


Committee:	Medical Advisory Committee		
Date:	March 20, 2025	Time:	8:05am-9:25am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. McLean, Dr. Mekaiel, Dr. Ondrejicka, Dr. Patel, Dr. Ryan Lynn Higgs, Heather Klopp, Robert Lovecky, Jimmy Trieu, Adriana Walker		
Guests:	Shari Sherwood, Christie MacGregor (Board Representative)		
1	Call to Order / Welcome		
1.1	<ul style="list-style-type: none"><li>Dr. Ryan welcomed everyone and called the meeting to order at 8:05am<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>		
2	Guest Discussion		
3	Approvals and Updates		
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> <b><u>MOVED AND DULY SECONDED</u></b> <b><u>MOTION: To accept the February 13, 2025 MAC minutes. CARRIED.</u></b>		
4	Business Arising from Minutes		
4.1	<u>Reappointment:</u> <ul style="list-style-type: none"><li>Due Mar 31</li></ul>		
4.2	<u>Discovery Week:</u> <ul style="list-style-type: none"><li>June 2-5</li></ul>		
5	Medical Staff Reports		
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none"><li>No discussion</li></ul>		
	<b><u>Action:</u></b> <ul style="list-style-type: none"><li>On Agenda, remove Dr. McLean / add Dr. Nelham</li></ul>	<b><u>By whom / when:</u></b> <ul style="list-style-type: none"><li>EA; Today</li></ul>	
5.2	<u>Infection Control:</u> <ul style="list-style-type: none"><li>Meeting held on Feb 26<ul style="list-style-type: none"><li>Seeing more respiratory and gastro infections in the community, but not seeing transmission inside the hospital; appreciation expressed to the staff for good infection control practices</li><li>Measles is in Huron County; there are an approximate 200 cases in Southwestern Ontario currently; expanded vaccine eligibility<ul style="list-style-type: none"><li>Presents as a viral infection; highly contagious; requires airborne precautions</li><li>If patient presents with rash, ask for immunization history</li><li>Starts with a rash on the face and moves down; may or may not show white spots and/or conjunctivitis</li><li>Confirm with the Lab that you are ordering samples correctly</li><li>Implemented ED measles Power Plan this week</li></ul></li><li>Cases as showing in unvaccinated patients, making vaccine 100% effective<ul style="list-style-type: none"><li>Vaccines are typically give at 12 months, and boosters at 4 years</li></ul></li></ul></li></ul>		
5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"><li>No discussion</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>Last meeting held Mar 4               <ul style="list-style-type: none"> <li>Discovery Week scheduled for 1<sup>st</sup> week of Jun</li> <li>Attempting to recruit Canadian physicians back to Canada from the US; a number of those physicians have contacted our recruiter looking for a way to come back to Canada to practice                   <ul style="list-style-type: none"> <li>Canadian nurses are also coming back to Canada, however, the process is lengthy</li> </ul> </li> <li>Grand Bend Clinic has applied to be a Practice Ready site                   <ul style="list-style-type: none"> <li>Hiring internationally trained physicians and training them for 60 days, making them eligible to practice immediately</li> <li>Four part program – 15 days Family Medicine, 15 days ED, 15 days Hospitalist, and 15 days Nursing Home</li> <li>Dr. McLean is hosting this physician in the ED, and is looking for a hospitalist to host; daily stipend included</li> <li>Feedback has been provided to the Ministry regarding negative experiences with this program; looking for improvement</li> </ul> </li> </ul> </li> </ul>	
	<u>Action:</u> <ul style="list-style-type: none"> <li>Looking for volunteer(s) to host Practice Ready physician during Hospitalist rounds in Jun; contact Dr. McLean</li> </ul>	<u>By whom / when:</u> <ul style="list-style-type: none"> <li>All; Mar</li> </ul>
5.7	<u>Quality Assurance Committee:</u> <ul style="list-style-type: none"> <li>Reviewed F2526 QIP Indicators               <ul style="list-style-type: none"> <li>BPMH QIP indicator is in good standing at SHH; process at AMGH is cumbersome and ineffective due to use of MediTech</li> <li>P4R program under Access and Flow</li> <li>EMS offload times; extra nursing in place, which should assist in bringing the numbers down</li> <li>Working on quality of data</li> <li>Physician Assessment Time; good standing at SHH, however, pressures are increasing</li> <li>Left Without Being Seen (LWBS); will be researching why patients are leaving for a 1-3 month period, i.e., waiting too long, have to pick up kids, only needed something from triage nurse, went to clinic across the street, to long to get into see family physician, etc.</li> <li>Continuing with ED Patient Experience Surveys</li> <li>Discharge Medication Reconciliation; deaths are excluded from these numbers</li> <li>DEI education; changes to this year's process – physicians do not need to complete</li> </ul> </li> <li>Discussed lab results process               <ul style="list-style-type: none"> <li>Blood cultures are not posted on Cerner for 5 days; positives show up on a paper report in the ED and can then be missed if the patient comes back in the meantime; can't be found under repeat visits</li> <li>Can result in patients being taken of antibiotics too soon; looking for more consistent interfacing</li> </ul> </li> </ul>	
	<b><u>MOVED AND DULY SECONDED</u></b> <b><u>MOTION: To approve the Medical Staff Reports as presented for the March 20, 2025 MAC Meeting. CARRIED.</u></b>	
6	<b>Other Reports</b>	
6.1	<u>Lead Hospitalist:</u> <ul style="list-style-type: none"> <li>Volumes / turnover has been better over the last few weeks; census ok</li> <li>Staff being pressured to accept transfers; reminder that we are not obligated to accept a transfer without reviewing if it is appropriate or not               <ul style="list-style-type: none"> <li>Physician-to-physician handover to be completed before acceptance                   <ul style="list-style-type: none"> <li>Recent incident where a transfer was accepted and patient could have been sent home, causing a waste of resources</li> </ul> </li> </ul> </li> </ul>	
	<u>Action:</u> <ul style="list-style-type: none"> <li>Six open Hospitalist shifts in Jun; please review your schedules</li> </ul>	<u>By whom / when:</u> <ul style="list-style-type: none"> <li>All; Mar/Apr</li> </ul>

6.2	<p><b><u>Emergency:</u></b></p> <ul style="list-style-type: none"> <li>URGENT Open shift on Sun., Mar 23; incentive increased               <ul style="list-style-type: none"> <li>Schedule is sent to EDLP two months in advance for posting; if the shifts are not filled by an EDLP or local physician within a week of the shift:                   <ul style="list-style-type: none"> <li>a mass-email is sent to a number of people to prepare for ED closure</li> <li>if not filled by 48 hours of the shift, communication to stakeholders begins</li> </ul> </li> <li>We are now 72hrs away from the unfilled shift; if it is not filled by noon today, we will send a communication to Dr. Shah, who will reach out to a broader network group to continue to look for coverage                   <ul style="list-style-type: none"> <li>Preparations for closure will begin tomorrow, Mar 21</li> </ul> </li> </ul> </li> <li>There are 9 open shifts within the next 30 days               <ul style="list-style-type: none"> <li>We do have 2<sup>nd</sup> year UWO Residents moonlighting some of the shifts</li> </ul> </li> <li>Appreciation extended to all SHH physicians, who continue to go above and beyond</li> <li>To date, TLP funding has not been extended past Mar 31               <ul style="list-style-type: none"> <li>There are still some funds available in the incentivising bucket; appreciation extended to Mr. Trieu for earmarking those funds at the beginning of the year</li> </ul> </li> </ul>		
6.3	<p><b><u>Chief of Staff:</u></b></p> <ul style="list-style-type: none"> <li>2025-03-Monthly Report-COS, circulated               <ul style="list-style-type: none"> <li>Discussed privileging process for MAID providers                   <ul style="list-style-type: none"> <li>In the process of determining a condensed version of privileging for MAID physicians on a temporary basis</li> <li>Determine what information needs to be collected, i.e., Registration, license, insurance, delegation by proxy, Canadian Board Certification, etc.; temporary privileges cannot be granted without some form of documentation</li> <li>Temporary privileged docs must be in the system to have their name associated with the patient, and for charting purposes</li> <li>Request for approval goes to Dr. Ryan, Dr. McLean, Dr. Patel, and Jimmy Trieu</li> </ul> </li> </ul> </li> <li>Canadian Board Certification (initials) is now needed for charting purposes</li> <li>EA and Quality Coordinator are working on a similar package for SHH &amp; AMGH</li> <li>Consider past process of Board agreement between SHH and GBCHC, where valid credentialing was accepted at both organizations and physicians did not have to fill out both applications</li> </ul> <table border="1" data-bbox="246 1180 1472 1444"> <tr> <td data-bbox="246 1180 857 1444"> <p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>Determine if access to our system is required for charting, and if a proxy is required for the COS to sign off on the charting</li> <li>Forward discussion of shared privileging with Governance &amp; Nominating</li> <li>Support Dr. Chan with a vote for a CMPA Council position</li> </ul> </td><td data-bbox="863 1180 1472 1444"> <p><b><u>By whom / when:</u></b></p> <ul style="list-style-type: none"> <li>EA; Mar</li> <li>Trieu; Mar / Apr</li> <li>All; Mar</li> </ul> </td></tr> </table>	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>Determine if access to our system is required for charting, and if a proxy is required for the COS to sign off on the charting</li> <li>Forward discussion of shared privileging with Governance &amp; Nominating</li> <li>Support Dr. Chan with a vote for a CMPA Council position</li> </ul>	<p><b><u>By whom / when:</u></b></p> <ul style="list-style-type: none"> <li>EA; Mar</li> <li>Trieu; Mar / Apr</li> <li>All; Mar</li> </ul>
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6.4	<p><b><u>President &amp; CEO:</u></b></p> <ul style="list-style-type: none"> <li>2025-03-Monthly Report-CEO, circulated               <ul style="list-style-type: none"> <li>New government was sworn in this past week; Sylvia Jones remains the Health Minister for Ontario                   <ul style="list-style-type: none"> <li>Anticipating Ministry budget to be ready next month, and will hopefully hear about a TLP funding extension, or permanency</li> <li>Will be discussing at upcoming OHA meeting</li> </ul> </li> <li>SHH funds set aside for shift incentives has only been partially utilized, and will be carried over to F2526, as the Board approved the full amount; Board will be notified</li> <li>Tillsonburg has seen a number of cases of Measles in community and in-hospital; CEO is planning for possible capacity issues and transference of non-measles patients in case of crisis</li> </ul> </li> </ul>		
6.5	<p><b><u>CNE:</u></b></p> <ul style="list-style-type: none"> <li>2025-03-Monthly Report-CNE, circulated               <ul style="list-style-type: none"> <li>Social Work Week celebrated Mar 10-14; planning for upcoming Nurses Week</li> <li>Onboarding new staff for ED</li> <li>Received news that SHH &amp; AMGH will be reimbursed for a significant amount of education costs, and will also be provided with more training funds</li> </ul> </li> </ul>		

	<ul style="list-style-type: none"> <li>○ ACLS training is coming soon</li> </ul>
6.6	<p><u>CFO:</u></p> <ul style="list-style-type: none"> <li>• 2025-03-Monthly Report-CFO, circulated           <ul style="list-style-type: none"> <li>○ F2526 budget has been reviewed and recommended by the Resources Committee and will be going to the Board, with a few updates, for final review and approval               <ul style="list-style-type: none"> <li>▪ Quality Manager is in the budget; extra nursing hours have been added to the budget;</li> <li>▪ IT costs are increasing by about \$250K</li> <li>▪ Will be including bases salary increases</li> <li>▪ Budget, while still running a deficit, has been increased by approximately \$300-\$400K</li> </ul> </li> <li>○ Ministry is aware of our deficit position and will not become concerned until we reach a cash crisis position               <ul style="list-style-type: none"> <li>▪ Board approved a divestment of \$1M last month, which has been completed, and we are now in a favourable cash position</li> <li>▪ Will continue to watch cash position closely, as our expenses exceed our revenues</li> </ul> </li> <li>○ \$1.6M in capital asks has been submitted to the Board: \$850K of that is for our outstanding CT request</li> <li>○ Lab, DI, Cardio Manager position has become vacant and is being posted as split cross-site positions (Lab / DI)</li> <li>○ Finance Manager (cross-site) and Finance Analyst positions have also been posted</li> </ul> </li> </ul>
6.7	<p><u>Patient Relations:</u></p> <ul style="list-style-type: none"> <li>• 2025-03-Monthly Report-Patient Relations, circulated           <ul style="list-style-type: none"> <li>○ Patient Experience Surveys for ED and Inpatients is one of our QIP indicators</li> <li>○ Survey updates have been completed; eight different surveys in place between the two sites, all validated and inline with Ministry standards</li> <li>○ Collecting information from the patients on the actual experience of filling out the surveys               <ul style="list-style-type: none"> <li>▪ Based on a patient's suggestion, the web site address and a note about where to physically drop the surveys at the hospitals will be added to the surveys</li> <li>▪ Patient also suggested that the survey be emailed to them rather than provided when they are groggy after surgery; this was discussed at the Patient Experience Panel in terms of the patient's consent to receive an email after their visit</li> </ul> </li> <li>○ HPPH is running surveillance on opioid use, as overdoses and deaths in the County have increased and they are trying to determine why</li> </ul> </li> </ul>
6.8	<p><u>Patient Care Manager:</u></p> <ul style="list-style-type: none"> <li>• Increase in ED RN coverage on some weekdays (12-8pm) will begin on Apr 22</li> <li>• ED facesheet has been removed; feedback received           <ul style="list-style-type: none"> <li>○ All the personal information docs need to know regarding a patient was on the facesheet, i.e., in the case of a paediatric patient, the parent names, family doctor, allergies, especially if the patient comes in with a grandparent who doesn't have all of this information</li> <li>○ Have continued having the facesheets manually printed for the information and having them shredded at the end of the shift</li> <li>○ Vital signs have been removed from the facesheets: workaround found</li> <li>○ Physicians are still getting used to the various screens where all of this information can be found online</li> <li>○ As of Jun 3<sup>rd</sup>, all documents with a label will be scanned into the system after the visit</li> <li>○ ED receives a paper copy of ECGs, which can be added to the Progress Notes, but do not need to be scanned as the ECGs are already in the system electronically               <ul style="list-style-type: none"> <li>▪ Concern that something will get shredded that shouldn't</li> </ul> </li> <li>○ Concern regarding patients who present as WSIB; you cannot see the visit in Cerner by entering in the HC# because they are logged as a WSIB#; difficulty billing these patients               <ul style="list-style-type: none"> <li>▪ Utilize a patient sticker</li> </ul> </li> <li>○ CTAS guidelines will be changed as of Jun 17<sup>th</sup> this year; nursing staff will be trained               <ul style="list-style-type: none"> <li>▪ Guidelines available</li> <li>▪ Some base levels will automatically be higher, i.e., confusion will now be CTAS 3 rather than 4</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ Crash carts have been organized and standardized<ul style="list-style-type: none"><li>▪ Mannitol and Osmitrol are in the med dispensary</li></ul></li><li>○ Regarding TGLN, SHH has had two ocular recoveries since Dec</li><li>○ Working with SWOSN on the Stroke Protocol; finalizing plan for patient and nurse transfer, bypass protocol, etc.<ul style="list-style-type: none"><li>▪ Difficult to determine where the patient is within the window of a stroke and where EMS should be taking them</li></ul></li><li>○ ALC numbers are down , and census has been better recently</li></ul>						
6.9	<u>Clinical Informatics:</u> <ul style="list-style-type: none"><li>• Inter-facility DI ordering has been available for the last three years, and we now have the opportunity to turn it on<ul style="list-style-type: none"><li>○ Allows ordering tests directly through Cerner to any other Cerner hospital; go live planned for next week</li><li>○ In order to have an urgent scan, there must be an MRP in the desired hospital who has accepted the patient, which is unlikely to happen as the imaging must be done first; this could result in the patient going from hospital to hospital for the required care</li></ul></li><li>• Tim Brown’s last day is tomorrow, but he has been working on a central intake for Hamilton Health Sciences Centre for DI for the whole region, and will be handing that project over</li><li>• Working on removing the facesheet for Inpatients; no issues</li></ul>						
	<b><u>MOVED AND DULY SECONDED</u></b> <b><u>MOTION: To approve the Other Reports as presented for the March 20, 2025 MAC Meeting. CARRIED.</u></b>						
7	<b>New Business</b>						
8	<b>Education / FYI</b>						
9	<b>In-Camera Session</b> <ul style="list-style-type: none"><li>○ Notifications:<ul style="list-style-type: none"><li>▪ 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</li><li>▪ All participants of the in-camera session are expected to ensure that their surroundings are secured from unauthorized participants</li></ul></li></ul>						
9.1	<u>Move into In-Camera</u> <ul style="list-style-type: none"><li>• Credentialing and Reappointment List, circulated</li></ul> <b><u>MOVED AND DULY SECONDED</u></b> <b><u>MOTION: To move into In-Camera at 9:15am. CARRIED.</u></b>						
9.2	<u>Move out of In-Camera</u> <b><u>Recommendation made to move back into open session at 9:24am. CARRIED.</u></b>						
9.3	<u>Motions Moved Out of In-Camera</u> <b><u>MOTION: To accept the Credentialing Report of March 20, 2025 as presented, and recommend to the Board for Final Approval. CARRIED.</u></b>						
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10	<b>Adjournment / Next Meeting</b> <div>Regrets to <a href="mailto:alana.ross@amgh.ca">alana.ross@amgh.ca</a></div>						
	<table><tr><th>Date</th><th>Time</th><th>Location</th></tr><tr><td>April 10, 2025</td><td>8:00am</td><td>Boardroom B110 / MS Teams</td></tr></table>	Date	Time	Location	April 10, 2025	8:00am	Boardroom B110 / MS Teams
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	<u>Motion to Adjourn Meeting</u>  <b><u>MOVED AND DULY SECONDED</u></b> <b><u>MOTION: To adjourn the March 20, 2025 meeting at 9:25am. CARRIED.</u></b>						
<b>Signature</b>							
							
Dr. Sean Ryan, Committee Chair							

