

MINUTES


Committee:	Medical Advisory Committee		
Date:	February 13, 2025	Time:	8:04am-9:20am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Chan, Dr. Kelly, 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), Holly Stokman, Rebecca McNaughton		
1	Call to Order / Welcome		
1.1	<ul style="list-style-type: none"> Dr. Ryan welcomed everyone and called the meeting to order at 8:04am <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		
2.1	<p><u>Medical Directive-Diabetes:</u></p> <ul style="list-style-type: none"> Documents circulated and reviewed: <ul style="list-style-type: none"> 2025 SHH DEP Insulin Adjustment Medical Directive-Revised 2025 SHH DEP Insulin Directive Authorization Form Welcome to Holly Stokman, Diabetes Nurse Educator <ul style="list-style-type: none"> Diabetes Nurse for 10 years in primary and community care, including the Inter Community Health Centre and St. Joseph's Diabetes Education Centre, both in London Ms. Stokman and Ms. McNaughton have both written the mandatory Insulin Adjustment Exam There is gap based on the number of insulin management patients referred by Dr. McLean, now that she has retired <ul style="list-style-type: none"> Diabetes team do not have the authorization to adjust insulins, and will be looking for a physician authorization on patient charts (physicians can 'tick the box' in the EMR) Medical Directive allows the Diabetes team to assist physicians, that are not part of the group, with insulin management <ul style="list-style-type: none"> Locum/Courtesy Physicians are to read the Medical Directive and sign, authorizing the Diabetes team All Physicians are encouraged to keep sending referrals in order to receive timely care for diabetic patients, as there is a long wait list Medical Directive is closely aligned with our Regional partners within the Huron Perth Diabetes Program <ul style="list-style-type: none"> Reviewed by Dr. Lindsey Chow, Stratford Changes mostly related to new insulins on the market, i.e., insulin GLP combination therapies that have specific adjustment criteria Providing education to capable patients regarding making supplemental adjustments for insulin to carb ratios, correction factors, etc. Hypoglycemia Program <ul style="list-style-type: none"> Ms. Walker is reviewing AMGH and HPHA protocols, and will be addressing gaps and updating the SHH Hypoglycemia Management Clinical protocol for inpatients / outpatients; it was agreed that the protocol will be changed to a Medical Directive Ms. Sherwood is working on updating old order sets and protocols that are housed in SHHAre There is no longer a Glucometer in the Diabetes Clinic It was clarified, for Accreditation purposes, that insulin samples are no longer handed out <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the 2025 SHH DEP Insulin Adjustment Medical Directive-Revised. CARRIED.</u></p>		
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></p> <p><u>MOTION: To accept the January 9, 2025 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"> Working with Quality to put QIP indicators in place by Mar 31 <ul style="list-style-type: none"> Proposed RVQP Audit (Emergency Department Return Visit Quality Program) <ul style="list-style-type: none"> Charts to be audited and recommendations to be reviewed at MAC Although chart audits are useful, there is concern for the cost of this process; physicians feel that this money could be more effectively used towards patient care 	
5.2	<u>Infection Control:</u> <ul style="list-style-type: none"> Measles outbreak in the South Western Ontario; all physicians encouraged to be aware of any unusual presentations of fever with rash Based on the IPAC report, staff influenza vaccination rates are low this year; less than $\frac{2}{3}$ of staff <ul style="list-style-type: none"> Low numbers could be due to vaccination fatigue, but all are encouraged to keep up with vaccinations to protect ourselves and our patients AMGH expressed appreciation to SHH for taking overflow patients recently 	
5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> No discussion 	
5.4	<u>Pharmacy & Therapeutics:</u> <ul style="list-style-type: none"> No discussion; next meeting scheduled in Mar 	
5.5	<u>Lab Liaison:</u> <ul style="list-style-type: none"> Recurring daily blood work is sticking in the system <ul style="list-style-type: none"> When ordering labs during the admission process, there is an ability to click 'next morning' or 'every three days', which works well for physicians Physicians are able to discontinue colleague's 'daily' orders as needed Reviewed Lab maintenance times, downtimes: <ul style="list-style-type: none"> Daily 1hr around noon Weekly 1½ hrs 3rd Thursday 2hrs Potential for new hematology analyzers Dr. Tran is working with London on the development of a Troponin Algorithm; majority of hospitals are going with a 2hr 	
	<u>Action:</u> <ul style="list-style-type: none"> When removing 'daily' labs from the system, don't 'modify', instead discontinue and reorder as needed Determine why the 'modify' ability is available, as modifications don't go anywhere 	<u>By whom / when:</u> <ul style="list-style-type: none"> All; Ongoing Sherwood; Feb
5.6	<u>Recruitment and Retention Committee:</u> <ul style="list-style-type: none"> AMGH is in the process of recruiting for OB/GYN and Internal Medicine; postings have been out for some time <ul style="list-style-type: none"> Meeting scheduled with head of Internal Medicine Group in Stratford next week Working on starting a visiting Internist at SHH in the Spring Family Physician interest at AMGH; Drs. Kluz have recently signed on at AMGH to provide Locum Hospitalist and Emergency care, however, they will be starting up their own medical clinic in Bayfield 	
5.7	<u>Quality Assurance Committee:</u> <ul style="list-style-type: none"> Quality meeting held in Mar, reviewed <ul style="list-style-type: none"> Status of the current dashboards <ul style="list-style-type: none"> Progressing very well at SHH; QIPs have been met Working on preliminary draft of F2526 QIP program 	

	<ul style="list-style-type: none"> There is impact on the physicians this coming year with the RVQP <ul style="list-style-type: none"> Physician initial assessment times Wait time, ambulance offload times, LWBS; currently trending below provincial average EID-AR (DEI); eLearning course has been updated, and is mandatory for all staff Patient Experience Surveys; still working on bringing in an adequate volume of responses, i.e., 5 to 10% of potential surveys being completed by ED patients / Inpatients Discharge Medication Reconciliation rates; rate of 95-99% for SHH – WELL DONE! <ul style="list-style-type: none"> Working on improving AMGH DMR 		
	<p><u>MOVED AND DULY SECONDED</u></p> <p><u>MOTION: To approve the Medical Staff Reports as presented for the February 13, 2025 MAC Meeting.</u></p> <p><u>CARRIED.</u></p>		
6	Other Reports		
6.1	<p><u>Lead Hospitalist:</u></p> <ul style="list-style-type: none"> Inpatient unit continues to be extremely busy 		
6.2	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> Volumes continue to be up and acuity is high <ul style="list-style-type: none"> Unfilled ED shifts in Mar (10) and Apr (10); concerning <ul style="list-style-type: none"> There is still Board approved shift incentive funding available from the Fall that can be used to increase rates, if needed Mar shifts are in the EDLP Shift Scheduler waiting for pick up Today's shift was dropped by an EDLP physician due to potential weather scheduled for today; THANK YOU to Dr. Lach for picking up that shift on short notice <table border="1"> <tr> <td> <p><u>Action:</u></p> <ul style="list-style-type: none"> Determine what is left in the account for shift incentives and forward information to Dr. Ryan </td><td> <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> Trieu / Lovecky; Today </td></tr> </table>	<p><u>Action:</u></p> <ul style="list-style-type: none"> Determine what is left in the account for shift incentives and forward information to Dr. Ryan 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> Trieu / Lovecky; Today
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6.3	<p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> Documents circulated <ul style="list-style-type: none"> 2025-02-Monthly Report-COS 2025-01-SRPC Letter SHH Physicians continue to be concerned about the lack of news on the CT Scanner applications Society of Rural Physicians of Canada addressed a letter outlining health care priorities to all federal political parties in preparation for the pending election 		
6.4	<p><u>President & CEO:</u></p> <ul style="list-style-type: none"> 2025-02-Monthly Report-CEO, circulated <ul style="list-style-type: none"> Regarding the CT Scanner, discussion held recently with Ontario Health West and the Ministry Capital Branch, however, there were no answers available due to the pending election; not expecting any further information until late Mar Board Chair continues to reiterate the importance of the CT Scanner at SHH to the MPP HHS has received a letter of endorsement from Ontario Health West regarding the Master Planning process <ul style="list-style-type: none"> Options include building onto the hospital, building a new hospital on the current site, or building a new hospital on a different site; the Master Planning process will take approximately 3-5 years Ministry approval letter will arrive after the election <ul style="list-style-type: none"> Stakeholder engagement will then begin including staff, physicians, community and municipality, Community Engagement Council, etc. Will discuss what the future of healthcare will look like in Huron County AMGH is trialing a Hospitalist Model for the next three months; Feb 1-Apr 30 <ul style="list-style-type: none"> Positive feedback has been received; workflow communication between physicians and nursing staff has improved significantly AMGH is in the process of upgrading its EPR; would like to have SHH Physicians showcase Oracle (Cerner) to the AMGH physicians, i.e., review workflow and benefits <ul style="list-style-type: none"> LHSC has been invited to AMGH for a demo, and to encourage physician buy-in 		

	<ul style="list-style-type: none"> ▪ Physicians concerned that moving away from HPHA will hinder their clinical work flows, however, there are a significant number of area hospitals in the region utilizing Oracle <ul style="list-style-type: none"> – EDLP physicians / Residents coming to our sites are trained on Cerner; impact on future recruiting ▪ HPHA has not made a final decision between MediTech Expanse and Oracle to date; however, their new Cancer Ward utilizes Cerner ▪ AMGH has submitted an unsolicited Project Funding Request to OHW/Ministry in support of this initiative ▪ Medication Reconciliation would greatly improve with transfers between sites, if AMGH transitions into Oracle ▪ A quarterly meeting is scheduled with Ontario Health in two weeks for further discussion around business planning and costs 		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Action:</u> <ul style="list-style-type: none"> • Invite Dr. Patel, Gastroenterologist, GTA, to MAC to discuss MediTech Expanse experience </td><td style="width: 50%; vertical-align: top;"> <u>By whom / when:</u> <ul style="list-style-type: none"> • Ryan / Trieu; Apr </td></tr> </table>	<u>Action:</u> <ul style="list-style-type: none"> • Invite Dr. Patel, Gastroenterologist, GTA, to MAC to discuss MediTech Expanse experience 	<u>By whom / when:</u> <ul style="list-style-type: none"> • Ryan / Trieu; Apr
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6.5	<u>CNE:</u> <ul style="list-style-type: none"> • 2025-02-Monthly Report-CNE, circulated <ul style="list-style-type: none"> ○ New Managers announced: Stephanie Black, Manager of Inpatient / Outpatient Mental Health; Marni Mezger, Manager, Emergency (cross-site assist) and Pharmacy (cross-site); Brenda Perriam, Manager, Operating Room, MDRU and ACC (AMGH) • Appreciative of the ongoing team work between the sites • Reminder that election representatives will be in the Hospital on Monday to assist patients with the voting process 		
6.6	<u>CFO:</u> <ul style="list-style-type: none"> • 2025-02-Monthly Report-CFO, circulated <ul style="list-style-type: none"> ○ Financial position continues to track positive variances to budget ○ Huron Health System currently shows a deficit of \$1.1M compared to an expected yearend deficit of \$1.8M, which is better than budget by \$2.8M ○ Draft budget is under way for F2526; looks similar to the F2425 budget (\$4.4M), with a planned deficit of \$4.5M <ul style="list-style-type: none"> ▪ Increase annuals costs are approximately \$300K ▪ A number of large capital investments are being drafted for next year, i.e. DI for SHH <ul style="list-style-type: none"> – Planning some significant upgrades (\$900K) in ERP system, i.e., finance, payroll, procurement, etc. ▪ SHH cash balance is light; this has been taken to Resources with strategies that will be taken to the Board, i.e., increasing working capital using some of the investments as well as increasing our Line-of-Credit ○ Lab is working towards validation of the new hematology system; expected by Mar <ul style="list-style-type: none"> ▪ Downtime issues expected to improve ▪ Lab vacancies continue at both sites ○ OneChart Phase II implementation; impacting Health Records, and training is scheduled for Jun 		
6.7	<u>Patient Relations:</u> <ul style="list-style-type: none"> • 2025-02-Monthly Report-Patient Relations, circulated <ul style="list-style-type: none"> ○ ConnectMyHealth is starting to gain traction; 35% patients accessing their own health records ○ New portal through LHSC may cause some confusion ○ 		
6.8	<u>Patient Care Manager</u> <ul style="list-style-type: none"> • New Ultrasound machine is in ED <ul style="list-style-type: none"> ○ Online training available, and there are also built-in tutorials in the machine itself ○ Specific cleaning wipes are currently on the machine, and extras are in stores; a note has been left on the machine to use proper wipes; nursing has been notified ○ Username and password are also noted on the machine in case it gets logged out ○ Machine has network access 		

	<ul style="list-style-type: none"> ○ QPath allows images to be transitioned from the machine to Cerner, however, this is not preferable to the physicians; looking for a different way to integrate images across equipment, i.e., PACS <ul style="list-style-type: none"> ▪ Point of Care ultrasound - snapshots of images can be taken and saved on the hard drive, which can then be uploaded to Cerner for sharing with specialists • ED face sheets will be discontinued as of Mar 3 <ul style="list-style-type: none"> ○ Physician billing sheets and labels are still available ○ Working on a nursing process ○ Considering ability to print two different labels, depending on needs, i.e., referrals 		
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6.9	<u>Clinical Informatics:</u> <ul style="list-style-type: none"> • Working on labels, go live sometime in Mar • 'Go Live' date for OCP 2Go is Jun 3 <ul style="list-style-type: none"> ○ Scanning will be implemented at SHH this day ○ Barcodes have been added to labels and phase sheets to facilitate the scanning process ○ Determining where we can do additional electronic documentation ○ Tracking paper usage, as there will be a significant drop during this phase of the project • Integration across our facilities will allow online ordering of DI tests at other facilities, i.e., Strathroy <ul style="list-style-type: none"> ○ Tests can be added to our order catalogue, which is recommended for future use ○ The transition between paper and electronic is confusing depending on the facility, i.e., Echoes and ultrasounds ○ Working on getting Goderich and Stratford connected • Re consult forms, electronic is available, but physicians are unsure if the forms are being viewed; currently completing paper forms and faxing; causes duplication and redundancy <ul style="list-style-type: none"> ○ Being part of the Oracle Health Consortium (OCI) provincial project, SHH is in line to become part of the central e-referral system; looking for consolidation in the near future • Appreciation extended to all physicians for 90% electronic documentation <table> <tr> <td> <u>Action:</u> <ul style="list-style-type: none"> • Notify physicians when online ordering for all tests across sites is available </td><td> <u>By whom / when:</u> <ul style="list-style-type: none"> • Sherwood; As available </td></tr> </table>	<u>Action:</u> <ul style="list-style-type: none"> • Notify physicians when online ordering for all tests across sites is available 	<u>By whom / when:</u> <ul style="list-style-type: none"> • Sherwood; As available
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	<u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the February 13, 2025 Other Reports to the MAC. CARRIED.</u>		
7	New Business		
8	In-Camera Session <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 needed ▪ All participants of the in-camera session are expected to ensure that their surroundings are secured from unauthorized participants 		
8.1	<u>Move into In-Camera</u> <ul style="list-style-type: none"> • Credentialing and Reappointment list circulated <u>MOVED AND DULY SECONDED</u> <u>MOTION: To move into In-Camera at 9:19am. CARRIED.</u>		
8.2	<u>Move out of In-Camera</u> <u>MOVED AND DULY SECONDED</u> <u>Recommendation made to move back into open session at 9:20am. CARRIED.</u>		
8.3	<u>Motions Moved Out of In-Camera</u> <u>MOVED AND DULY SECONDED</u>		

	<u>MOTION: To accept the Credentialing Report of February 13, 2025 as presented, and recommend to the Board for Final Approval. CARRIED.</u>		
	<u>Action:</u> <ul style="list-style-type: none">Forward Credentials Report to Board	<u>By whom / when:</u> <ul style="list-style-type: none">EA; Feb 13	
9	Adjournment / Next Meeting		Regrets to alana.ross@amgh.ca
	Date	Time	Location
	March 20, 2025	8:00am	Boardroom B110 / MS Teams
	<u>Motion to Adjourn Meeting</u> <u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the February 13, 2025 meeting at 9:20am. CARRIED.</u>		
Signature			
			
<hr/> Dr. Sean Ryan, Committee Chair			