a lack of system capacity and access to services outside the hospital (i.e. LTC homes, home care, assisted living, rehab, etc.)
- In contrast, by 2032, the average U.S. hospital occupancy will rise from 75% to 85%, according to University of California Los Angeles researchers

- In the decade before the COVID-19 pandemic, the national occupancy average was about 64%. Post-pandemic, the average is 75%, which the report characterized as "dangerously close to a bed shortage."
- The analysis found that a 16% decrease in staffed hospital beds, rather than more hospitalizations, resulted in the higher hospital occupancy rates.

BIG WINS | LEARNING

Master Plan and Master Program

- HHS has received formal endorsement from OHW to MoH to move forward with this crucial work
- Due to the election, formal approval from the MoH will not occur until late March
- This project will help Huron Health System improve patient safety and care and provide opportunity for collaborative and coordinated solutions to existing challenges across the healthcare system

PRESIDENT & CEO SUMMARY

Recent weeks have seen an increase in measles cases in Ontario, with multiple confirmed cases in our region marking the most severe surge in over two decades. As of March 12, 2025, there have been 350 confirmed cases in the province, with 31 hospitalizations, including one child requiring intensive care. This outbreak is part of a broader national trend, with Canada reporting more measles cases in the first two months of 2025 than in all of 2024. The majority of these cases have been in Ontario, with significant numbers also in New Brunswick, Québec, and Manitoba.

HHS has taken proactive measures, including:

- Implementing enhanced infection control protocols.
- Establishing dedicated isolation areas for suspected and confirmed cases.
- Coordinating with public health authorities for contact tracing and vaccination campaigns.
- Number of cases – AMGH = 1, SHHH = 0

In the February 27, 2025, Ontario provincial election, Premier Doug Ford's Progressive Conservative Party (PC) secured a third consecutive majority government, winning 82 out of 124 seats with 43% of the popular vote. Healthcare was a significant concern during the election, with 2.5 million Ontarians lacking access to a family doctor—a number projected to rise to 4.4 million by next year. The PC government's re-election suggests a continuation of their existing healthcare policies, including the implementation of the More Convenient Care Act, 2024. This act aims to enhance publicly funded care by building healthier communities and bolstering the province's healthcare workforce.

The recent provincial election has significant implications for healthcare funding and policy. Key developments include:

- The elected government has pledged increased investment in healthcare infrastructure and workforce retention.
- Proposed changes to physician compensation and hospital funding models may impact our financial planning.
- New policies regarding long-term care expansion and primary care accessibility could create opportunities for partnerships and integrated care initiatives.

I will continue financial advocacy efforts to secure sustainable funding and investment for hospital services and push for approval of a CT scanner, MRI scanner and continued progress on Master Planning. In summary, while the PC's electoral victory provides continuity in governance, the effectiveness of their healthcare initiatives will be closely monitored, especially concerning access to family doctors and the integration of private services within the public healthcare framework.

Respectfully submitted,

Jimmy Trieu
President & CEO

March 20, 2025

Monthly Report CNE

FOCUS ON SAFE QUALITY PATIENT CARE

What a challenging WINTER! Here's hoping no further road closures due to weather. A huge thank you to all the staff that worked collaboratively to make sure our patients were safe and our co-workers were assisted.

We have had some very unfortunate losses lately. We held a de-brief with staff, EMS, Firefighters and police. This was very much appreciated by all and I encouraged this process to continue.

Mental Health first aid- I have two staff taking the training to be a trainer this provides the practical knowledge and skills to support to a person who may be experiencing a decline in their mental well-being. It also provides the basic knowledge of mental health. This was through a grant I applied for through RBC.

There has been an increase in suicide amongst the young 10-19 20-29 approximately 25%. Suicide assist training will commence with money that was donated specifically to this cause. Applied suicide intervention skills training.

Ontario Health education initiative is well received from our staff. Excellent opportunity for our staff and reimbursement to the hospital.

The addition of a staff three days a week in the ER in SHH is starting supporting their significant increase of ER visits LOU is complete.

Mental Health renovations have been delayed and will commence in May.

Nicole Kucan and Brenda Perriam continue to work on the monitor project as we look into the future to replace GE with Phillips (capital project that will align with Cerner in a couple of years)

Hart training will also be available soon at both sites.

We have taken advantage of the STF Eligible courses.

- Advanced Cardiovascular Life Support (ACLS)
- Advanced Trauma Care for Nurses (ATCN)
- Trauma Nursing Core Course (TNCC)
- Pediatric Advanced Life Support (PALS)
- Emergency Nursing Pediatric Course (ENPC)
- STABLE – Post Resus and Pre-transport Stabilization of Critically Ill Infants
- Any course that is part of an emergency nursing certificate program from an accredited academic institution or as approved in advance by Ontario Health. All courses will be refunded to the hospital.

Thrive- Community Safety and Well Being. April 15 in Blyth at the Theatre Wellness and ACTIVE living Fair

Social Connectedness and Health and how that would transpose itself to the workplace (psychological health) social connection resiliency or tenacity

Continuing to foster a healthy respectful workplace and develop a professional framework to strengthen relationships with the team. Looking at healthcare in an innovative way to build nurses to help drive a positive change. We have a lot of expert nurses and many new nurses coming on board. Hoping to build a platform and relationship for succession. Support from our expert nurses needs to be safe respectful and non-judgmental. We will be looking at this closely to provide the knowledge and support that is needed for the staff to be successful.

Medical knowledge continues to grow and Nursing is constantly evolving. Laurie Hakkers is doing a phenomenal job in the Education role to assure that new knowledge reaches the front line staff on a continuous basis. These are some items that are currently underway.

Skills DAYS starting In April

- Project has begun help improve the nursing work sheets for our inpatient units. Feedback was received from front line staff, and meetings have been completed with IT, and new nursing worksheet are being trialed.
- Malignant Hyperthermia review/ drill was completed with the OR staff with help of our Regional Critical Care Educators. This allowed us to review and make edits to the workflow/ policy. A repeat drill is planned for March 31st. The E-Learning will be edited after the second repeat drill to educate all nursing staff.
- A ZOLL and crash cart review was offered for all Nursing staff at AMGH
- New ECG machine has arrived at SHH and training has been implemented to nursing staff
- Cardioversion, Pacing and Defibrillation training/assessments have begun for all RNs at SHH. These will continue throughout the next month.
- Two NRP classes were facilitated on March 5/7 for AMGH/SHH nurses working outside of the OB department
- A FHS refresher course was scheduled for our OB nurses at AMGH on March 18th
- TNCC is scheduled for nursing staff in Exeter on March 18th
- Nursing Skills Days begin next week. Extensive planning and collaboration has been completed with numerous members of the care team. Topics will include: Mock Code Blue, Code Pink, Code MHP, Pharmacy update, Code Green/ Code White Review, Code Orange protocol review, Wound Care updates, RT review, and Discharge medication update for our Quality Improvement plan.
- Crash cart updates and standardization completed at SHH

Faubs for staff safety in the community have been delayed. Some clichés they are working on.

Codes Fair is coming up. It will run for two weeks on 4 different days. Staff will be able to come and go to review and learn about Codes within the hospital and their responsibilities.

FOCUS ON OUR PEOPLE AND WORKPLACE

CNE—working on some team building exercises as well as some healthy initiatives for leadership team and staff.

Celebration of Social Work Week went over very well and we are already planning for Nurses Week for May.

Amber Brodie and the managers have been working hard to develop protocols re measles and working with Public Health.

Dr. Ford is currently on Maternity Leave and Dr. Karina Roth-Albin has replaced her.

Volunteer Program (friendly Faces) has been launched so far 5 volunteers at SHH.

Improvement in ED rates.

SHH QIP targets met so far.

100% notification rate to TGLN.

We have a number of high school students completing co-op at the hospitals.

Nursing students and Externs play an integral role and significant positive impact to patient care. We have 5 externs being interviewed for placement.

Recruitment has been great as we welcome an OR casual, Mental Health Casual, 2 ICU RN'S and tentatively 3 OB RN'S onboarding. Two of our most recent RN'S have accepted a full time position and a temp full time position.

Hospitalist continues to have strong positive feedback.

Reviewing the overall structure of the hospitals.

FOCUS ON INCREASING THE VALUE OF OUR HEALTHCARE SYSTEM

New Vitals Machines (capital purchases) have been deployed and feedback is quite positive SHH.

New ECG machines capital purchase training has commenced and go live soon.

Physician training for the new ultrasound machine is complete and machine has been deployed.

We are going to surpass baby deliveries compared to last year. Currently we have 72 deliveries with anticipated 9 more in the month of March and April.

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

There is a strong desire to understand relationships and accountabilities between the regional stroke networks and Ontario Health. We need to strengthen Provincial Leadership-Provincial strategies with clear priorities and regional accountabilities to promote system alignment and movement towards a common goal. We continue to have a significant increase with stroke patients and guidelines continue to be confusing as to what the role and responsibilities of the sending hospital are. I have requested a meeting so some of the questions can be clarified and we are moving to a standardized system.

Southbridge LTC in Goderich opened in February which certainly assists with our ALC-LTC patients.

We are assisting Gateway in providing education to students and providing a full educational day with the discovery students.

Continuing to collaborate with our partners re: situational surge planning.

Police Hospital Transition will go live soon.

EMS 'Fit 2 Sit' goes live April 1st. We are hoping to have an opportunity for assistance in the emergency area for an Offload nurse to minimize the wait times for our ambulance. This application will need to be applied and supported through EMS.

There is a strong need to understand accountabilities between the regional stroke networks and Ontario Health. We need to strengthen strategies with clear provincial priorities and regional accountabilities to promote system alignment and a common goal. Currently there are a lot of questions regarding accountabilities and roles in this area. A meeting has been scheduled to discuss outstanding questions and clarity of some of the grey areas.

CFO Report to Board

DATE: March 20, 2025
FROM: Rob Lovecky, Vice President of Finance and CFO
TOPIC: CFO Report to Board of Directors

Financial Snapshot (Period 10, YTD January 2025):

- **Total HHS: \$1.42 million operating deficit**, but **\$1.75 million positive variance compared to budget.**
 - Deficits and Year-End positive budget variances are expected to continue. The current year-end forecast is for a **total HHS deficit of \$2.0 million. (approximately \$2.4 million better than original budget)**
-

Finance:

- Finalized 2025/26 HHS Operating Budget with HHS Executive estimated at -\$4.6 million compared to 2024/25 HHS Operating Budget of -\$4.4 million.
- Final 2025/26 AMGH Capital Budget is estimated at \$5.9 million that includes investments in DI equipment of \$3.5 million, \$1.5 Million for IT Infrastructure Hardware and Services, \$0.9 million in other clinical equipment and systems. (excludes \$0.8 million of HIRF funded qualifying facilities upgrades)
- Final 2025/26 SHH Capital Budget is estimated at \$1.7 million that includes investments in DI equipment of \$0.9 million, \$0.4 million in Pharmacy, \$0.4 million in other clinical equipment and systems. (excludes expected HIRF funding for qualifying facilities upgrades of \$0.1 million)
- Preparations for year-end audit and annual actuarial engagement for benefits reporting has started.

ITS:

- HHS Executive to present final HHS IT Services planning MOU to Board for support and delegation of execution. The planning work will include defining scope, timing, and costs of the following IT Strategic Initiatives;
 - HIS/EMR Standardization and Integration,
 - ERP Transformation (Finance, Payroll, Procurement, and Human and Resources systems), and
 - IT Infrastructure Services
 - Date set on May 9 for onsite HIS solution demonstration for physicians. Planning and design work continues in March and April.
-

Laboratory:

- AMGH: Current vacancy in Lab one Senior MLT, close to finding replacement.
 - SHH: Current vacancy in Lab one part-time MLT
 - HHS: Both labs are preparing for the incoming DC-1 Cellavision (cell morphology analyzer). This is novel technology for the labs and we are excited to implement!
 - HHS: Both labs are full steam ahead into mid-cycle accreditation activities, including a comprehensive review of the laboratories quality management system. The assessments will be completed by end of this month for review by Accreditation Canada – Diagnostics.
-

Cardiorespiratory:

- HHS: Cardiorespiratory is anticipating replacing its fleet of ECG carts, we have issued a PO and are waiting for details on delivery and installation.

Diagnostic Imaging:

- AMGH: Full service has been restored to our ultrasound offerings in DI and we are caught up on all exam types. We are now considering taking on students from the colleges again in the spring.

Patient Relations, Registration, Privacy, and Health Records:

- HHS: Submitted IPC annual reports for Calendar Year 2024 for numbers of Privacy Breaches, Releases of Personal Health Information and Freedom of Information Requests. Our processes ensure that we are keeping up to date with this work on a quarterly basis, so it is not a huge task at submission time in March of the following year. We tracked similar to 2023 at both sites.
- AMGH: Dr. Narayan, two resident physicians, and the integration system planner from HPA OHT are working on a heart failure QI initiative aimed at reducing hospital admissions and readmissions across Huron and Perth. As part of this project, we're setting up the Residents with access to complete chart reviews and to develop applicable patient lists. Our goal is to analyze the characteristics of these patients (no names) to identify potential predictors of admission and readmission. This will help us develop targeted interventions in clinic settings to improve hospital outcomes. Privacy Officer has requested Letters of Good Standing from the Residents.
- SHH: Ontario has directed all Health Teams to attach unattached patients to primary care providers. While 93% of residents in Huron Perth already have a provider—one of the highest rates in the province—local healthcare leaders want to do more. Insights from the Primary Care Summit and the newly appointed Primary Care Action Team highlight a strong position to expand access further. HPA-OHT is launching an Integrated Care Pathway and Transition **Working Group** to ensure all residents have access to primary care, aligning with Ontario's goal. Unattached Care Clinics (UCCs) will continue as a short-term solution while sustainable models are developed. HPA OHT has reached out to SHH regarding virtual NP for the Exeter site under the current Unattached care Clinic. The UCC program will reimburse SHH for any registration clerk hours before March 31, 2024 to contact those who have indicated they have no family doctor and have put in an application.

Patient Experience Story for March 2025 MACs.

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

As we come to the end of the fiscal year and a couple of quarters into our new patient experience surveys, we are still gathering input on the formatting, ease of use, and other suggestions to produce “patient-friendly” surveys. This is one of the tools they have to express their insights and help us to better understand their care experience.

This month we received this feedback from a patient:

Thanks for the opportunity to fill out the patient survey after my recent visit to Day Surgery.

I received the paper survey as I was leaving the hospital along with followup instructions from my procedure. The survey itself is excellent and I welcomed an opportunity to complete it. However, the process of completing the survey needs some improvement.

Patients are groggy and not in a position to fill out the survey before they leave the hospital. A QR code to scan is not enough to encourage many people to fill out the survey. A couple of suggestions for better response include:

- 1. Adding the URL to the survey on the form;**
- 2. Adding a mailing address on the form;**
- 3. Indicating where a drop-off box is for the form.**

This was timely input as our Communications Specialist, Quality Specialist and Patient Relations Manager were meeting to discuss the survey and any adjustments needed before the end of Q4. We greatly appreciated this feedback!

1. URLs are difficult and frustrating for patients to type so we will direct the patient to our website and provide an easy access to choose their applicable survey. Currently the survey locations don't stand out on the website. The QR code is also on the survey paper or card if a patient wishes to use that.
2. Definitely will do!
3. Yes will do. We will also add one more drop-box location at the Napier St. Door at AMGH.

Earlier in the month, the Patient Experience Panel (PEP) members were asked about how they would feel if they received a patient experience survey by mail after a hospital visit. They all felt that it would be acceptable if they had signed an email consent form indicating that they are aware that surveys about their healthcare visit could be sent to them.

In the spirit of the Patient, Family and Caregiver Declaration of Values for Ontario, "We expect a health care culture that demonstrates that it values the experiences of patients, families and caregivers and incorporates this knowledge into policy, planning and decision making. We expect that patient, family and caregiver experiences and outcomes will drive the accountability of the health care system and those who deliver services, programs and care within it."

Our Patient and Family Experience Surveys help us to achieve that goal!

INTER-OFFICE MEMORANDUM

TO: SHH MAC / HHS Common Board

FROM: Dr. Sean Ryan, Dr. Craig McLean

DATE: March 20, 2025

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 |
|-------------------------------|-----------------|---------------------|
| BHULLAR, Dr. Sundeep | NEW | Locum-EDLP |
| CHILTON, Dr. Christine | NEW | Locum-EDLP |
| CHING, Dr. Geoff | NEW | Locum-ED |
| OMAR, Dr. Hecham | NEW | Locum-ED |
| RICHARDSON, Dr. Christine | RETURNING | Locum-EDLP |
| ZHENG, Dr. David | NEW | Locum-ED |
| ZHENG, Dr. (Jia Min) Isabelle | NEW | Consult-Radiologist |