

Comm	ittee: Medical Advisory Committee	Medical Advisory Committee						
Date:	April 13 th , 2023	Time:	8:00am-9:27am					
Chair:	Dr. Mark Nelham	Dr. Mark Nelham Recorder: Alana Ross						
Presen	nt: Dr. Bueno, Dr. Joseph, Heather Klo Adrianna Walker	Dr. Bueno, Dr. Joseph, Heather Klopp, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Matt Trovato, Adrianna Walker						
Regret	ts:							
Absent								
Guests	s: Tracey Snell, Heather Zrini							
1	Call to Order / Welcome							
1.1	Dr. Nelham welcomed everyone and	called the meeting to or	der at 8:00am					
2	Guest Discussion							
2.1	Jessica's House-Referral Process & Recen	t Changes:						
	• Tracey Snell, Jessica's House joined u	is to discuss provision of	MAID at the hospice facility; Julie Campbell					
	(NP) and Dr. E. Thomas are both avai	-						
		s has been discussed in tl	he news, however, it is not being advertised					
		as such						
	Jessica's House is planning to: Offer the community education	tional opportunitios to di	issues death and of life and advanced care					
	planning;	 Offer the community educational opportunities to discuss death, end-of-life and advanced care planning; 						
		at Jessica's House is avail	able for all suffering an end-of-life situation,					
	not just cancer patients; and							
	 To adjust the model of care to include referrals for MAID, as needed 							
	Funding not affected to date							
	Currently two empty beds; however, support is not necessarily available at home with the current strain of healthcare							
	• Patients are coming to Jessica's House for hospice services from local areas, Strathroy, Lucan, Ilderton, and							
	as faraway as Toronto							
3	Approvals and Updates							
3.1	Previous Minutes							
	Approval / Changes							
	o None							
	MOVED AND DULY SECONDED							
	MOVED AND DOLT SECONDED MOTION: To accept the March 2 nd , 2023 MAC minutes. CARRIED.							
4	Business Arising from Minutes		-					
4.1	<u>CT Scanner:</u>							
	An agreement has been secured from the SHHA Foundation to support the purchase, installation and							
	operating costs of a new CT Scanner; Business Case is under way							
	• SHHA Foundation is to provide letters to the Ministry, next month, to show funding source; and Ministry							
	has one year to review the Business Case upon receipt							
	 SHHA will be starting a facility-wide electrical project over the next 2 months, which is a 2-year process and is required to be able to support the installation of a CT Scanner; the CT scanner project will not start before 2 years 							
	 before 2 years Reviewed space with architects; fluoroscopy room is likely where the CT scanner will go, however, 2 more rooms are required in the ER 							
	Professional Staff By-Laws:							
4.2								

		attendees; changes were accepted as discussed and the final draft will come to MAC in May for				
	recommendation to the Board in June for final approval					
	MOVED:	Dr. Mark Nelham				
	-					
	SECONDED: Dr. Sean Ryan MOTION: To accept the changes to the Professional Staff By-Laws as presented by Dr. Nelho					
	Action:	To accept the changes to the Projessiona	By whom / when:			
		ate changes as discussed and forward	 Changes made through Stevie; Today 			
		ft of Professional Staff By-Laws to MAC in				
		recommendation to the Board in June				
4.3	HyperCare:					
	 List of physicians has been submitted; licensing and agreements with HyperCare and OHT are pending 					
4.4		& Retention Committee and Community Er				
			ntion and Community Engagement are looking for SHHA			
		n membership:				
	, 0	-	in place to provide advice and education to inform the			
			ning processes to achieve sustainable health care			
		services				
	0	The Recruitment & Retention Committee is	s in place to identify, recommend, develop and			
		implement strategies to make AMGH a rec	ruitment destination and to achieve a sustainable			
		clinical community				
	Action:		<u>By whom / when:</u>			
	 If you ar 	e interested in participating in one or	All; Ongoing			
	both of t	the above committees, please contact				
	<u>alana.ro</u>	ss@amgh.ca or jimmy.trieu@amgh.ca				
4.5	Hospitalist Fu	Hospitalist Funding Update:				
	OH, OMA and OHA are jointly developing a survey as they understand the pressures in rural healthcare and					
	the need for a hospitalist model; survey is anticipated to be available by the end of April					
	 The survey will be used to determine the scale of the issue across the region; it is unknown what 					
	the outcome will be at this point					
	Both hospitals have received HSAA (Hospital Sector Accountability Agreement), which is the funding					
	agreement between Hospitals and the Ministry; this agreement is normally refreshed every three years,					
	however, it has only rolled over for the last 10 years due to change in government and subsequent					
	pandemic					
	 Base funding has not changed for Hospitals across Ontario and COO is working with COOs and 					
	CFOs from across the region and province to advocate together for more funding to meet					
	 healthcare needs As outlined in the HSAAs, when hospitals providers are unable to provide services as established in 					
	 As outlined in the HSAAs, when hospitals providers are unable to provide services as established in their HSAA, their funding is supposed to be reallocated to the healthcare centres that continue to 					
	provide care; a plus for AMGH & SHHA Emergency Departments is that they have remained open					
	throughout the pandemic					
5	Medical Staff Reports					
5.1						
5.1	 <u>Chart Audit Review:</u> Working on streamlining this process; nothing to report at this time 					
	-					
5.2		Death Audit Review:				
	Working on streamlining this process; nothing to report at this time					
5.3	Infection Control:					
	Working at dropping mandatory masking in non-direct patient settings within 2 weeks; healthcare					
	providers working directly with patients will still require masking until further notice					
5.4	Emergency:	Emergency:				
	Funding Issues / Summer Schedule					
L						

	 Temporary Locum funding in place over the last 10 months expired as of Mar 31st, and it is unknown if there are any plans in place to extend the funding; Ontario Health ED Lead and the Ministry head of the program have been strongly advocating for an extension ED schedule is full till the end of April, and almost to the end of May; however there are still a number of shifts open during the summer months Physicians are concerned for workload level, which is causing burnout and fatigue US Guided IV Starts / Equipment Needs Discussed new IV products, i.e., different lengths and gauges, that are available, and what has already been ordered Recommendation made to invest in an US machine just for US Guided IV starts; Dr. Ryan will put 				
	 a request for funding Adriana will be meeting with EMS tomorrow to discuss transporting patients needing, i.e., CT, to facilities 				
	that cannot provide the test/procedure; EMS transports patients depending on CTAS level				
	Action: By whom / when:				
	 Forward 'Funding Issues / Summer Schedule' to next Agenda Ross; May 				
	Request for funding for a new US machine Dr. Ryan; This week				
	Contact Kathy to determine what gauges are Walker; This week				
	available				
5.5	 <u>Pharmacy & Therapeutics:</u> Adriana will be forwarding an invite for all physicians to participate in full course or recertification for ACLS (June 1st) and PALS (tentative June 2nd) 				
	 In-service for travel bed training is scheduled for April 27th; link to video has been shared Old bed is at end-of-life; physicians would like to keep it as backup New bed supports BiPAP and adjustable ventilation rate 				
	 Quality Indicator being tracked and submitted to Ministry is Physicians Initial Assessment Times in the ER; requires better data for tracking Tracking time starts when patients physically register after triage; physicians are encouraged to assign their name to the patient as they see the patient, as delaying this step skews the data collected CTAS 1s are to be seen in less than 5min 100% of the time – this is done however it may not show on the EMR 				
	 CTAS 2 are to be seen in less than 15min 80% of the time 				
	 CTAS 3 are to be seen in less than 30min 75% of the time 				
	 CTAS 4 are to be seen in less than 60min 70% of the time 				
	 CTAS 5 are to be seen in less than 120min 70% of the time 				
	 A Community Care Education Session will be available virtually to outline services offered to patients; May 17th & 18th 				
	• Electronic Clinical Documentation for the Inpatients Unit is expected to be LIVE for Nursing staff mid-May; look for information from Shari				
	• Other sites are piloting 'Dragon' dictation system with an App that acts as a microphone; it integrates with Cerner				
	New 'Short Stay Record' and 'Blood Transfusion Protocol' with Lab 'Consent for Transfusion' forms are being sent out				
	 Includes Iron Infusions, Blood Transfusions and Phlebotomy on one sheet and reorganization of the Blood Transfusion Protocol to support CPOE ordering 				
	 If you have a patient in ER that requires transfusion then you can put in orders in a planned state, the patient comes in next day and the nurse initiates the plan; Outpatient process differs slightly, as the nurse orders the power plan; orders can be signed when doc is in payt 				
	 as the nurse orders the power plan; orders can be signed when doc is in next Physician had difficulty printing cross-match labels for a requisition; couldn't activate one piece of the plan without activating the whole plan and had to go back and order units separately 				
F	Action: By whom / when:				
	Forward ACLS and PALS invite to all SHHA Walker/Ross; Apr 13				
	physicians				

	Review label printin plans	unity Care Education Session g process for the transfusion	Walker; TodayWalker; This week			
		AND DULY SECONDED To approve the Medical Staff Reports as presented for the April 13 th , 2023 MAC Meeting. CARRIED.				
6	Other Reports	weuldu Stujj Keports us pres	ented for the April 15 , 2025 MAC Meeting. CARRIED.			
6.1	-					
0.1	 <u>Chief of Staff:</u> Reviewed By-Laws under 4.2 Encourages all physicians to attend and support the upcoming SHHA Gala; goal is expansion on the clinic Utilized Peer-to-Peer, it's very easy and fast to use-recommended; better than Criti-Call 					
6.2	 <u>Lead Hospitalist:</u> Concern for holes remaining in the schedule for May and after; April is ok at this point Encourages all to review the schedule and pick one or two days to cover, if not able to cover a stretch 					
6.3	 President & CEO Report: Funding situation discussed previously Pandemic surge beds have been closed, and current bed situation is at 19; the physical beds remain in place in case of emergency, however, without funding they cannot be staffed regularly, and this will prevent repatriation from other hospitals Staffing compliment is normal at this time and can support a cap of 19 beds CNE will be back Mondays / Wednesdays / Fridays for foreseeable future; schedule shared in email 					
6.4	Patient Experience Story: • Review of patient feedback; mostly positive					
	MOVED AND DULY SECONDED					
7		Other Reports as presented for	r the April 13 th , 2023 MAC Meeting. CARRIED			
7.1	New Business Credentialing: New Appointments & Reapplications: • Credentialing and Reappointment list circulated MOVED: Dr. Mark Nelham					
	SECONDED: Dr. Sean Ryan <u>MOTION: To approve the credentialing and reappointments list, as circulated on April 13th, 2023. CARRIED.</u>					
8	Education / FYI					
8.1	 Invites to re-apply for privileges for the 2023-2024 year have been sent out-please complete If you receive your flu shot outside of SHHA, please forward proof to <u>alana.ross@amgh.ca</u> 					
9	Adjournment / Next Mo		Regrets to <u>alana.ross@amgh.ca</u>			
	Date	Time	Location			
	May 11 th , 2023 Motion to Adjourn Mee	8:00am	WebEx			
	<u>MOVED AND DULY SECONDED</u> MOTION: To adjourn the April 13 th , 2023 meeting at 9:27am. CARRIED.					
Signat	ure					
d.	Rent Contract					
	lham, Committee Chair					