


# MINUTES

Committee:	<b>Medical Advisory Committee</b>		
Date:	January 9, 2025	Time:	8:04am-9:01am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. Nelham, Dr. Patel, Dr. Ondrejicka, Dr. Ryan, Lynn Higgs, Heather Klopp, Robert Lovecky, Jimmy Trieu, Adrianna Walker		
Guests:	Shari Sherwood, Heather Zrini, 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 9:01am <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 / Education Session</b>		
<b>3</b>	<b>Approvals and Updates</b>		
3.1	<u>Previous Minutes</u> <ul style="list-style-type: none"> <li>Approval / Changes <ul style="list-style-type: none"> <li>None</li> </ul> </li> </ul> <p><b><u>MOVED AND DULY SECONDED</u></b>  <b><u>MOTION: To accept the December 12, 2024 MAC minutes. CARRIED.</u></b></p>		
<b>4</b>	<b>Business Arising from Minutes</b>		
<b>5</b>	<b>Medical Staff Reports</b>		
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none"> <li>No discussion</li> </ul>		
5.2	<u>Infection Control:</u> <ul style="list-style-type: none"> <li>Reviewed IPAC information received regarding the recent RSV positive patient surge; infection control standards were followed and RSV was well contained <ul style="list-style-type: none"> <li>'Job Well Done' to everyone who was involved</li> </ul> </li> <li>Infection Control Audits are held on an ongoing basis; reminder to be compliant at all times regarding hand hygiene and masking <ul style="list-style-type: none"> <li>Some masking non-compliance among visitors and staff was noted</li> </ul> </li> </ul>		
5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> <li>Sexually Transmitted Infections (STIs)-Treatment Recommendations circulated and reviewed <ul style="list-style-type: none"> <li>Date of acceptance at MAC will be included on the document</li> <li>Ms. Zrini / Ms. Sherwood are in the process of determining the most appropriate location to house these Clinical Guidelines for easy access by the physicians; location pending, i.e., SharePoint, SHH links, ED folder on the Desktop, etc.</li> <li>Available Clinical Guidelines now include UTIs, cDiff and now STIs; still to come include Pneumonia, Skin and Soft Tissue and Cellulitis</li> </ul> </li> </ul> <p><b><u>MOVED AND DULY SECONDED</u></b>  <b><u>MOTION: To approve the use of the STI Guidelines, as presented on January 9, 2025. CARRIED.</u></b></p> <ul style="list-style-type: none"> <li>Antimicrobial Stewardship Program has been reviewing Performance Improvement Plan (PIP) tasks over the past 18 months</li> <li>Over the past quarter it was noted that: <ul style="list-style-type: none"> <li>10% or 2/20 patients didn't have blood cultures ordered; down from last quarter</li> </ul> </li> </ul>		

	<ul style="list-style-type: none"> <li>○ There is a need to refocus on appropriateness of the dose of piperacillin-tazobactam (PIP-TAZ) that is being used; going forward Pharmacy will not be looking for blood cultures ordered prior to starting this antibiotic, and will instead look for the appropriateness of the indication and dose of this antibiotic</li> <li>○ There are a lot fewer urine cultures being completed, resulting in a focus on what antibiotics are being chosen, particularly in the elderly population <ul style="list-style-type: none"> <li>▪ Dr. Patel has noted during his Hospice rounds between December and now, that a number of patients have been admitted with Urine Sepsis or UTI, with urinalysis done in the ED, but no urine cultures ordered</li> <li>▪ Reminder that all patients admitted with UTI should have a culture drawn</li> </ul> </li> </ul>				
	<table> <tr> <td><b><u>Action:</u></b></td><td><b><u>By whom / when:</u></b></td></tr> <tr> <td> <ul style="list-style-type: none"> <li>• Discuss automatic UTI cultures with Lab</li> </ul> </td><td> <ul style="list-style-type: none"> <li>• Ryan; This week</li> </ul> </td></tr> </table>	<b><u>Action:</u></b>	<b><u>By whom / when:</u></b>	<ul style="list-style-type: none"> <li>• Discuss automatic UTI cultures with Lab</li> </ul>	<ul style="list-style-type: none"> <li>• Ryan; This week</li> </ul>
<b><u>Action:</u></b>	<b><u>By whom / when:</u></b>				
<ul style="list-style-type: none"> <li>• Discuss automatic UTI cultures with Lab</li> </ul>	<ul style="list-style-type: none"> <li>• Ryan; This week</li> </ul>				
5.4	<u>Pharmacy &amp; Therapeutics:</u> <ul style="list-style-type: none"> <li>• No discussion</li> </ul>				
5.5	<u>Lab Liaison:</u> <ul style="list-style-type: none"> <li>• No discussion</li> </ul>				
5.6	<u>Recruitment and Retention Committee:</u> <ul style="list-style-type: none"> <li>• Meeting held on Jan 7 <ul style="list-style-type: none"> <li>○ Town of Goderich invited representatives of OMA to discuss rural physician challenges; meeting held on Dec 19 – see Instagram post <ul style="list-style-type: none"> <li>▪ Good representation from AMGH Physicians present</li> <li>▪ Focus was on the challenges within rural environments</li> <li>▪ It has been noted that comprehensive medicine is not an interest of newer grads, instead they are looking at specialization</li> <li>▪ Government has a strong interest in bringing internationally educated physicians back to Ontario, and based on information provided by Dr. Ford regarding the number of Canadian physicians who have trained in the US and are now hoping to return to Canada, OMA will be focusing on this opportunity</li> </ul> </li> <li>○ Practice Ready Program is not as successful as anticipated; OMA is aware</li> <li>○ Attempting to have Jane Philpott visit for discussion of challenges in our areas</li> </ul> </li> </ul>				
5.7	<u>Quality Assurance Committee:</u> <ul style="list-style-type: none"> <li>• Next meeting scheduled for Jan 15</li> </ul>				
	<p><b><u>MOVED AND DULY SECONDED</u></b></p> <p><b><u>MOTION: To accept the January 9, 2025 Medical Staff Reports to the MAC. CARRIED.</u></b></p>				
<b>6</b>	<b>Other Reports</b>				
6.1	<u>Lead Hospitalist:</u> <ul style="list-style-type: none"> <li>• Census in early Dec was quite low, however, the last few weeks have been very busy, and consistently over capacity</li> <li>• Viral respiratory illness on the inpatient floor has been low to date</li> </ul>				
6.2	<u>Emergency:</u> <ul style="list-style-type: none"> <li>• Volumes are high and staffing struggles continue <ul style="list-style-type: none"> <li>○ Schedule continues to show 5+ open shifts per month; one open shift remains this week to be filled</li> <li>○ Waiting to hear if EDLP funding will continue past Mar 31</li> </ul> </li> <li>• Issues with orders not printing automatically at the Walk In Clinic, the way they used to <ul style="list-style-type: none"> <li>○ Discovered when a urine culture was missed</li> <li>○ Contacted LHSC, and the issue has been rectified</li> </ul> </li> </ul>				
6.3	<u>Chief of Staff:</u> <ul style="list-style-type: none"> <li>• Clarification provided regarding who is MRP for admitted patients in ED <ul style="list-style-type: none"> <li>○ If a patient is admitted the next morning after 08:00am, responsibility falls on Hospitalist as MRP</li> <li>○ This includes if the patient is transferred back to ED for a procedure that cannot be done on the unit, i.e., BiPAP, etc.; ED physician in this case is the assisting or consulting, and the Hospitalist is responsible for having the patient transferred out to another facility, as needed</li> </ul> </li> </ul>				

	<ul style="list-style-type: none"> <li>Reminder made that any patient being admitted from the ED, must have Admitting Orders which include direction for the next 6-12hrs, while the Hospitalist sorts the patients care out               <ul style="list-style-type: none"> <li>This situation happened recently, causing chaos, and may be related to HFO/EDLP physicians</li> </ul> </li> <li>COS (SHH &amp; AMGH), CEO and CNE attended Regional Clinical Services Planning in Dec               <ul style="list-style-type: none"> <li>Discussed the need for change in resource allocation, and the number of 24/7 facilities in the Region</li> </ul> </li> <li>SHH continues to wait for news on the application for a CT scanner; expecting news in Feb</li> <li>Locum physician completing CMARS reapplication inquired about the need to have up-to-date ACLS and ATLS, which is a mandatory requirement of SHH, but not of larger / other hospitals in the area where the physician works in the ED frequently               <ul style="list-style-type: none"> <li>Consensus of MAC is to provide an exemption for experienced physicians, and have the ED remain open; this can be reviewed on a case-by-case basis, as needed</li> <li>ACLS is being offered in Stratford in Feb, and there is also an online version as well</li> </ul> </li> </ul> <div> <div> <b>Action:</b> <ul style="list-style-type: none"> <li>Remind Nursing Staff to follow up with HFO/EDLP Physicians to ensure Admitting Orders are completed for all admitted patients</li> <li>Review By-Laws re ACLS and ATLS; discuss potential for exemptions</li> </ul> </div> <div> <b>By whom / when:</b> <ul style="list-style-type: none"> <li>Ryan; This week</li> <li>Ryan; This week</li> </ul> </div> </div>
6.4	<p><b>President &amp; CEO:</b></p> <ul style="list-style-type: none"> <li>2025-01-Monthly Report-CEO, circulated</li> <li>Expecting the next three months to be extremely busy with respiratory illness (RSV / Influenza); CEO met with Ontario Health prior to the holidays, and they indicated that RSV hospitalization has surpassed numbers of 2023/24               <ul style="list-style-type: none"> <li>This is primarily being driven by the 65+ population, which makes up 57% of current hospitalizations</li> <li>It is anticipated that the SW Region will be short by 100 acute care beds over the next three months, elevating capacity issues further                   <ul style="list-style-type: none"> <li>SHH &amp; AMGH continue to work with peer hospitals to ensure there is patient movement across the systems in response to capacity issues</li> </ul> </li> <li>Peak of respiratory illness is expected mid to late Feb, with a decline moving into Spring</li> <li>Appreciation extended to the physicians and staff for their continued dedication and hard work</li> </ul> </li> <li>In regards to the CT Scanner, OHW provided support for the business case presentation; eagerly awaiting a response from the Ministry as official time line of the application runs out on Jan 31               <ul style="list-style-type: none"> <li>Discussed increase in transportation costs as volumes continue to rise and patients require CT</li> <li>Suggested a team get together and further discuss patient flow, transfer and CT location (in-hospital vs new medical centre)</li> </ul> </li> </ul> <div> <div> <b>Action:</b> <ul style="list-style-type: none"> <li>Contact Ms. Higgs with capacity issues</li> <li>Contact OHW / Ministry regarding CT Scanner</li> </ul> </div> <div> <b>By whom / when:</b> <ul style="list-style-type: none"> <li>All; Ongoing</li> <li>Trieu; By Jan 31</li> </ul> </div> </div>
6.5	<p><b>CNE:</b></p> <ul style="list-style-type: none"> <li>2024-12-Housing &amp; Homelessness Monthly Share-Out, circulated</li> <li>Working with unions to increase staff in SHH ED in response to increased volumes</li> <li>A number of grants have been completed and submitted, i.e., Critical Care, New Grad, Surgical Pathways, Externs, etc.               <ul style="list-style-type: none"> <li>Surgical pathways grant has been accepted</li> </ul> </li> <li>Search continues to fill management positions, may be changing the structure in order to attract more applicants</li> <li>Working with Triage Nurses and EMS on over capacity guidelines; 'Fit to Sit' algorithm is almost complete               <ul style="list-style-type: none"> <li>Discussed opening day surgery beds to assist with over capacity</li> </ul> </li> </ul>
6.6	<p><b>CFO:</b></p> <ul style="list-style-type: none"> <li>Current deficit for both hospitals is \$1.8M; SHH portion is \$800K, which is better than original forecast by \$400K; HHS continues to be in a better position than most peer hospitals               <ul style="list-style-type: none"> <li>Deficit expected for SHH at year-end is estimated at \$1M</li> <li>Factors in decreasing the deficit include one-time funding, collection of preferred accommodations, and increases in technical fee revenues</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>Working on offsetting patient transfers (over budget by \$50K); consideration being given in development of the new budget</li> <li>Executive Team is working on finalizing the new budget; presenting new and capital budgets to Board in Feb <ul style="list-style-type: none"> <li>Planning for CT scanner upon approval</li> <li>Operationally, working on standardization of HIS, ERP and procurement systems, i.e., MediTech / Stratford vs Oracle / SHH / LHSC, gathering costs and determining impact of each</li> </ul> </li> <li>Struggle continues with Lab vacancies</li> </ul>
6.7	<p><u>Patient Relations:</u></p> <ul style="list-style-type: none"> <li>2025-01-Monthly Report-Patient Relations, circulated and reviewed <ul style="list-style-type: none"> <li>Discussed end-of-life patient story at SHH <ul style="list-style-type: none"> <li>Patient asked for improvement in first hand communication</li> <li>Appreciated that care of the physicians and nursing staff and felt fortunate to have SHH</li> </ul> </li> <li>Own family attended AMGH; positive visits</li> </ul> </li> </ul>
6.8	<p><u>Patient Care Manager</u></p> <ul style="list-style-type: none"> <li>New ED Ultrasound machine has arrived at SHH; training scheduled for Feb., 6 from 4-6pm</li> <li>Surveys for inpatients and ED continue to be submitted, and most provide excellent reviews of staff and physician care</li> <li>Working with union to get extra staff for the ED; considering structure of added hours in terms of transfers, breaks, shift changes, visit numbers, and high volume times, etc.; can be trialled and reviewed for adjustments</li> <li>In regards to generating revenue, staff are working hard on utilizing semi-private/private accommodations where possible <ul style="list-style-type: none"> <li>Working on reducing transportation costs where possible, although this continues to be over budget</li> </ul> </li> <li>ALC patients that no longer require acute care, but stay in hospital waiting for LTC, are charged per day, which may or may not be covered by patient's insurance</li> <li>Inpatients has been very busy; past weekend had 24 admitted patients with 19 beds <ul style="list-style-type: none"> <li>Appreciation extended to all for a great job in supporting ongoing overflow</li> </ul> </li> <li>Suggested AMGH track turnover rates once they have switched over to the Hospitalist Model <ul style="list-style-type: none"> <li>Noted difficulty in the change of process, particularly with more seasoned physicians</li> </ul> </li> </ul>
6.9	<p><u>Clinical Informatics:</u></p> <ul style="list-style-type: none"> <li>Considering moving forward with stocking the ED face sheet in 1<sup>st</sup> week of March; testing of work flows and finalization needs to happen 1<sup>st</sup></li> <li>Appreciation extended to physicians for their work in getting diagnoses into clinical documentation</li> <li>Attended Integrated Care Steering committee today for discussion of OneChart Phase II <ul style="list-style-type: none"> <li>Regarding Community Lab integration components, Oracle Health sites within Ontario are in agreement with doing a contextual launch of Olis-More in March, which will allow physicians to place lab orders online; results will flow back to OneChart</li> <li>Working on negotiations to ensure that there are no charges when physicians order for a patient in-hospital; to date there haven't been any of these charges, but it is outlined in the contract <ul style="list-style-type: none"> <li>To be validated prior to moving forward</li> </ul> </li> <li>Lab-to-Lab ordering can move forward, as there are no billing components <ul style="list-style-type: none"> <li>Working on interfacing, and turning fax process electronic; anticipating improved turnaround times</li> </ul> </li> </ul> </li> <li>In response to some challenges in the ED, a Provider Documentation binder has been developed to assist HFO/EDLP physicians, who may only be here short term <ul style="list-style-type: none"> <li>Adding information as needed, i.e., CPOE</li> <li>First Net Physician and Nursing Modules, and DynaDoc Modules have been shared as links, which can be accessed from any hospital computer</li> <li>Links for Clinical Downtime Power Plans will be shared this week</li> </ul> </li> <li>EDP data numbers are looking great in the 97<sup>th</sup> percentile, meaning 97% of our data is meeting guidelines <ul style="list-style-type: none"> <li>Thank you to everyone for signing up and getting that data to our health records staff quickly</li> </ul> </li> </ul>
	<p><b><u>MOVED AND DULY SECONDED</u></b></p> <p><b><u>MOTION: To accept the January 9, 2025 Other Reports to the MAC. CARRIED..</u></b></p>

7	New Business		
7.1	<u>Annual Reappointment in CMaRS:</u> <ul style="list-style-type: none"><li>• Available Jan – 2<sup>nd</sup> Week</li><li>• Closing Date – Mar 31</li></ul>		
8	In-Camera Session		
9	Adjournment / Next Meeting		Regrets to <a href="mailto:alana.ross@amgh.ca">alana.ross@amgh.ca</a>
	Date	Time	Location
	February 13, 2025	8:00am	Boardroom B110 / MS Teams
	<u>Motion to Adjourn Meeting</u>  <b><u>MOVED AND DULY SECONDED</u></b> <b><u>MOTION: To adjourn the January 9, 2025 meeting at 9:01am. CARRIED.</u></b>		
Signature			
			
<hr/> Dr. Sean Ryan, Committee Chair			