


MINUTES

Committee:	Medical Advisory Committee-Revised		
Date:	September 12, 2024	Time:	8:05am-9:26am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Chan, Dr. Kelly, Dr. Lam, Dr. McLean, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Lynn Higgs, Heather Klopp, Jimmy Trieu, Adriana Walker		
Guests:	Shari Sherwood		
1	Call to Order / Welcome		
1.1	<ul style="list-style-type: none"> Dr. Ryan welcomed everyone and called the meeting to order at 8:05am <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		
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 June 16, 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"> In process of creating a committee that will be moving paper charting to electronic medical records <ul style="list-style-type: none"> Ad Hoc meeting scheduled for Sep 18 to review targets, with expectations of having a functioning group in place by the beginning of 2025 Electronic records will allow meetings to be moved to a quarterly basis 		
5.2	<u>Infection Control:</u> <ul style="list-style-type: none"> New IPAC Coordinator is Amber Brodie <ul style="list-style-type: none"> Last Hand Hygiene audit was 87% compliance All of our hand sanitizer units have been inspected and meet with Public Health guidelines One incident noted where an MRSA positive patient was placed in a semi-private room with a non-MRSA patient; this has been reviewed 		
5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> Meeting held last month, and another meeting scheduled for Sep, next week <ul style="list-style-type: none"> 2024-08-UTI Clinical Pathway Algorithm, circulated and reviewed; per MAC, this model will now be considered the standard algorithm <ul style="list-style-type: none"> Appreciation extended to Dr. Ondrejicka for her work on this document An STI algorithm is scheduled for Oct, and a cDiff algorithm is scheduled for Nov <ul style="list-style-type: none"> Two cDiff cases were recently transferred to SHH from London 		
5.4	<u>Pharmacy & Therapeutics:</u> <ul style="list-style-type: none"> No discussion 		
5.5	<u>Lab Liaison:</u> <ul style="list-style-type: none"> Meeting held on Jun 25 <ul style="list-style-type: none"> Dr. Chris Tran is the new Director, Laboratory Main discussion was related to Massive Transfusion Protocol; still working on a specific process and anticipating that there will be a training model for physicians on the website by Nov 		

	<ul style="list-style-type: none"> ▪ Guidelines have recently changed, which has prompted changes to the draft policy <ul style="list-style-type: none"> – Policy outlines that SHH has 4 units and how to move it from the Lab to the ED ▪ Tranexamic Acid (TXA); dosing is different per situation, i.e., hemorrhaging from childbirth vs trauma case ▪ Compared ACS pathways to LHSC policy and made more specific to SHH; order sets have been updated
5.6	<p><u>Recruitment and Retention Committee:</u></p> <ul style="list-style-type: none"> • Meeting held on Sep 3 <ul style="list-style-type: none"> ○ Discussion was mainly around financial incentives to attract physicians ○ Town of Goderich is not supportive of monetary incentives at this time; if we were to offer a \$100K signing bonus, it would be supported solely by the hospital ○ Looking for the right physician complement to our hospitals and trying to avoid competition ○ One issue that has been noted is that there are physicians going from town-to-town to collect these incentives, rather than being invested in the location <ul style="list-style-type: none"> ▪ AMGH approved one signing bonus last year, and that physician has yet to start ○ HHS would prefer to determine if a physician is a good fit and is committed to the area first, before discussing tailored, individual incentives
5.7	<p><u>Quality Assurance Committee:</u></p> <ul style="list-style-type: none"> • No discussion
	<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Medical Staff Reports as presented for the September 12, 2024 MAC Meeting.</u> <u>CARRIED.</u></p>
6	Other Reports
6.1	<p><u>Lead Hospitalist:</u></p> <ul style="list-style-type: none"> • Shift coverage was managed well; some supplementary funding received <ul style="list-style-type: none"> ○ Thank you to the medical staff who have worked so hard to keep the hospital open • No further information has been received in regards to burden-based funding
6.2	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> • Temporary Locum Funding has been extended to Mar 31; very helpful <ul style="list-style-type: none"> ○ This temporary funding has now been in place for 3½ years, and it is hoped that it will be moved to permanent base funding; this will require negotiations • Dr. McLean has shared the ED schedule with Dr. Jason Lam and Dr. David Morden, who have been picking up EDLP shifts, and will continue to do so; great support
6.3	<p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> • 2024-09-Monthly Report-COS, circulated <ul style="list-style-type: none"> ○ Temporary Locum Funding extension; positive news • CEO, with Dr. Osman, Radiologist, has submitted a 2nd CT Scanner application under a separate stream of funding, i.e., Independent Health Centre funding; expecting a response in the Fall <ul style="list-style-type: none"> ○ The 1st application was submitted to Ministry in Feb; CEO has requested a response, however, the application is still under review ○ The difference in the applications is the where the actual location of the CT Scanner will be, i.e., in the Hospital vs the new Medical Centre; it will depend on approval of an application and timing • Working with the Foundation on plans for the new Medical Centre; progress is happening and positive news is expected soon <ul style="list-style-type: none"> ○ Logistics planning continues • Developing a Nurse Practitioner Program for assistance in the FHT; applied for funding, but did not receive it; hiring an NP is still under way • Developing a Penicillin Allergy Clinic; applications from the Allergist and his NP wife / assistant are still pending • HHS Summits scheduled for Sep 23 (Goderich Comfort Inn 6-8pm) & 24 (Exeter Legion 6-8pm); the summits are the same, but staff can attend either one based on their availability • Paediatric Day Conference scheduled for Oct 23; email shared

6.4	<p><u>President & CEO:</u></p> <ul style="list-style-type: none"> • 2024-09-Monthly Report-CEO, circulated • CEO expressed sincere gratitude to the physicians and staff for their hard work in keeping the ED open over the summer • A call was held with LHSC / St. Joe's last week; due to stipends that are available across various hospitals, they are expecting up to 1,000 uncovered shifts between Nov and Jan <ul style="list-style-type: none"> ◦ Discussed issues with the current HFO environment • Congratulations to Lynn Higgs, who has accepted the VP, Clinical Services / CNE position • Congratulations to Robert Lovecky, who has accepted the VP, Finance & Chief Financial Officer (CFO) position; starting Sep 18 • HHS Summit scheduled for discussion with staff and physician around direction of HHS <ul style="list-style-type: none"> ◦ Appreciation extended to those who completed the surveys and attended the focus groups • Discussed surgical capacity at AMGH; three surgeons now available <ul style="list-style-type: none"> ◦ Although manpower has improved over a few years ago, some closures are still happening based on unavailability of nursing and/or anaesthesia ◦ There are two nurses in OR training ◦ Anaesthesia had dropped to 80% coverage; in the meantime we have credentialed another anaesthetist who is currently providing locum coverage and is working on relocating to the Goderich area and working full time at AMGH • CT partnership is improving between AMGH / SHH; prioritize CT scans through AMGH going forward, where possible, however, there are still extra steps based on Radiologist approval requirements <ul style="list-style-type: none"> ◦ Manager of MI is working on extending FTE hours for more appropriate on-site coverage rather than on-call ◦ Working with LXA in regards to urgency of having CT scans read 		
6.5	<p><u>CNE:</u></p> <ul style="list-style-type: none"> • Congratulations to Amber Brodie, who has accepted the IPAC position • Working with Adriana on policy development and update • Working with Trillium Gift of Life Network (TGLN) <ul style="list-style-type: none"> ◦ Hospital has signed an agreement for ocular recovery; CNE has met with Coordinator to develop policy ◦ Training for nurses will be held in Nov, with a 'go live' date in Dec • Medavie is a new program to Huron Perth as of Sep 9 <ul style="list-style-type: none"> ◦ If a patient does not need to be admitted to the mental health unit, Medavie can be contacted to provide safe transportation home or one-time crisis therapy for the patient <ul style="list-style-type: none"> ▪ Medavie will be providing an in-service on Sep 13; CNE has asked them to provide information that can be shared via email ▪ Unfortunately at this time, the service is not 24/7 due to difficulty in staffing ▪ Hours are currently 8:30am-4:30pm, Monday to Friday • Working with the Tanner Steffler Foundation, which is a youth specific crisis response team in Huron Perth <ul style="list-style-type: none"> ◦ Meeting scheduled for this evening ◦ Sponsorship is for three years, and covers ages 12-29 ◦ Working with OPP as well ◦ This is different from the Mobile Crisis Response Team for Huron Perth, which is for adult crisis • Working on proactively recruiting to cover anticipated Mat LOAs • Meribeth Vlemmix scheduling power shut downs and will provide related information <table border="1" data-bbox="240 1644 1481 1745"> <tr> <td data-bbox="240 1644 857 1745"> <p><u>Action:</u></p> <ul style="list-style-type: none"> • Provide information / policy regarding crisis programs for staff </td><td data-bbox="857 1644 1481 1745"> <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • CNE; Oct / Nov </td></tr> </table>	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Provide information / policy regarding crisis programs for staff 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • CNE; Oct / Nov
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6.6	<p><u>Operations (CFO):</u></p> <ul style="list-style-type: none"> • 4% or \$777K base funding received from Ministry • \$170K SRN base funding received • \$230K received in support of Bill 124; still short \$1.1M • Currently projecting \$2.2M deficit for F2425, inclusive of \$1.1M outstanding for Bill 124 • Non-urgent patient transfers are now over budget by \$20K and rising; approximately $\frac{2}{3}$ related to CTs 		

	<ul style="list-style-type: none">○ Physicians continue to try to have a friend or relative provide transportation, and don't use non-urgent patient transfer unless absolutely necessary○ This cost will be reduced significantly, once the SHH CT scanner is in place						
6.7	<p><u>Patient Relations:</u></p> <ul style="list-style-type: none">• 2024-09-Monthly Report-Patient Relations, circulated<ul style="list-style-type: none">○ Reviewed a very positive patient story that included both SHH & AMGH• <i>Dr. Jadd</i> is starting up a walk-in clinic on Monday evenings as of Oct 1; bookings will be scheduled via <i>Dr. Jadd's</i> office or online<ul style="list-style-type: none">○ Physicians who have at least 50% online bookings receive full reimbursement; new physicians to the program will receive half reimbursement this year						
	<p><u>MOVED AND DULY SECONDED</u></p> <p><u>MOTION: To approve the Other Reports as presented for the September 12, 2024 MAC Meeting. CARRIED.</u></p>						
7	<p>New Business</p>						
7.1	<p><u>Credentialing: New Appointments & Reapplications:</u></p> <ul style="list-style-type: none">• 2024-09-12-Credentials Report, circulated <p><u>MOVED AND DULY SECONDED</u></p> <p><u>MOTION: To accept the Credentials Report of September 12, 2024 as presented, and recommend to the Board for Final Approval.</u></p>						
7.2	<p><u>Discovery Week:</u></p> <ul style="list-style-type: none">• 2024 DW Video, circulated and played• 2024 Discovery Week Review, circulated and reviewed• 2025 Jun2-5 (Mon-Thu)<ul style="list-style-type: none">○ Overall, students were interested in learning more about rural medicine						
8	<p>Education / FYI</p>						
8.1	<p><u>Education :</u></p> <ul style="list-style-type: none">• NRP training Sep 27, Oct 1, Oct 11 and Oct 17; courses are 4-5hrs, so looking for four trainees per course• Soft restraints now available per conversation in Jun; physician order required• BiPAP masks have been switched out due to issues• Physician had difficulty finding the Glidescope stylet as it may have been considered disposable and thrown out; had to shape own• VOYCE interpretation service is now available; professional and healthcare oriented; works well• Discussed ED storage space; current space will be renovated for U/S in Sep• Discussed the Baycrest Virtual Behavioural Medicine Consultation Program in partnership with University Health Networks Toronto Rehab Institute for dementia patients with significant physical behaviours; pharmacological approach• Neonatal resuscitation equipment has been reviewed and reorganized; equipment available in both regular and OB crash carts• ED P4R is live; province is making funding available to small volume hospitals<ul style="list-style-type: none">○ Small hospitals must be compliant of requirements around wait times and data must be submitted○ Clerks are capturing physician initial assessment times, 'Left Without Being Seen' and 'Left Against Medical Advice'• Starting next year, will be tracking patients that come to the ED as return visits after being seen here or somewhere else and are admitted; tracking is quarterly• Audit committee to have a plan in place by Mar 31st for tracking of certain diagnoses, i.e., cardiac ACS, stroke and paediatric sepsis <table><tr><td><p><u>Action:</u></p><ul style="list-style-type: none">• Order new stylet</td><td><p><u>By whom / when:</u></p><ul style="list-style-type: none">• Walker; This week</td></tr></table>	<p><u>Action:</u></p> <ul style="list-style-type: none">• Order new stylet	<p><u>By whom / when:</u></p> <ul style="list-style-type: none">• Walker; This week				
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9	<p>In-Camera Session</p>						
10	<p>Adjournment / Next Meeting</p> <p>Regrets to alana.ross@amgh.ca</p> <table><tr><td>Date</td><td>Time</td><td>Location</td></tr><tr><td>October 10, 2024</td><td>8:00am</td><td>Boardroom B110 / MS Teams</td></tr></table> <p>Motion to Adjourn Meeting</p>	Date	Time	Location	October 10, 2024	8:00am	Boardroom B110 / MS Teams
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October 10, 2024	8:00am	Boardroom B110 / MS Teams					

	<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the September 12, 2024 meeting at 9:26am. CARRIED.</u></p>
Signature	
 _____ Dr. Sean Ryan, Committee Chair	