


MINUTES

Committee:	Medical Advisory Committee		
Date:	April 11, 2024	Time:	8:06am-9:30am
Chair:	Dr. Sean Ryan	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Chan, Dr. Joseph, Dr. Kelly, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Lynn Higgs, Heather Klopp, Jimmy Trieu, Adriana Walker		
Regrets:	Shane Dejong		
Guests:	Shari Sherwood (Quality), Aileen Knip (Board Representative)		
1	Call to Order / Welcome		
1.1	<ul style="list-style-type: none">Dr. Ryan welcomed everyone and called the meeting to order at 8:06am		
2	Guest Discussion		
3	Approvals and Updates		
3.1	<u>Previous Minutes</u> <ul style="list-style-type: none">Approval / Changes<ul style="list-style-type: none">None <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the March 7, 2024 MAC minutes. CARRIED.</u></p>		
4	Business Arising from Minutes		
5	Medical Staff Reports		
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none">No discussion		
5.2	<u>Infection Control:</u> <ul style="list-style-type: none">No discussion		
5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none">Will be reviewing blood culture ordering<ul style="list-style-type: none">All physicians must ensure that cultures are drawn or make a note as to why they were not drawn; process is moving along wellCultures should be inputted prior to ordering antibioticsOrdering a pair of blood cultures requires different time stamps; the process is slightly different between the ED and inpatients, and the ED process is easier; in the inpatients side:<ul style="list-style-type: none">Use ALL CAPSPick specimen; you can highlight both and do it in one drop, however, you have to go into the time for one of them and move it up by one minute<ul style="list-style-type: none">List only shows the accessible ordersSign the orderThree c.Diff cases in the past month; one was transferred to London and one was treated at SHH with oral vancomycin; one was an outpatient<ul style="list-style-type: none">Discussed need for more in-depth tracking of follow upA symptomatic/positive patient is an automatic Public Health contactASP is considering tracking urinary infections, specifically those inappropriately treated, due to the large number of cultures drawn; this is not expected to incur a significant costClinical Pathways Model will be brought to MAC in May; Dr. OndrejickaCommunity Acquired Pneumonia; Dr. Mekhaiel		
5.4	<u>Pharmacy & Therapeutics:</u> <ul style="list-style-type: none">As of Jan/Feb, the Lexicomp subscription and mobile access via LexiDrug app went to a regional purchase, and London is no longer paying for it<ul style="list-style-type: none">The mobile app does work well on cell phones		

5.5	<u>Lab Liaison:</u> <ul style="list-style-type: none"> Next meeting scheduled in Jun 	
5.6	<u>Recruitment and Retention Committee:</u> <ul style="list-style-type: none"> Next meeting scheduled for May 7 	
5.7	<u>Quality Assurance Committee:</u> <ul style="list-style-type: none"> F2425 QIP finalized; posted in SHH website and a hard copy will be posted in the cafeteria by next week 	
	<i>MOVED AND DULY SECONDED</i> <i>MOTION: To approve the Medical Staff Reports as presented for the April 11, 2024 MAC Meeting. CARRIED.</i>	
6	Other Reports	
6.1	<u>Lead Hospitalist:</u> <ul style="list-style-type: none"> No discussion 	
6.2	<u>Emergency:</u> <ul style="list-style-type: none"> No discussion 	
6.3	<u>Chief of Staff:</u> <ul style="list-style-type: none"> Received an Expression of Interest from an Allergist based out of Kitchener-Waterloo <ul style="list-style-type: none"> Interested in providing a penicillin allergy clinic at SHH; number of visits per month is unknown at this time May be of interest as the wait times for this clinic in London are long Preliminary ED schedule has been developed and posted; Apr is covered, however, there are uncovered shifts in May, Jun, Jul and Aug <ul style="list-style-type: none"> There are also some open Hospitalist shifts Anticipating that EDLP will cover at least some of these shifts, however, all physicians are encouraged to take a look and cover what they can 	
	<u>Action:</u> <ul style="list-style-type: none"> Email physicians to set up discussion 	<u>By whom / when:</u> <ul style="list-style-type: none"> Klopp; Apr
6.4	<u>President & CEO:</u> <ul style="list-style-type: none"> Welcome to Lynn Higgs, Interim VP, Clinical / CNE Stress Testing is being discontinued at SHH as of Jun; referrals have been declining News received regarding 2.8% funding increase (\$112,000) for SHH HOCC HPA-OHT Accreditation scheduled for Apr 22-26; Medical Staff are invited to participate as available <ul style="list-style-type: none"> Includes 10 organizations, i.e., hospitals, FHTs, LTC homes, etc. Anticipating discussion / questions regarding ED medication reconciliation, review of items we missed in previous accreditations, i.e., chest pain, falls, etc., and how we work with our community partners; are we meeting the Required Organizational Practices (ROPs) Concern noted that OHT did not back the significant need for a FHT in SHH CEO reached out to Ministry regarding the CT Scanner; project is still under review Ministry is providing webinars on integrated health facilities Received \$150K for P4R ED services; looking for creative solutions to keep the ED open CEO has requested a meeting with OH for discussion of potential summer closures; COS and Chief of ED are invited to participate 	
6.5	<u>CNE:</u> <ul style="list-style-type: none"> Appreciation extended for the support received 	
6.6	<u>COO:</u> <ul style="list-style-type: none"> QIP submission to HQO has been completed; reviewed the five indicators <ul style="list-style-type: none"> ED LOS (based on arrival time until patient leaves ED, including patients that are admitted but held in ED for 24hrs) <ul style="list-style-type: none"> Target is being met at this time for both facilities, however, this may change if the EDs experience closures over the summer No set standards received for small volume hospitals yet Working on understanding numbers that affect our LOS so they can be optimized Staff completion of Equity and Inclusion training; currently not available to the physicians due to the system 	

	<ul style="list-style-type: none">○ Education of nursing staff related to management of Sickle Cell Disease; based on changes in immigration patterns○ Increase number of Patient Experience Surveys by a minimum of 50%; tied to P4R funding<ul style="list-style-type: none">▪ Patient Experience Survey has been modified to align with the Ministry 'short survey'▪ Surveys are available on the patient entertainment systems; click environment○ Education of nursing staff related to delirium and confusion assessments method (CAM); interventions to reduce the impact of delirium; Ontario health related indicator<ul style="list-style-type: none">▪ Assessment will appear on the patient chart under assessments and interventions● Hospitals anticipating on receiving 4% to base funding, i.e., about \$400K for SHH; still does not address the shortage related to Bill 124<ul style="list-style-type: none">○ Government has announced some extra funding; waiting for more information○ F2425 projection is a \$6.5M total deficit divided between AMGH & SHH; Board is aware<ul style="list-style-type: none">▪ Based on impact of Bill 124, supplies, contracts, and staffing related to increased volumes▪ Hospitals continue to be structurally underfunded, putting them further away from balanced budgets due to annual increases in CPI and inflation, etc.○ Ministry does not require the hospital or Board to approve a budget, but we do have to complete quarterly reporting				
	Action: <ul style="list-style-type: none">● Contact S. Sherwood if you are interested in completing the Equity and Inclusion training		By whom / when: <ul style="list-style-type: none">● All; As needed		
6.7	Patient Relations: <ul style="list-style-type: none">● Shared patient story received in AMGH, but is relevant to all hospitals; involves the positive impact of introducing ourselves to our patients● Reviewed proper collection of urine samples; sometimes difficult to get the specified millilitres				
	<u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Other Reports as presented for the April 11, 2024 MAC Meeting. CARRIED.</u>				
7	New Business				
7.1	Credentialing: New Appointments & Reapplications: <ul style="list-style-type: none">● 2024-04-11-Report to MAC-Credentials circulated <u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the Credentialing Report of April 11, 2024 as presented, and recommend to the Board for Final Approval. CARRIED.</u>				
8	Education / FYI				
8.1	Sessions Available: <ul style="list-style-type: none">● Dates have been sent via email for:<ul style="list-style-type: none">○ Panda Warmer training scheduled for Apr 18○ ACLS (May 21) and PALS (Jun 26) recertification courses available○ Full ACLS (May 22 / Jun 25) and PALS available● ATLS available through LHSC● IO In-service available; contact● Discussed nebulizers and BiPap machines; machines have been ordered from the capital list<ul style="list-style-type: none">○ Will be receiving a battery pack as well; for transfer purposes <div>Recording and transcription stopped at 9:03am</div>				
9	Education / FYI				
9.1	Move into In-Camera <ul style="list-style-type: none">● Human Resources	COS	Motion		
	<u>MOVED AND DULY SECONDED</u> <u>MOTION: To move into in-camera at 9:03pm. CARRIED.</u>				
	Move out of In-Camera	COS	Motion		
	<u>MOVED AND DULY SECONDED</u> <u>MOTION: To move out of in-camera at 9:30pm. CARRIED.</u>				
10	Adjournment / Next Meeting <div>Regrets to alana.ross@amgh.ca</div>				

	Date	Time	Location
	May 9, 2024	8:00am	Boardroom B110 / MS Teams
	<u>Motion to Adjourn Meeting</u> <u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the April 11, 2024 meeting at 9:30am. CARRIED.</u>		
Signature			
			
<hr/> Dr. Ryan, Committee Chair			