

MINUTES


Committee:	Medical Advisory Committee		
Date:	December 12, 2024	Time:	8:05am-9:22am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Chan, Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. McLean, 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), Tim Brown (Lab Manager)		
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 / Education Session		
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 <u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the November 14, 2024 MAC minutes. CARRIED.</u>		
4	Business Arising from Minutes		
5	Medical Staff Reports		
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none">SHHA Hospital Clinical Chart Audit Committee Terms of Reference (TOR) DRAFT v2, circulated and discussed<ul style="list-style-type: none">The Chart Audit committee, as it is, is paper-based, and not properly functional anymore with charting moving to digital formatThe Clinical Chart Audit Committee has been developed to assume the chart auditing process in a digital environment, TOR for review and recommendation; reporting will be quarterly<ul style="list-style-type: none">Reviewed membershipStill working on process regarding identification of the P4RED stats, which includes physicians who were involved in the case; to be added to the TOR<ul style="list-style-type: none">Identification of the physicians who will be reviewing the charts TBDInitial plan to be approved by Board and submitted to HQO prior to Mar 31, 2025<ul style="list-style-type: none">The audit will include approximately 10 markers on 20 charts, post Ministry screening1st set of data arrives in July 2025Physicians concerned regarding additional workloadEnsuring appropriate accreditation ROPs are included <u>MOVED AND DULY SECONDED</u> <u>MOTION: MAC accepts the SHH Hospital Clinical Chart Audit Committee Terms of Reference and recommends to the HHS Common Board that this committee be formed. CARRIED.</u>		
<u>Action:</u> <ul style="list-style-type: none">Forward recommendation to HHS Common BoardAdd P4RED underneath ED RVQP in the TORBring RVQP / P4RED process back to MAC		<u>By whom / when:</u> <ul style="list-style-type: none">Ryan; Dec 12Sherwood; TodayNelham / Sherwood; Feb 2025	
5.2	<u>Infection Control:</u> <ul style="list-style-type: none">Influenza and COVID vaccines are available to staff, physicians and Board at SHH;<ul style="list-style-type: none">Contact amber.brodie@amgh.ca to book an appointment		

5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> STI guidelines will be circulated to MAC in Jan 2025 	
5.4	<u>Pharmacy & Therapeutics:</u> <ul style="list-style-type: none"> New Pyxis equipment has been signed for Reviewed an RL6 incident report <ul style="list-style-type: none"> Patient transferred from London to SHH; patient was supposed to be on antibiotics, however, it they were not administered and not discovered for a few days Accepting physician must ensure that transferring physician has signed the orders prior to accepting facility-to-facility transfer Currently working on a nomogram for Ketamine infusions 	
5.5	<u>Lab Liaison:</u> <ul style="list-style-type: none"> Next meeting scheduled in Jan 2025 <ul style="list-style-type: none"> Significant Lab delays have been noticed over the last few weeks, which have impacted timely results getting to the ED; samples have had to be transferred to other facilities <ul style="list-style-type: none"> Creates difficulty in moving patients through the ED Issues with two main analyzers, i.e., complete blood counts and chemistry testing <ul style="list-style-type: none"> One analyzer is very old and its takes longer to ensure quality results, i.e., via peripheral blood smear, which adds to turnaround time Working with the vendor regarding the Chemistry analysis; there have been issues noted with the internal optical system, which is the primary piece, and with the buffer pump <ul style="list-style-type: none"> Issues are IHLP-wide, and have been approached at a higher level Technologists continue to work on solving the issues, and determine when to send samples out <ul style="list-style-type: none"> Regular maintenance happens between 1-2pm daily, which also causes delays, however it is done during business hours while there are more staff available and in case vendor servicing is required Discussed rescheduling the maintenance time, however, there really is no good time during business hours, and once the other issues have been solved, maintenance time is expected to be less noticeable Discussed need for communication; downtimes are typically anywhere from 15min to 3hrs Anticipated timeframe for a new Hematology Analyzer is Mar 2025; attempting to have this in place as early as Feb 2025 	
	<u>Action:</u> <ul style="list-style-type: none"> Provide regular communication in regards to Lab downtime status 	<u>By whom / when:</u> <ul style="list-style-type: none"> Brown; As available
5.6	<u>Recruitment and Retention Committee:</u> <ul style="list-style-type: none"> Recruitment and Retention is still working out details regarding financial incentives to attract physicians to our organizations <ul style="list-style-type: none"> Plan in development, which will be shared with Chiefs of Staff prior to rolling out 	
5.7	<u>Quality Assurance Committee:</u> <ul style="list-style-type: none"> Next QA meeting scheduled for Jan 15, 2025 <ul style="list-style-type: none"> Will be discussing core standards; access has been received F2526 QIP has been developed; working on aligning indicators Sickle Cell training and Patient Experiences Surveys have done very well at both hospitals 	
	<u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Medical Staff Reports as presented for the December 12, 2024 MAC Meeting.</u> <u>CARRIED.</u>	
6	Other Reports	
6.1	<u>Lead Hospitalist:</u> <ul style="list-style-type: none"> Significant pressure in Nov due to ALC patients, which has lightened up in Dec, but is expected to increase again after the holidays It was questioned if there will be any general increases expected to the AFA <ul style="list-style-type: none"> Hospitalist funding is strictly fee for services billing, and retroactive increases were paid to individual billing numbers rather than a group billing account 	

	<ul style="list-style-type: none"> ○ Email received Dec 11 regarding a 2.8% retroactive HOCC increase; see Dec payment ○ Re AFA Lump sum payment coming through in Dec; Business Office must go through a calculation process before payout <ul style="list-style-type: none"> ▪ Tracked per individual billing number within the group ▪ Surpluses are reconciled ▪ Multiple payments will happen between now and Mar 2025, with March seeing a slight increase ▪ Lump Sum payment expected in May 2025 ▪ Remaining competitive with other hospitals; however, smaller hospital physicians have a heavier workload 				
6.2	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> • Scheduling <ul style="list-style-type: none"> ○ December is in good standing ○ Open shifts Jan 1 and Jan 2; shifts have been flagged with EDLP as potential problems <ul style="list-style-type: none"> ▪ A number of hospitals have prioritized Jan 1st • Billing issues have arisen with the switch over to electronic records and loss of face sheets <ul style="list-style-type: none"> ○ Must be mindful of whose names are on the billing sheets • Mixed reviews regarding 6 month scheduling; some physicians suggested returning to 4 month scheduling <table border="1"> <tr> <td><u>Action:</u></td><td><u>By whom / when:</u></td></tr> <tr> <td> <ul style="list-style-type: none"> • Communication to physicians regarding billing issues; include vote for 4mo vs 6mo scheduling </td><td> <ul style="list-style-type: none"> • McLean; This week </td></tr> </table>	<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> • Communication to physicians regarding billing issues; include vote for 4mo vs 6mo scheduling 	<ul style="list-style-type: none"> • McLean; This week
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6.3	<p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> • 2024-12-Monthly Report-COS circulated <ul style="list-style-type: none"> ○ Capital planning requests for 'big ticket' equipment purchases are due by Dec 16 ○ COS, CEO, CNE scheduled to attend HP Region Clinical Services Planning Committee Meeting Dec 17; feedback will be provided in Jan 2025 				
6.4	<p><u>President & CEO:</u></p> <ul style="list-style-type: none"> • 2024-12-Monthly Report-CEO circulated <ul style="list-style-type: none"> ○ SHH CT Scanner - two applications have been submitted <ul style="list-style-type: none"> ▪ No updates received regarding the original SHH CT Scanner proposal (submitted Feb 2024 with response to be received by Feb 2025); the Integrated Community Health Services Centre (ICHSC) application (submitted Fall 2024) is still under review with answers anticipated in the new year, possible by Mar 2025 ○ Working with Lisa Thompson, MPP on funding ○ Town of Goderich invited OMA to meeting regarding rural physician challenges; the meeting is scheduled for Dec 19 in the AMGH Boardroom <ul style="list-style-type: none"> ▪ One challenge is Billing / Hospitalist Funding Model; crucial for small hospitals to maintain operations <table border="1"> <tr> <td><u>Action:</u></td><td><u>By whom / when:</u></td></tr> <tr> <td> <ul style="list-style-type: none"> • Forward questions / concerns for OMA to jimmy.trieu@amgh.ca </td><td> <ul style="list-style-type: none"> • All; Prior to Dec 19 </td></tr> </table>	<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> • Forward questions / concerns for OMA to jimmy.trieu@amgh.ca 	<ul style="list-style-type: none"> • All; Prior to Dec 19
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6.5	<p><u>CNE:</u></p> <ul style="list-style-type: none"> • 2024-12-Monthly Report-CNE circulated <ul style="list-style-type: none"> ○ No new managers in place yet ○ 79 managers from LHSC terminated ○ Amending ethical framework according to Accreditation Standards ○ Mandatory Domestic Violence education is now available in eLearning ○ Working on attracting Dr. P. Satija (currently at HPHA); he is on an Internal Medicine contract with HPHA at this time, however, he is interested in providing a clinic for infectious diseases once complete; also provides MAID services <ul style="list-style-type: none"> ▪ Will be meeting with Stratford Internal Medicine for further discussion and relationship development in Jan / Feb 2025 ▪ Discussed taking over Dr. McLean's services for AMGH & SHH since her retirement with Dr. Satija; billing will be fee-for-service; there should be no financial obligations on part of the hospitals 				

	<ul style="list-style-type: none"> ▪ HHS already has access to Infectious Disease Control through OTN and Stratford Internal Medicine as required, so likely no need for a clinic ○ There may be another lead on an Endocrinologist, who has just completed their fellowship and may want to relocate back to the area; CNE to follow up ○ CNE met with LWHA EMS and HPHA; fit-to-sit agreement is almost ready to go and will be shared with physicians prior to 'go live'; education coming in Jan 2025, and program will start in Feb 2025 <ul style="list-style-type: none"> ▪ Program will be in place to support over flow issues ○ Working on transition of ALC patients, either home with care or to retirement / nursing homes / hospice 	
6.6	<p><u>CFO:</u></p> <ul style="list-style-type: none"> • 2024-12-Monthly Report-CFO <ul style="list-style-type: none"> ○ No significant changes to the budget; still running deficits, but better by \$1M for each site; reasons we are in a better position include one-time funding, vacant managerial positions, and improved collection of preferred accommodations; reasons we are still in a deficit position include Bill 124, over time and increased costs with no reciprocal funding <ul style="list-style-type: none"> ▪ Received only 73% of Bill 124 funding ○ 10-year Capital Planning project is under way ○ Further to the Lab discussion in 5.5 above, we also have newer staff, and there are continued shortages of Lab Techs for hiring ○ Working with Deloitte on a proposal for ERP transformation, i.e., upgrading our finance, HR and procurement back office system; this process will act as a catalyst for amalgamation to a complete Huron Health System 	
6.7	<p><u>Patient Relations:</u></p> <ul style="list-style-type: none"> • 2024-12-Monthly Report-Patient Relations <ul style="list-style-type: none"> ○ Working with new staff who are learning the processes of their departments; explaining best culture in healthcare, i.e., how to handle errors and teaching moments ○ Reminder to physicians that it is against the privacy policy to look at your own chart; while it is not theoretically a privacy breach, it can lead to a breach, as has happened in some larger facilities <ul style="list-style-type: none"> ▪ EMR is in place to provide care to patients only 	
6.8	<p><u>Patient Care Manager:</u></p> <ul style="list-style-type: none"> • Gift of Life Network initiative is now live; 1st call was made within the week • Discussion held with EMS staff; stroke patient that was recently brought into SHH ED should have gone directly to Stratford or London, as they were outside the window for treatment <ul style="list-style-type: none"> ○ Once the patient is in the building, EMS staff cannot reroute them ○ Protocol is to go to the closest hospital if it is CTAS 1 or 2 ○ Education is being provided to EMS staff • There is no security on-site at SHH to assist with patients who do not want to be there • Ultrasound for ED is being ordered; in-service to be booked • Discussed issues with the MAID service that have happened over the last few months <ul style="list-style-type: none"> ○ Dr. Thomas was away, Dr. Johnson left the program, and the NP who provides MAID did not return the application package 	
	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Follow up conversation with Huron County EMS • Forward any nurse accompaniment issues to Ms. Walker • Set up in-service for ED Ultrasound • Discuss MAID services with Dr. Scott Anderson • Discuss MAID services with Dr. James MacLean • Add discussion of Goderich physicians who perform MAID services to AMGH MAC • Contact Lori Hartman at HPHA in regards to HPHA physicians who provide MAID services other than Dr. Thomas 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • Walker; This week • All; As noted • Walker; As needed • Physician; This week • EA; Today • EA; Today • EA; Today

6.9	<p>Clinical Informatics:</p> <ul style="list-style-type: none">For Nov, SHH is up to 87.5% of all documentation completed electronically by the physicians; well done<ul style="list-style-type: none">Next step will be to drop the ED face sheet; planned 'go live' for this step is Mar 3, 2025London is testing going paperless on the billing sheet as well; further discussion to be held in Jan 2025'Go live' for paper chart scanning is Jun 2025, as it is redundant to print the chart, document and rescan the chartIt was clarified that there must be two notes, one for ED and one for admission, as both are tracked; ED notes cannot be turned into Admission notes<ul style="list-style-type: none">Inpatients must have admission and discharge notesWhereupon the ED physician has stated 'refer to ED note', the Hospitalist must make their first note an Admission note, not a Progress note; this will resolve a number of issuesReminder to physicians to be thorough in note writingQuality/IT will be developing a Q&A sheet to circulate						
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	<p><u>MOVED AND DULY SECONDED</u></p> <p><u>MOTION: To approve the Other Reports as presented for the December 12, 2024 MAC Meeting. CARRIED.</u></p>						
7	<p>New Business</p>						
8	<p>In-Camera Session</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 neededAll 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">Credentials<ul style="list-style-type: none">2024-12-12-Report to MAC-Credentials SHH-IC circulated <p><u>MOVED AND DULY SECONDED</u></p> <p><u>MOTION: To move into In-Camera at 9:21am. CARRIED.</u></p>						
8.2	<p><u>Move out of In-Camera</u></p> <p><u>MOVED AND DULY SECONDED</u></p> <p><u>Recommendation made to move back into open session at 9:22am. CARRIED.</u></p>						
8.3	<p><u>Motions Moved Out of In-Camera</u></p> <p><u>MOTION: To accept the Credentialing Report of December 12, 2024 as presented, and recommend to the Board for Final Approval. CARRIED.</u></p> <table><tr><td><p>Action:</p><ul style="list-style-type: none">Forward credentials report to HHS Common Board</td><td><p>By whom / when:</p><ul style="list-style-type: none">EA; Today</td></tr></table>	<p>Action:</p> <ul style="list-style-type: none">Forward credentials report to HHS Common Board	<p>By whom / when:</p> <ul style="list-style-type: none">EA; Today				
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9	<p>Adjournment / Next Meeting</p> <p>Regrets to alana.ross@amgh.ca</p>						
	<table><tr><th>Date</th><th>Time</th><th>Location</th></tr><tr><td>January 9, 2025</td><td>8:00am</td><td>Boardroom B110 / MS Teams</td></tr></table>	Date	Time	Location	January 9, 2025	8:00am	Boardroom B110 / MS Teams
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	<p><u>Motion to Adjourn Meeting</u></p> <p><u>MOVED AND DULY SECONDED</u></p>						

	<u>MOTION: To adjourn the December 12, 2024 meeting at 9:22am. CARRIED.</u>
Signature	
	
_____ Dr. Sean Ryan, Committee Chair	