

Committee:	<b>Medical Advisory Committee</b>				
Date:	June 12, 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
<b>1</b>	<b>Call to Order / Welcome</b> <ul style="list-style-type: none"> <li>• Notifications: <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> </ul>				
<b>2</b>	<b>Guest Discussion / Education Session</b>				
<b>3</b>	<b>Approvals and Updates</b>				
3.1	Previous Minutes	COS	Decision	1min	• 2025-05-08-MAC Minutes
	<i><b>*Draft Motion: To accept the May 8, 2025 MAC Minutes.</b></i>				
<b>4</b>	<b>Business Arising from Minutes</b>				
4.1	CT Scanner Application	Trieu	Update	1min	
<b>5</b>	<b>Medical Staff Reports</b>				
5.1	Chart Audit Review	Nelham	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	CNE / Sherwood	Information	as needed	
	<i><b>*Draft Motion: To accept the June 12, 2025 Medical Staff Reports to the MAC.</b></i>				
<b>6</b>	<b>Other Reports</b>				
6.1	Lead Hospitalist	Pres. MS	Information	5min	
6.2	Emergency	Chief of ED	Information	20min	
6.3	Chief of Staff	COS	Information	5min	• 2025-06-Monthly Report-COS
6.4	President & CEO	CEO	Information	5min	• 2025-06-Monthly Report-CEO
6.5	CNE	CNE	Information	5min	• 2025-06-Monthly Report-CNE
6.6	CFO	CFO	Information	5min	• 2025-06-Monthly Report-CFO
6.7	Patient Relations	Klopp	Information	5min	• 2025-06-Monthly Report-Patient Relations

					<ul style="list-style-type: none"> <li>• 2025-06-Patient Experience Story</li> </ul>
6.8	Patient Care Manager	Walker	Information	5min	
6.9	Clinical Informatics	Sherwood	Information	5min	
<b>*Draft Motion: To accept the June 12, 2025 Other Reports to the MAC.</b>					
<b>7</b>	<b>New and Other Business</b>				
<b>8</b>	<b>In-Camera Session</b> <ul style="list-style-type: none"> <li>• Notifications:                             <ul style="list-style-type: none"> <li>○ 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</li> <li>○ All participants of the in-camera session are expected to ensure that their surroundings are secured from unauthorized participants</li> </ul> </li> </ul>				
8.1	Move into In-Camera	Chair	Motion, if needed		<ul style="list-style-type: none"> <li>• 2025-06-Report to MAC-Credentials SHH-IC</li> </ul>
<b>*Draft Motion: To move into the in-camera session at XX:XXam.</b>					
8.2	Move out of In-Camera	Chair			
<b>*Draft recommendation made to move back into open session at XX:XXam.</b>					
8.3	Motions made based on In-Camera discussion	Chair	Acceptance Recommendation		
<b>*Draft Motion: To accept the Credentialing Report of June 12, 2025 as presented, and recommend to the Board for Final Approval.</b>					
<b>9</b>	<b>Next Meeting &amp; Adjournment</b>				
	<b>Date</b>	<b>Time</b>		<b>Location</b>	
	September 11, 2025	8:00am-9:00am		Boardroom B110 / MS Teams	

Committee:	<b>Medical Advisory Committee</b>		
Date:	May 8, 2025	Time:	8:02am-9:24am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Chan, Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. McLean, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Heather Klopp, Rob Lovecky, Jimmy Trieu, Adriana Walker		
Guests:	Shari Sherwood, Christie MacGregor (Board Representative)		
<b>1</b>	<b>Call to Order / Welcome</b>		
1.1	<ul style="list-style-type: none"> <li>• Dr. Ryan welcomed everyone and called the meeting to order at 8:02am <ul style="list-style-type: none"> <li>○ Notifications: <ul style="list-style-type: none"> <li>▪ 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</li> </ul> </li> </ul> </li> </ul>		
<b>2</b>	<b>Guest Discussion</b>		
<b>3</b>	<b>Approvals and Updates</b>		
3.1	<p><u>Previous Minutes</u></p> <ul style="list-style-type: none"> <li>• Approval / Changes <ul style="list-style-type: none"> <li>○ CORRECTION: 6.2 should read 'there are 7 Hospitalist shifts still open in June'</li> </ul> </li> </ul> <p><b><i>MOVED AND DULY SECONDED</i></b></p> <p><b><i>MOTION: To accept the April 10, 2025 MAC minutes. CARRIED.</i></b></p>		
<b>4</b>	<b>Business Arising from Minutes</b>		
4.1	<p><u>CT Scanner Application:</u></p> <ul style="list-style-type: none"> <li>• Per discussions with the Ministry and OHW it was determined that the application for an SHH CT scanner was not submitted as expected</li> <li>• CEO, CFO and Facilities Director have been working with the Ministry over the last three weeks; process in place, document ready <ul style="list-style-type: none"> <li>○ Although this CT is self-funded, the Ministry has requested a letter outlining coverage for renovations, operational costs, etc., from the SHH Foundation, which is pending</li> <li>○ Once the Foundation letter is received, the application will be submitted</li> <li>○ Agreement and PO in place with vendor</li> </ul> </li> <li>• MOH and OHW indicates there will be a 120 day turnaround, once the application has been received</li> </ul>		
<b>5</b>	<b>Medical Staff Reports</b>		
5.1	<p><u>Chart Audit Review:</u></p> <ul style="list-style-type: none"> <li>• No discussion</li> </ul>		
5.2	<p><u>Infection Control:</u></p> <ul style="list-style-type: none"> <li>• No discussion</li> </ul>		
5.3	<p><u>Antimicrobial Stewardship:</u></p> <ul style="list-style-type: none"> <li>• No discussion</li> </ul>		
5.4	<p><u>Pharmacy &amp; Therapeutics:</u></p> <ul style="list-style-type: none"> <li>• Uptick in use of Dayvigo and hospitals adding it to their formularies, and patients coming in using it as well; being studied for use in delirium; there is no coverage for it yet</li> <li>• Tapered dose of Prednisone <ul style="list-style-type: none"> <li>○ Waiting to hear from London re adding ordering Taper medication on other medications, not as a special order; currently it is an individualized order only</li> <li>○ Looking for a six step taper with stop date / start date</li> </ul> </li> <li>• Dexamethasone taper order TBD</li> <li>• Enoxaparin</li> </ul>		

	<ul style="list-style-type: none"> <li>○ 40% of admission orders completed without using the Med Admission Order Set for DVT prophylaxis DVT prophylaxis ordered separately</li> <li>○ DVT prophylactic drugs getting missed and patients getting admitted without DVT prophylaxis             <ul style="list-style-type: none"> <li>▪ Without using the order set, we cannot track if the decision was made to not give prophylaxis</li> </ul> </li> <li>○ Looking for pattern to determine where it is happening in order to address it             <ul style="list-style-type: none"> <li>▪ Audit (per accreditation and Chart Audit Committee) shows order set was used for 8 out of 18 admissions</li> </ul> </li> <li>○ Hospitalists ensuring conversation takes place during repatriation using Medication Reconciliation</li> <li>● Atropine Pre-filled Syringes             <ul style="list-style-type: none"> <li>○ Due to a backorder, we are temporarily stocking Atropine 0.5mg/5mL pre-filled syringes instead of the usual 1mg/10mL; both provide the same concentration</li> </ul> </li> </ul>		
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5.5	<p><b><u>Lab Liaison:</u></b></p> <ul style="list-style-type: none"> <li>● No discussion</li> </ul>		
5.6	<p><b><u>Recruitment and Retention Committee:</u></b></p> <ul style="list-style-type: none"> <li>● Family Medicine Resident Career Fair Retreat scheduled for Sat., May 10 at Oakwood Inn in Bayfield</li> <li>● SH Municipality Council is striking a task force to address recruitment and healthcare personnel             <ul style="list-style-type: none"> <li>○ New grads looking for sign-on bonuses / incentives, which is creating challenges in recruiting</li> </ul> </li> <li>● SH Mayor’s Breakfast is scheduled for tomorrow morning, May 9</li> </ul>		
5.7	<p><b><u>Quality Assurance Committee:</u></b></p> <ul style="list-style-type: none"> <li>● Tracking well in quality metrics             <ul style="list-style-type: none"> <li>○ Tracking patients ‘left without being seen’ from ED; clipboards posted to capture information                 <ul style="list-style-type: none"> <li>▪ Some of the reasons are ‘feeling better’</li> <li>▪ SHH is below the provincial average</li> </ul> </li> <li>○ Working on getting ambulance offloads back to an acceptable level, but volumes have been very high</li> </ul> </li> </ul>		
<p><b><u>MOVED AND DULY SECONDED</u></b>  <b><u>MOTION: To approve the Medical Staff Reports as presented for the May 8, 2025 MAC Meeting. CARRIED.</u></b></p>			
<b>6</b>	<b>Other Reports</b>		
6.1	<p><b><u>Lead Hospitalist:</u></b></p> <ul style="list-style-type: none"> <li>● Lower volumes for several weeks, however last week increased significantly; over census since the weekend</li> <li>● Six days straight in June with no Hospitalist coverage; COS to contact AMGH re appetite to assist             <ul style="list-style-type: none"> <li>○ Commitments have been received from all local Docs; leaving many gaps in Jul/Aug</li> <li>○ Waiting for information from two new physicians prior to completing the ED schedule; delayed</li> <li>○ Concern about Hospitalist compensation offered at SHH; creating pressure on recruitment and retention                 <ul style="list-style-type: none"> <li>▪ Acuity and volume is increasing creating a more challenging workload</li> </ul> </li> <li>○ Discussed challenges with funding, self-funding, top ups, and billing allowances related to billing restrictions                 <ul style="list-style-type: none"> <li>▪ Educating new Docs on billing procedures</li> </ul> </li> <li>○ No news regarding OMA Hospitalist program AFA; updates expected by Dec 2025</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>Discuss reallocating Board approved ED top up fund to the Hospitalist program, with the Board</li> </ul>	<ul style="list-style-type: none"> <li>Ryan / Trieu; Today</li> </ul>
6.2	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> <li>New ED rates retroactive to Apr 1; anticipated to align with the TLP; payments to be determined                             <ul style="list-style-type: none"> <li>Reviewed visits per year, which affects funding</li> </ul> </li> <li>Increase to AFA coming; provides flexibility to incentivise</li> </ul>	<p><u>Action:</u></p> <ul style="list-style-type: none"> <li>Review peer hospital Hospitalist models re maximizing use of billing codes; webinar</li> </ul>
		<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> <li>Ryan / Patel; May / Jun</li> </ul>
6.3	<p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> <li>2025-05-Monthly Report-COS, circulated</li> </ul>	
6.4	<p><u>President &amp; CEO:</u></p> <ul style="list-style-type: none"> <li>2025-05-Monthly Report-CEO, circulated                             <ul style="list-style-type: none"> <li>AFA</li> <li>Burden-based HOCC funding</li> <li>OH operational direction received in regards to HIS renewals</li> <li>In process of renewing Oracle Health, with the potential of adding AMGH; requires Ministry approval                                     <ul style="list-style-type: none"> <li>LHSC Oracle demonstration scheduled for AMGH on May 16; SHH physicians are welcome to attend</li> <li>LDG has been expanded to include cybersecurity and all aspects of EHR for the region</li> </ul> </li> <li>MediTech Expanse demo scheduled virtually on May 30; physicians are encouraged to speak to the physicians who have used the program</li> </ul> </li> </ul>	
6.5	<p><u>CNE:</u></p> <ul style="list-style-type: none"> <li>ONA negotiations for SHH are moving along well</li> <li>Nurse’s week May 12-18; activities planned; calendar shared</li> </ul>	
6.6	<p><u>CFO:</u></p> <ul style="list-style-type: none"> <li>CT Scanner project is the priority; working on creating a trail to ensure there are no loose ends with OH and the Ministry</li> <li>Manager positions filled for Lab, DI and Financial Managers</li> <li>Reviewed the finances, i.e., operating costs, revenue, expenses, variance, one-time funding, potential impact of tariffs</li> </ul>	
6.7	<p><u>Patient Relations:</u></p> <ul style="list-style-type: none"> <li>2025-05-Monthly Report-Patient Relations, circulated                             <ul style="list-style-type: none"> <li>Reviewed how patients are affected by clinical processes, i.e., sequence of events leading to or not leading to surgical procedures                                     <ul style="list-style-type: none"> <li>Nurse noticed a patient that was processed out of order of sequence and should not be having surgery until they have a cardiac consult; poor communication and process breakdown leads to a poor patient experience</li> <li>Another communication issue resulted in a patient staying in Goderich overnight for their surgery the next day, only to have it cancelled due to power outage</li> </ul> </li> </ul> </li> </ul>	
6.8	<p><u>Patient Care Manager:</u></p> <ul style="list-style-type: none"> <li>Stroke Algorithm; was paused shortly and Act Fast is now back on trial</li> <li>Huron Perth OPP; process for police/hospital patient transition will go live on June 1<sup>st</sup> to get police back on the road sooner                             <ul style="list-style-type: none"> <li>Involves transfer of custody matrix for patients brought in for mental health screening</li> <li>Outlines risk of patient remaining in hospital with out police presence, i.e., harm to selves or other, flight risk, substance abuse, aggression, resistance, etc.</li> <li>This process is intended for determination of low-risk, cooperative patients, and police will not leave if there is any risk of danger to patient, staff or others</li> </ul> </li> </ul>	
6.9	<p><u>Clinical Informatics:</u></p> <ul style="list-style-type: none"> <li>Soft launch of scanning program; implementing across all areas</li> <li>Turning on eFax; inbound faxes will go into a queue and clerks will ensure they are directed accordingly</li> <li>Updating Hospitalist position in Cerner; working on details, i.e., ambulatory workflow, note types, etc.</li> </ul>	
	<b><u>MOVED AND DULY SECONDED</u></b>	

	<b><i>MOTION: To approve the Other Reports as presented for the May 8, 2025 MAC Meeting. CARRIED.</i></b>		
7	<b>New Business</b>		
8	<b>Education / FYI</b>		
9	<b>In-Camera Session</b> <ul style="list-style-type: none"> <li>○ Notifications:           <ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ All participants of the in-camera session are expected to ensure that their surroundings are secured from unauthorized participants</li> </ul> </li> </ul>		
9.1	Move into In-Camera <ul style="list-style-type: none"> <li>• Credentialing and Reappointment List, circulated</li> </ul> <b><i>MOVED AND DULY SECONDED</i></b> <b><i>MOTION: To move into In-Camera at 9:22am. CARRIED.</i></b>		
9.2	Move out of In-Camera <b><i>MOVED AND DULY SECONDED</i></b> <b><i>Recommendation made to move back into open session at 9:24am. CARRIED.</i></b>		
9.3	Motions Moved Out of In-Camera <b><i>MOVED AND DULY SECONDED</i></b> <b><i>MOTION: To accept the Credentialing and Reappointment Reports of May 8, 2025 as presented, and recommend to the Board for Final Approval. CARRIED.</i></b>		
10	<b>Adjournment / Next Meeting</b>		Regrets to <a href="mailto:alana.ross@amgh.ca">alana.ross@amgh.ca</a>
	<b>Date</b>	<b>Time</b>	<b>Location</b>
	June 12, 2025	8:00am	Boardroom B110 / MS Teams
	Motion to Adjourn Meeting  <b><i>MOVED AND DULY SECONDED</i></b> <b><i>MOTION: To adjourn the May 8, 2025 meeting at 9:24am. CARRIED.</i></b>		
<b>Signature</b>			
<hr/> Dr. Sean Ryan, Committee Chair			

## June 2025 South Huron Hospital Chief of Staff Report

Our ED and Hospitalist schedules are made until the end of the year. There are significant gaps for both, and we will continue to require EDLP physicians to fill shifts.

The South Huron Hospital Foundation Gala took place on June 6 with excellent attendance. Our medical staff was well represented and made a significant donation to the Foundation

I continue to receive questions from the medical staff regarding the Board's lack of clear direction with regards to a future new medical clinic, as well as concerns with how the CT application was handled. There are also questions about physician recruitment and retention and what specific plans are in place to attract new physicians to South Huron Hospital.

Please contact me with any questions or concerns.

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

June 11, 2025

We, the core physicians providing health care at South Huron Hospital and the surrounding communities, wish to make a statement regarding our concerns with the direction of hospital leadership. We have been working on several projects with concrete deliverables for over four years that address our priority to expand resources and enable us to recruit new physicians to expand our work force and our capacity to care for the people living in our communities. The current leadership has failed to deliver on any of these key projects. In order to provide continuous coverage of the inpatient service and the Emergency Department, we have sacrificed many personal objectives to avoid closure of South Huron Hospital. This is not sustainable, and physician recruitment must remain our number one priority.

We, therefore, question the multiple recent decisions made by hospital leadership and the board. First, they have compromised and delayed delivery of a CT scanner for use at our location. Second, we have watched leadership step away from commitments to expand clinic resources which are needed to recruit new physicians. Third, we raised concerns last year regarding leadership communication and decision making which was addressed by an external consultation reviewing the situation. We were not satisfied with the outcome of those meetings. Finally, what has our recruitment and retention committee done to recruit new physician to South Huron Hospital? There have been zero new additions attributable to this committee. We no longer have any confidence in the leadership of the Huron Health System Board of Directors and the leadership of South Huron Hospital. There continues to be no effort to address physician concerns and priorities related to the delivery of health care at our hospital. We request alternate personnel from these organization meet with us to address our concerns.

In addition, regarding replacing our priority to recruit new physicians and rapidly expand facilities to enable us to maintain care at our current level and with a view to expanding that to cover all persons living in our community, we recommend deferring further work on a Master Plan. A Master Plan does nothing to address the immediate medical needs of the South Huron community. A Master Plan independent of physician involvement and support will be impossible to implement.

Sincerely,

The South Huron Hospital Medical Staff

## PRESIDENT & CEO REPORT

June 2025

### METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			Focusing on recruitment of an OB/GYN to replace Dr. Moore who is retiring April 1, 2026
Master Plan and Functional Plan			Community engagement session on June 11, 2025 to garner feedback and introduce the Master Planning process
Finance			HHS has received the audited financial statements and they present fairly the financial position of the hospital
CT Scanner			Review of business case, architectural drawings and other related paperwork for resubmission to MoH.
MRI Scanner			AMGH has been approved by the MoH to procure the MRI. AMGHF will be launching a capital campaign for this project at the Long Table Dinner on August 24, 2025.

### TOP OF MIND

#### Hospital financial landscape:

- Ongoing collaboration between Ontario Health, the Ministry of Health and the hospital sector
- Enhanced cash flow monitoring with cash advances granted for some hospitals
- The Ministry engaged with Deloitte to better understand hospital financial pressures
- Hospitals remain under significant pressure due to a growing and aging population
- Growing structural deficits due to uncertainty and inflationary pressures have been obscured by one-time funding
- As part of a Plan to Protect Ontario, the government is making available up to \$1.1B in additional hospital funding for 25/26, which includes up to 4% in targeted base funding

### BIG WINS | LEARNING

- HHS new website is now live. Users who visit the previous websites will be redirected to the new website
- The website features a modern and clean look and is a unified platform which will strengthen our brand and showcases our commitment to collaboration with streamline access to information and resources for staff, patients and the community.

## PRESIDENT & CEO SUMMARY

The health system performed with few service reductions over the respiratory season. This was a significant achievement in a challenging environment where we faced sustained pressures driven by one of the most severe flu seasons in the past decade, alongside high hospitalizations for RSV among seniors residing in the community.

In the coming months, OH's goal is to continue to advance quality, access and capacity measures to support patients and overall system optimization, as well as to lay the groundwork for the 2025/26 fall/winter respiratory surge. This operational direction outlines priority actions and targets to guide you in working toward this goal with your Ontario Health region. Priorities include:

- Improving primary care access and attachment as outlined in Ontario's Primary Care Action Plan
- Ensuring people receive the right care in the right place, focusing on keeping people in their homes and communities while also reducing the number of patients designated alternate level of care (ALC)
- Ongoing health human resource (HHR) efforts across the system • Access to mental health and addictions care
- Performance and flow in EDs
- Timely access to surgical care

### ALC reduction:

- Prioritize ALC reduction with a target to maintain ALC throughput >1 (i.e., more patients designated ALC are discharged than newly added).
- Continue to implement Home First Initiative
- Ensure that ALC reporting, coding and data collection is reflective of clinical reality
- Actively monitor key ALC metrics such as ALC volumes and ALC length of stay
- Focus on collaborative discharge planning that follows patient-centered approaches and aligns with standardized assessment practices

### Mental health and addictions service providers:

- Develop referral pathways and refer clients with depression and anxiety-related disorders
- Ensure that your services are included in the development and implementation of mental health and addictions coordinated access
- Submit the Mental Health and Addictions Provincial Data Set to enable improved understanding of need and access

### All Hospitals:

#### Surgery

- Accelerate run rates over the spring/summer months where possible to help offset potential slowdowns in the fall/winter
- Ensure the number of patients waiting beyond clinical access targets for surgeries and procedures ("long waiters") is declining

#### Medical imaging

- Ensure that medical imaging capacity (including CT and MRI) is optimized to help facilitate access and flow
- Expedite imaging for patients in the ED to reduce length of stay

### Hospitals with EDs:

- Improve throughput in the ED to enhance patient outcomes, reduce wait times, and maintain the overall efficiency and sustainability of care services
- Continue to plan ahead to ensure adequate staffing over the summer season, leveraging supports from Ontario Health where appropriate (locum programs, education opportunities)
- Continue to ensure robust surge plans are in place for triage, registration and coordination of flow

Respectfully submitted,

Jimmy Trieu  
President & CEO

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## June Report 2025

### CNE MONTHLY BOARD REPORT

ACKNOWLEDGEMENTS-Thank you to my team and all my managers for being such an excellent, ambitious supportive team! We continue to connect with Marni and she says to say Hello to all. Laurie Hakkers will support Marni's role (thank you thank you) and myself and Brenda will be her back up.

#### FOCU ON SAFE QUALITY PATIENT CARE

Thank you to the staff that are continuing to support the hospitals and each other as it has been quite busy in all areas.

Best Possible Medication History initiative is going very well as we see are percentage of compliance improving.

Significant improvement in patient falls

Mandatory training has been rolled out to the staff . The new CTAS course as new guidelines go into effect June 17<sup>th</sup>. We continue to support the new education.

The Police Hospital Transition has gone live and will support a smooth transition between the hospital staff and OPP when a patient is brought to the hospital.

Hart training continues and is now being offered to the externs as well.

Emergency department continues to be quite busy and experiencing a lot of ER overflows.

New procedural lights were installed in the trauma room and rooms 2,3,4.

#### FOCUS ON OUR PEOPLE AND WORKPLACE

Recruitment of staff both RPN and RN has been very positive hiring in areas eg -ICU, OB, Emergency area

Clinical Externs -very ambitious and driven lots of positive feedback and very well supported and appreciated.

A total of 25 patients were seen at our infusion/transfusion clinic 137 patients in the day surgery area and 379 at the surgical clinic -22- gynecology clinic, 44 in the internal medicine clinic and 10 in the pediatric clinic.

It was nice to see some of our high school students now working as externs

There was a significant call backs in the surgical area and 11 cases added on to the endo of our list. Thank you to all we appreciate all that you are doing.

Pediatric Advanced Life support is now mandatory in the emergency department and the OR. ACLS course are also available.

Staff retention for HHS has been great.

We continue to work on policies and medical directives and MHP is progressing.

Discussions in process around policy regarding pediatric cases in the OR

Vacation planners have been posted for the staff.

Great to see staff continuing their education and requesting to remain at our hospitals in different roles

#### FOCUS ON INCREASING THE VALUE OF OUR HEALTHCARE SYSTEM

ALC-CTC rates remain low significantly improving patient flow.

Volunteer program (friendly Faces) continues to be very successful at South Huron and are on boarding two more volunteers this month

The new 12-20 rotation ongoing we have received good feedback and impacted in a positive way with OT.

Renovations continue on the mental health floor.

We continue to focus on accreditation work plans, quality projects, audits

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

Working with HPHA on Opioid Stewardship for accreditation will be collaborating with HPHA may extend that regionally.

Education provided on reporting abuse and neglect vulnerability, autonomy and Ethics. I am looking to having someone come in to talk about the importance of documentation and the legalities of improper or no documentation.

Successful collaboration with Discovery Week students.

Mental Health Spring Training event was a great success at the white carnation with all partners joining an amazing education day.

Lynn Higgs

Alexandra Marine & General Hospital / South Huron Hospital

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## CFO Report to Board

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**DATE:** June 10, 2025  
**FROM:** Rob Lovecky, Vice President of Finance and CFO  
**TOPIC:** CFO Report to Board of Directors

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### Financial Snapshot (Period 12, FY 2024-25):

- **Total HHS: Fiscal Year 2024-25** audited financial statements show actual hospital operations results of **-\$1,014,351 deficit** compared to a budgeted deficit of **-\$4,413,080**, which equates to a **\$3,398,729 positive variance** to budget.
  - **AMGH: Estimated Operating Deficit of -\$127,196**
  - **SHH: Estimated Operating Deficit of \$-887,155**
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### Finance:

- Year-End 2024-25 processes were completed for both hospitals in May 2025. Audited Financial Statements were reviewed by Audit Committee are being presented to Board on June 12, 2025.
- SHH Foundation has approved majority of 2025-26 capital submissions, yet waiting for CT Scanner funding support. Total capital submissions were \$815,922 including \$195,955 for CT scanner professional design costs.
- AMGH Foundation waiting for final approval of 2025-26 capital submissions total value of \$1,649,918, delayed due to Foundation Board changes. Separate MRI campaign budget approved at \$6.5 million, official campaign to start in Q2 2025.

### ITS:

- SHH – working on replacement for end of life Staff Right time entry and scheduling system. Product Demo expected in June of similar solution used by LHSC that integrates with existing Payroll system. New solution likely to be web/cloud-based.

### Laboratory:

- HHS: Both sites completed a self-assessment for their mid-cycle laboratory accreditation. Action plans were created to ensure compliance with Accreditation Canada Standards. These actions plans were submitted and approved this month. The labs will continue to improve and follow the accreditation standards to successfully complete their on-site Accreditation visit at the end of 2026.
  - HHS: Both sites have started validating their new cellavision analyzer that will automatically read the cell morphology for patient samples that have been identified by our staff for further investigations. Our IHL Pathologists will be able to see our cell morphologies utilizing this analyzer.
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- AMGH: AMGH lab worked with the OR, day surgery and ER to ensure all pathology samples are labelled correctly before being sent to Stratford. In April, AMGH referred out 113 pathology samples to Stratford with 0 returns for corrections. This is part of an IHLP quality improvement plan that has improved turn around times for pathology results.
  - AMGH lab has 3 MLT vacancies with no applicants in 2 months currently. Moving into summer months staff have covered shifts to maintain services. Postings shared with colleges that offer the MLT programs. Job fairs and student opportunities are being evaluated for potential recruitment opportunities for long-term employees.
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### **Diagnostic Imaging:**

- AMGH: DI RFP work continues with target date for evaluation and scoring of each product category (MRI and X-Ray) by end of July 2025, followed by Vendor Demonstrations by end of August 2025, and selection of vendor for each product category (MRI and X-Ray) by October 2025.

### **Patient Relations, Registration, Privacy, and Health Records:**

- AMGH: Successful implementation of Measles Screening tool in Meditech for Registration Clerks. Confirmation from Health Unit that we have an excellent process.
- SHH: Training for Go-Live of OneChart Phase II (OCPII) with:
  - Work Que Management (WQM) for clinical documents received by fax.
  - Advance Capture – Scanning of documents in Health Records
    - Significantly reduces paper record, folders, labels, and paper costs
- SHH: Health Records reported decrease in Transcription volumes since this time last year.
- Jan – April 2024, there were 856 reports transcribed
- Jan – April 2025, there were 285 reports transcribed for decrease of 67%
- Over this period, total line typed decreased by 80%, Total minutes spent transcribing reduced by 77%.
- The fees that we paid to DeliverHealth for the month of January 2024 were \$1,199.56
- The fees that we paid to DeliverHealth for the month of April 2025 were \$162.29



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May 2025  
 Submitted by Heather Klopp

SHHA 2024/25 Q3 2024/25			
Location	Shout Outs	Compliments	Room for Improvements
Emergency Dept	<ul style="list-style-type: none"> <li>• Dr. Ryan</li> <li>• Dr. Kane</li> <li>• Dr.Kelly</li> <li>• Jiju</li> <li>• Charlie Finally was the best and very helpful</li> <li>• Deb Wright, Kayla, Emily W,</li> <li>• Dr. Russelo was absolutely phenomenal. He was able to find out what was wrong and point us to the right specialist.</li> <li>• Brent, Candace, Alicia, Mel</li> <li>• Nurse Sherry and another young woman (I did not get her name) were absolutely wonderful during my seven hour wait. They went above and beyond patient care. I'm extremely thankful for their care and compassion shown.</li> </ul>	<ul style="list-style-type: none"> <li>• Very efficient and courteous</li> <li>• I regret I can't remember names, but I remember the kindness and utmost friendly and encouraging people</li> <li>• Great Nurses</li> <li>• Very clean. Very friendly</li> <li>• It was very fast to be looked after</li> <li>• I was very satisfied. Everyone was great.</li> <li>• Male nurse on duty was very friendly</li> <li>• Everyone was very good to us. Very lovely.</li> <li>• Thank you.</li> <li>• Helpful, efficient and kind</li> <li>• This was my first visit to the hospital. I found everyone friendly, helpful, efficient and kind</li> </ul>	<ul style="list-style-type: none"> <li>• 13 month old was very sick. Doctor on duty needed more compassion</li> <li>• Medications were given without saying what or why.</li> <li>• While I was in pain I was asked the same questions several times. The patient should not have to repeat themselves.</li> </ul>

		<ul style="list-style-type: none"> <li>Each person was kind, proficient, and so helpful to every need. Staff were excellent. They were polite, efficient, compassionate and quick</li> </ul>	
Location	Shout Outs	Compliments	Room for Improvements
Q3 In-Patient SHH	<ul style="list-style-type: none"> <li>Brittany is exceptional. Very personable and knowledgeable.</li> </ul>	<ul style="list-style-type: none"> <li>Very positive experience</li> <li>The staff are great</li> <li>Treated with respect by all nurses and staff very friendly</li> <li>Nursing unit – they are tops</li> </ul>	
Q4 2024/25 SHH			
Location	Shout Outs	Compliments	Room for Improvements
In – Patient	<ul style="list-style-type: none"> <li>Linda Millar</li> <li>Kyle, Jess, Jenn, Matt, Teresa and many more including the kitchen and cleaning staff</li> <li>Cecily was my primary nurse and was always prompt and very kind and helpful and explained everything clearly to me. All nurses were awesome.</li> <li>Julia Rideout</li> </ul>	<ul style="list-style-type: none"> <li>Excellent service, food. Attended to my emotional needs when needed.</li> <li>Physio was great as was social worker and doctors.</li> <li>Staff was efficient, caring and very helpful. I would recommend this hospital very highly.</li> <li>Very caring staff. All very willing to help</li> <li>All staff from cleaning staff, dietitians, nursing and doctors were wonderful. Made me feel reassured and less stressed with my procedure and follow up.</li> <li>Noticed good teamwork among staff. Departments interact well.</li> <li>A great time. Very appreciative</li> </ul>	<ul style="list-style-type: none"> <li>I would like to see the bathroom more accessible</li> <li>Need better communication between staff and family who live a distance away and can't get here. They are 10 hours away for me.</li> </ul>

Location	Shout Outs	Compliments	Room for Improvements
<b>Emergency Dept</b>	<ul style="list-style-type: none"> <li>• Dr. Joseph – very kind</li> <li>• Ishy, Brenda, Valerie.</li> <li>• Kelly in xray</li> </ul>	<ul style="list-style-type: none"> <li>• I did not have a long wait – but they told me it was 2 hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Wait times are way too long. People aren't feeling well and want to get seen ASAP</li> </ul>

## Patient Experience Story for June 2025 MACs.

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

### **Fear of the Unknown**

Family members of patients in distress at our hospitals aren't always able to express their thanks for the work performed on their loved ones. They may seem demanding or assertive, but it could be the way they react to this fearful situation.

The hospital received a letter of gratitude from a very thankful daughter. She needed Dr. Krishna and the ER team who worked on her father to know how deep her gratitude is for the work they did.

She explained how the team worked on him extensively to keep him breathing. When he left AMGH by air ambulance, intubated, she was terrified by not knowing what was going to happen next. She left the hospital to follow her father to London without thinking to thank the doctors and nurses for their unbelievable work.

The next day she knew she had to reach back to thank staff.

When patient relations followed up with her, her father was in ICU in London, the ventilator was out, the delirium was gone, he was speaking and further tests were being performed to get more solid diagnosis.

When thinking about the experience, she felt bad that she had not properly shown her gratitude and wanted the hospital to know that she truly thankful for the work performed by the Team that day – even though she may not have expressed it in the moment.

## INTER-OFFICE MEMORANDUM

**TO:** SHH MAC / HHS Common Board

**FROM:** Dr. Sean Ryan, Dr. Craig McLean

**DATE:** June 12, 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
BHIMANI, Dr. Munsif	RETURNING	Locum-EDLP
FUSS, Jeffrey	RETURNING	Locum-EDLP
SAIF, Meywish	NEW	Locum-Hospitalist
VERRAICH, Dr. Ranbir	NEW	Locum-EDLP