

AGENDA

Committee:	Medical Advisory Committee				
Date:	December 14, 2023		Time:	8:30am-9:30am	
Location:	Boardroom B110 / WebEx				
Chair:	Dr. Sean Ryan		Recorder:	Alana Ross	
Members:	All SHH Active / Associate, CEO, VPs, Clinical Managers				
Guests: <i>(Open Session Only)</i>	Heather Zrini, Shari Sherwood				
	Agenda Item	Presenter	Anticipated Actions	Time Allotted	Related Attachments
1	Call to Order / Welcome				
2	Guest Discussion				
3	Approvals and Updates				
3.1	Previous Minutes	Ryan	Decision	1min	• 2023-11-09-MAC Minutes
	<i>*Draft Motion: To accept the December 14, 2023 MAC Minutes.</i>				
4	Business Arising from Minutes				
4.1	CT Scanner	Trovato	Update	1min	
4.2	P4R Funding	Ryan	Update	2min	
4.3	Requests for SHH email	Sherwood	Update	2min	
4.4	ACT FAST Tool	Ryan	Update	2min	
4.5	F2425 CMaRS Reappointment Process	Ryan	Reminder	1min	• Scheduled for February start
4.6	Goderich CTs • Calling Radiologist	Ryan	Update	2min	
4.7	Cerner Physician Notes	Ryan	Update	2min	
4.8	Exeter Villa Physician Coverage	Ryan	Follow Up	2min	
5	Medical Staff Reports				
5.1	Chart Audit Review	Nelham / McLean	Information	as needed	• Cdiff ROP attachment (pending)
5.2	Infection Control	Kelly	Information	as needed	
5.3	Antimicrobial Stewardship	Nelham	Information	as needed	
5.4	Pharmacy & Therapeutics	Patel	Information	as needed	
5.5	Lab Liaison	Bueno	Information	as needed	
5.6	Community Engagement Committee	Ondrejicka	Information	as needed	
5.7	Recruitment and Retention	Ryan	Information	as needed	
5.8	Quality Assurance Committee	Nelham / Wick	Information	as needed	
	<i>*Draft Motion: To accept the December 14, 2023 Medical Staff Reports to the MAC.</i>				
6	Other Reports				

6.1	Lead Hospitalist	Patel	Information	5min	
6.2	Emergency	McLean	Information	20min	
6.3	Chief of Staff	Ryan	Information	5min	• 2023-12-Report to Board-CofS
6.4	President & CEO	Trieu	Information	5min	• 2023-12-Report to Board-CEO
6.5	CNE	Wick	Information	5min	
6.6	COO	Trovato	Information	5min	• 2023-12-Report to Board-COO
6.7	Patient Relations	Klopp	Information	5min	• 2023-12-Report to Board-Patient Relations
*Draft Motion: To accept the December 14, 2023 Other Reports to the MAC.					
7	New and Other Business				
7.1	Credentialing Report	Nelham	Acceptance Recommendation	1min	• 2023-12-14-Report to MAC-Credentials (SHH)
*Draft Motion: To accept the Credentialing Report of December 14, 2023 as presented, and recommend to the Board for Final Approval.					
8	Education / FYI				
8.1	Sessions Available	Walker	Information	1min	
9	Next Meeting & Adjournment				
	Date	Time		Location	
	January 11, 2024	8:00am-9:00am		Boardroom B110 / WebEx	

MINUTES

Committee:	Medical Advisory Committee				
Date:	November 9, 2023	Time:	8:33am-9:56am		
Chair:	Dr. Sean Ryan	Recorder:	Alana Ross		
Present:	Dr. Bueno, Dr. Chan, Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. C. McLean, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Heather Klopp, Jimmy Trieu, Matt Trovato, Adriana Walker, Michelle Wick				
Regrets:	Heather Zrini, Dr. N. McLean				
Guests:	Shari Sherwood, Joanna Smorhay				
1	Call to Order / Welcome				
1.1	<ul style="list-style-type: none">Dr. Ryan welcomed everyone and called the meeting to order at 8:33am<ul style="list-style-type: none">Dr. Ryan welcomed the team as the new Chief of Staff, and thanked Dr. Nelham for his years of services as the Chief of Staff over the past three years				
2	Guest Discussion				
2.1	<p><u>ACT-FAST Tool:</u></p> <ul style="list-style-type: none">Documents circulated included:<ul style="list-style-type: none">ACT-FAST ToolACT-FAST Implementation HHS2017-02-ACT-FAST-Drip & Ship Process Map SGH & AMGH2017-02-ACT-FAST-Protocol-AMGH TIA Process2023-04-ACT-FAST-Protocol-HPED to ED Emergency Stroke Transfers for Walk-In StrokeMs. Smorhay (Manager, Huron Perth District Stroke Programs and Stratford Dialysis Unit, HPHA), joined the meeting to discuss implementation of the Act-Fast Tool in EDs across the province; also known as the Clinical Trial for Acute Stroke Treatment for patients within the 6-24hr window<ul style="list-style-type: none"><i>Indicates patients with large ischemic stroke who may benefit from Endovascular Thrombectomy (EVT) within 6-24 hours of clearly defined stroke symptom onset or last seen well</i><i>Identifies patients who might be having a large vessel occlusion stroke; ACT-FAST positive patients need urgent assessment for EVT</i><i>EVT is available for the region at University Hospital-LHSC</i><ul style="list-style-type: none"><u>EVT (Endovascular Thrombectomy):</u> <i>EVT is a procedure for selected acute ischemic stroke patients; EVT removes large stroke-causing clots from the brain and substantially improves the chance for a better outcome</i>Goal is to treat the Act-Fast positive patient with the same urgency as the 0-4.5hr window stroke patient; positive feedback has been received from physicians in regards to the screening tips when they have patients presenting with stroke symptomsAct-Fast tool has already been built into Cerner sites; triage assessment tool automatically prompts results, which includes the Act-Fast tool<ul style="list-style-type: none">Tool needs to be completed to help guide decision making and activate the acute stroke protocolThere is an e-learning module available; requires communication to stakeholdersDetermine efficiency in transferring the patients to the correct hospital for care, i.e., Stratford or LondonStill need to determine if there needs to be an urgent consult through one number <table><tr><td><u>Action:</u><ul style="list-style-type: none">Discuss screening tool in Cerner with nursing staffEnsure most up-to-date version is posted in EDActivate tool in triage at SHH and communicate</td><td><u>By whom / when:</u><ul style="list-style-type: none">Walker; NovWalker / Smorhay; NovSmorhay; Dec 4</td></tr></table>			<u>Action:</u> <ul style="list-style-type: none">Discuss screening tool in Cerner with nursing staffEnsure most up-to-date version is posted in EDActivate tool in triage at SHH and communicate	<u>By whom / when:</u> <ul style="list-style-type: none">Walker; NovWalker / Smorhay; NovSmorhay; Dec 4
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3	Approvals and Updates				
3.1	<p><u>Previous Minutes</u></p> <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 October 12th, 2023 MAC minutes. CARRIED.</u></p>	
4	Business Arising from Minutes	
4.1	<p><u>CT Scanner:</u></p> <ul style="list-style-type: none"> • Per Ministry, formal drawings have to be included in the submission <ul style="list-style-type: none"> ○ Drawings received were not suitable and Walter Fedy was asked to redraw; two new drawings received, which have been reviewed with the DI team ○ Some small adjustments will be made to the drawings and they will be added to the package and submitted next week ○ COO will be reminding Capital Branch of the limited timeline in relation to the approved funding ○ Formal approval is required for the installation; RFP process is underway based ○ Discussed location, which will likely be directly across from registration 	
	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Forward to next agenda • Discuss location with Foundation 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • EA; Dec • Ryan / Trieu; Nov / Dec
4.2	<p><u>P4R Funding:</u></p> <ul style="list-style-type: none"> • \$150K funding was received to find efficiencies in the ED and broader hospital <ul style="list-style-type: none"> ○ Plan submitted was going to be two stipends ○ \$410/day for the ED physicians, or \$205 per shift and \$415/day for the hospitalist, which would utilize the full \$150K ; this plan was designed to ensure we could fill critical shifts and keep our ED open ○ Ministry has declined the submission, noting that the resources must be in addition to current hours of coverage • HHS will be moving forward with the physician stipend plan internally for the remainder of the year, and the P4R funding will be utilized for OneChart Phase II, and an extra weekday nursing shift, which will qualify 	
4.3	<p><u>Urgent Palliative Follow-Up Clinic:</u></p> <ul style="list-style-type: none"> • Program is now live with a goal of preventing repeat visits to the ED • For frail patients seen in the ED, referrals can be sent to Dr. Kelly for patient follow up with either a home visit or virtual/phone visit • Information will be dictated into PowerChart and will be accessible to both primary care physicians (if there is one), as well as other ED positions 	
	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Forward referrals to Dr. Kelly via HyperCare text or emily.kelly@shha.on.ca 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • All; Ongoing
4.4	<p><u>Physician Committee Assignments & Dates:</u></p> <ul style="list-style-type: none"> • 2023-11-02-Chairs and Dates of Committee Assignments for MAC circulated <ul style="list-style-type: none"> ○ As part of Accreditation ROPs (Required Organizational Practices), the Antimicrobial Stewardship Program team will be updating the structure; Dr. Nelham will be bringing various best practices to the MAC each month for review, i.e., Clostridium Difficile • An EMR Chart Audit Review committee is planned to start in Jan, and guidelines are in development; team will likely consist of Ms. Wick, Ms. Sherwood, Dr. Nelham, Dr. Patel and Dr. C. McLean 	
4.5	<p><u>Staff WiFi:</u></p> <ul style="list-style-type: none"> • All physicians who submitted a request have been set up in the Active Directory; this will allow a single point of entry into the system and access to the staff WiFi <ul style="list-style-type: none"> ○ There are changes coming; suggested waiting to develop any new email addresses • VPN (Virtual Private Network) access was shut down London due to cyber security issues; may have to call to have your password reset; when calling LSCH IT for assistance, please be very clear that you are calling from South Huron Hospital • Horizon allows access to OneChart; VPN provides broader access 	
	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Forward email requests to next agenda for discussion 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • Sherwood / Trieu; Dec

5	Medical Staff Reports	
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none"> Nothing to report 	
	<u>Action:</u> <ul style="list-style-type: none"> Review c Diff ROP 	<u>By whom / when:</u> <ul style="list-style-type: none"> Nelham; Dec
5.2	<u>Death Audit Review:</u> <ul style="list-style-type: none"> Going forward, Dr. Patel will discuss under Hospitalist report 	
	<u>Action:</u> <ul style="list-style-type: none"> Remove from agenda 	<u>By whom / when:</u> <ul style="list-style-type: none"> EA; Ongoing
5.3	<u>Infection Control:</u> <ul style="list-style-type: none"> Nothing to report 	
5.4	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> C Diff attachment for ROP (next meeting); ROPs will be reviewed monthly 	
5.5	<u>Pharmacy & Therapeutics:</u> <ul style="list-style-type: none"> Meeting scheduled for end of Nov; information to be reported to MAC in Dec 	
5.6	<u>Lab Liaison:</u> <ul style="list-style-type: none"> Nothing to report 	
5.7	<u>Community Engagement Committee:</u> <ul style="list-style-type: none"> Nothing to report 	
5.8	<u>Recruitment & Retention:</u> <ul style="list-style-type: none"> Recruitment & Retention meeting held this week; AMGH has been successful in recruiting a 3rd surgeon, and a new Psychiatrist, both starting in Jan <ul style="list-style-type: none"> Dr. Neilsen (Psychiatrist) will be retiring at the end of Dec There is interest of another psychiatrist possibly joining AMGH in the new year as well Ms. Devereaux, Physician Recruiter, has been attending recruitment fairs; KW (Sep), Montreal (currently), Ottawa (coming weekend); Ms. Devereaux will be retiring from the recruiting position in early 2024 Great committee, very invested members 	
5.9	<u>Quality Assurance Committee:</u> <ul style="list-style-type: none"> 2023-11-QIP Dashboard <ul style="list-style-type: none"> Shared a copy of the dashboard; reviewed the six metrics <ul style="list-style-type: none"> Indicators identify things that can be done differently or better, but also determine reasons why some cannot be met, i.e., CTAS levels 1&2 are not getting into the system consistently, however, this is due to the physician being with the critical patient, which is a reasonable explanation Time delays for CTAS 2&3 are mostly due to not having a bed to put a patient in; and the SHH ED was down two rooms for ½ of Sep and Oct Data collection is improving Re Service Excellence indicator, in process of developing a patient follow up phone call to ensure they received appropriate information and to connect them with resources, if needed Re Medication reconciliation, continues to do very well Re Workplace Safety, continuing to educate leadership and staff in regards to appropriate practice and work place safety; development of eLearning modules is under way <ul style="list-style-type: none"> Will be providing Violence training for all staff Re IPAC, there were some instances of Clostridium Difficile in Q1 and Q2; anticipates being 'in the green' for the remainder of the year Re Equity/Diversity, mandatory eLearning module is in place for all leadership and staff to complete; almost 60% of staff have completed 	
	<u>Action:</u> <ul style="list-style-type: none"> Complete Equity/Diversity eLearning module 	<u>By whom / when:</u> <ul style="list-style-type: none"> All; Nov / Dec
	<u>MOVED AND DULY SECONDED</u>	

	<i>MOTION: To approve the Medical Staff Reports as presented for the November 9, 2023 MAC Meeting. CARRIED.</i>	
6	Other Reports	
6.1	<u>Lead Hospitalist:</u> <ul style="list-style-type: none"> Appreciation noted that funding stipends will be still be available to the physicians; helps with retention 	
6.2	<u>Emergency:</u> <ul style="list-style-type: none"> Welcome to Dr. C. McLean, Chief of Emergency <ul style="list-style-type: none"> Form 42s (Notice to Person) are to be given to a patient to notify them that they are under a Form 1, which allows a physician to detain a patient for up to 72 hours for a psychiatric assessment <ul style="list-style-type: none"> Process is to be completed at the Schedule 1 facility however, SHH sometimes completes this if the physician is not in-house (usually AMGH); the reason the Schedule 1 facility normally fills out the Form 42 is because the clock starts when the form is signed by the physician It was recommended that, going forward, SHH physicians completed Form 42 after hours, if the patient is going to AMGH; AMGH has agreed to complete the Form 42 during day time hours <ul style="list-style-type: none"> Cerner prepopulates most of the information ED referrals are being rejected until the ordering physician is back in, which can delay tests for six weeks or more; these referrals are to be handed over to the next ED physician for signature and/or completion, as needed, to have tests done in a timely manner; process depends whether: <ul style="list-style-type: none"> The referral is urgent or non-urgent Patient has a family physician or is an orphan Only needs a signature, or needs clarification Suggested completing all referrals on line through Cerner, as hand written ones are sometimes illegible 	
	<u>Action:</u> <ul style="list-style-type: none"> Change ED Report on agenda to Dr. C. McLean Remind HFO physicians re completion of Form 42 Clarify referral steps between ED / Health Records / Nursing 	<u>By whom / when:</u> <ul style="list-style-type: none"> EA; Ongoing McLean; As needed McLean / Klopp / Walker; Nov / Dec
6.3	<u>Chief of Staff Report:</u> <ul style="list-style-type: none"> 2023-11-Report to Board-CofS (SHH) circulated <ul style="list-style-type: none"> Exeter Villa Physician Coverage <ul style="list-style-type: none"> Dr. Jadd has resigned from his Medical Director position at the Villa, and all new patients are going to the new physician from London; ED visits from the Exeter Villa have increased Looking for an SHH physician to pick up some daytime work at the Exeter Villa; it will be a benefit to the community to have a local physician at Exeter Villa, and one who can connect with the local physician group Can consider different models of care and apply for grants, as available Outpatient Lab hours are being pulled out of the walk-in clinic and put back into the hospital as of Jan 1, 2024 <ul style="list-style-type: none"> As this will be a significant loss to the community, Dr. Ryan is attempting to attract a private lab company to South Huron, i.e., Life Labs or Dynacare (not interested); further information pending 	
	<u>Action:</u> <ul style="list-style-type: none"> Schedule meeting with new physician at Exeter Villa for introduction and discussion of support needs 	<u>By whom / when:</u> <ul style="list-style-type: none"> Ryan / Kelly / Wick; Nov / Dec
6.4	<u>President & CEO Report:</u> <ul style="list-style-type: none"> 2023-11-Report to Board-CEO circulated <ul style="list-style-type: none"> OHA will be holding engagement sessions regarding its advocacy of funding challenges with Board Chairs and CEOs over the next few weeks; development of messaging regarding the pre-budget Five to six million patient records were stolen in the recent cyber attack on Windsor Regional Hospital Network (Erie St. Clair) 	

	<ul style="list-style-type: none">▪ Networks will be rebuilt from scratch▪ A patient hotline as been opened▪ A number of services have been transferred to LHSC and Hamilton▪ Any connections to AMGH & SHH have been terminated until further notice, i.e., physician VPN; however, sufficient communication was not received		
	<u>Action:</u> <ul style="list-style-type: none">• Forward questions or information for OHA to CEO• Be vigilant when opening emails; do not open anything that looks suspicious	<u>By whom / when:</u> <ul style="list-style-type: none">• All; Prior to Dec 11• All; Ongoing	
6.5	<u>CNE Report:</u> <ul style="list-style-type: none">• Documents circulated:<ul style="list-style-type: none">○ 2023-10-30-Media Release re OBSP Expansion<ul style="list-style-type: none">▪ Breast cancer screening will be changing in 2024○ 2023-11-EMS Destination Protocol (protocol list only)<ul style="list-style-type: none">▪ HPHA is reviewing its EMS bypass protocols, and has shared a draft that has been extended to Wingham, SHH and AMGH for review; discussed impact on STEMIs, Strokes, and orthopedic injuries, etc.○ 2023-09-SHH Sep Incident Report<ul style="list-style-type: none">▪ Discussed recent incidents▪ Expressed caution around transferring patients with out nursing staff▪ Provision of education around Antimicrobial Stewardship and cultures		
6.6	<u>COO:</u> <ul style="list-style-type: none">• Nothing further		
	<u>Action:</u> <ul style="list-style-type: none">• Forward report to Board to MAC	<u>By whom / when:</u> <ul style="list-style-type: none">• EA; Monthly	
6.7	<u>Patient Relations Report:</u> <ul style="list-style-type: none">• 2023-11-Report to Board-Patient Relations circulated<ul style="list-style-type: none">○ Circulated patient pamphlets for review, i.e., Empower Your Health Journey (patient-facing Clinical Connect / ConnectMyHealth); all staff and physicians are encouraged to sign up<ul style="list-style-type: none">▪ Includes Discharge Summaries, and some imaging and labs; replaces MyChart (not to be confused with other Apps like MyCarePortal, and Pocket Health)		
	<u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Other Reports as presented for the November 9, 2023 MAC Meeting. CARRIED.</u>		
7	New Business		
8	Education / FYI		
8.1	<ul style="list-style-type: none">• Sessions Available<ul style="list-style-type: none">○ See Adriana Walker<ul style="list-style-type: none">▪ Electronic documentation for nursing in the ED is going live the week of Dec 4; most paper-based documentation will cease at this point, except deliveries and Code Blues▪ Development of med lists for orphan patients and/or CTAS 2 with chest pain or altered Level of Consciousness (LOC), through completion of BPMHs○ Discussed homelessness issue<ul style="list-style-type: none">▪ Development of policy to handle non-patients seeking shelter at night; working on development of a consistent process to deter these situations from happening▪ Considering provision of small care packages to hand out○ See Hospital Round invitations from Lori Hartman (HPHA)		
9	Adjournment / Next Meeting Regrets to alana.ross@amgh.ca		
	Date	Time	Location
	December 14, 2023	8:30am	Boardroom B110 / WebEx
	<u>Motion to Adjourn Meeting</u> <u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the November 9, 2023 meeting at 9:56am. CARRIED.</u>		
Signature			

Dr. Ryan, Committee Chair

Chief of Staff Report, Exeter Site – HHS Board Meeting – December 2023

Prepared by: Sean Ryan MD CCFP(EM) FCFP

Our ED and inpatient volumes continue to be high. Based on ED volumes through the end of November, we are on track to reach over 12,000 patient visits for the fiscal year which would be a record for Exeter. Our inpatient unit has been at or over capacity for several weeks and we expect this to continue through the respiratory virus season. This has led to holding admitted patients in the ED for prolonged periods, which puts an extra strain on nursing staff.

The ED and Hospitalist physician schedule has been made through the end of April. We have no gaps in hospitalist coverage, but have some gaps in the ED. We are optimistic that these can be filled.

At the Medical Centre, we continue to administer flu and COVID shots to the community. Primary care visits as well as visits with our allied health partners have been high.

Please feel free to contact me at any time with questions or concerns. My email address is ryanse7@gmail.com

PRESIDENT & CEO REPORT

December 2023

METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			HHS is experience capacity issue as is the system. Clinical teams continue to monitor patient activity daily.
Master Plan and Functional Plan			Capital Branch is reviewing Master Plan proposal.
Finance			HHS continues to report a positive variance as compared to the deficit budget. HSAA review continues as the Ministry has extended F24 HSAA's to F25.

TOP OF MIND

Fall/Winter Pressures

- The official flu season has started and Influenza A is the predominant strain in the community
- The latest data on influenza trends found that the rate of positive cases was 6.8 per cent, which is higher than the seasonal threshold of 5% positivity
- Across the province there as so far been 51 outbreaks of influenza with 32 outbreaks taking place in longterm care facilities
- The rate of COVID-19 infection in Ontario as measured by wastewater data is now at its highest point in more than a year
- Data released last week by Public Health Ontario (PHO) shows that the province's COVID-19 wastewater signal has approximately doubled over the last month – from one to 1.9
- In the last week, 21,000 (PCR) COVID-19 tests were completed, resulting in a positivity rate of just over 20 per cent in Ontario – a near doubling over rates recorded in the summer
- As most individuals have either become infected with COVID-19, received a vaccination – or both – a majority of individuals are not experiencing severe symptoms, or hospitalization, when infected
- Brightshores Health System (formerly Grey Bruce Health Services) communicated to partner hospitals that they will not be accepting any new elective OB/gyne patient referrals until the new year due to staffing pressures
 - Will not affect HHS, but demonstrates the continued staffing pressures across the system

BIG WINS | LEARNING

- Partnership announcement with Gateway and the University of Waterloo School of Pharmacy to enhance the health outcomes of the rural population in Southwestern Ontario
- Holiday Food Drive to support the food bank in each community from Dec 4 to Dec 20
- Dr. Jenifer Ford, 4th surgeon, will start in January 2024
- Dr. Peter Dixon, psychiatrist will start January 2024
- New patient entertainment system will be implemented at SHH in the new year. Many thanks to SHHF for support this project!

PRESIDENT & CEO SUMMARY

There continue to be ED closures due to staff and physician shortages in our region. This year, in Ontario, EDs were closed about 1,200 times, which is equivalent to 31,000 hours of lost care or 3.44 yrs, surpassing last years closures of 898. The number of emergency department closures and a crisis in health-care staffing has increased and compounded in recent years, largely driven by the province's inability to properly staff hospitals, Ontario's Auditor General has found. A new probe into emergency departments by the province's acting Auditor General has found wait times are up, closures have become increasingly common, and some hospitals are being crippled with as many as one in four jobs left unfilled.

Summary of closures in our region:

- Durham Hospital 51 times
- Wingham Hospital 31 times
- Walkerton Hospital 20 times
- Seaforth Hospital 17 times
- Clinton Hospital 4 yrs
- Chesley Hospital 4 yrs on and off
- Miden Hospital Permanently closed

There is currently an active effort by two groups to look at ED closures. The first is within the SW region and is being led by the President & CEO of Tillsonburg/Ingersoll hospitals and Dr. Amit Shah, the OH Provincial ED Lead. They are reviewing the number of EDs in the SW region and the volumes, staff, funding, acuity and usage. The second is a committee established by the OHA to review EDs across the province. Both groups will be developing recommendations for Ontario Health by the end of the fiscal year. The lack of a provincewide strategy to help hospitals prevent emergency department closures, in addition to ongoing staffing shortages, continues to put a strain on hospital. The intent of the work by these two groups is to help formulate a strategy for EDs.

Respectfully,

Jimmy Trieu
President & CEO

COO Report to Board

DATE: December 5, 2023
FROM: Matt Trovato, VP Corporate Service and Chief Operating Officer
TOPIC: COO Report to Board of Directors

Financial Snapshot (Period 7, year to date):

- See November Financial Results Package for fulsome detail
- AMGH: **\$389k deficit**, but \$766k positive budget variance due to unknown, unbudgeted funding (both permanent and one-time funding)
- SHH: **\$436k deficit**, but \$241k positive budget variance due unknown, unbudgeted funding (one-time funding only)

General Updates:

- *Common theme:* increased workload across all departments due to increased volumes and activity; many staff are noting severe burn-out, mental health issues, etc. at unprecedented levels. Communication around prioritization setting, support in sun-setting/deferring non-essential work is underway, however the reality is that we are seeing additional required work and reporting without incremental funding or resources.

Notable Funding Updates:

- No material new funding received since last report.

Provincial Picture – how we compare to peers:

- As has been noted, all hospitals across the province are experiencing financial challenges. The OHA has released data showing the average margin and current ratio as of Q2; overlaying AMGH and SHH's period 7 results, it can be seen that both organizations are performing better than average compared to our peer hospitals.

Q2 Adjusted Current Ratio by Peer Group

(all sector codes and fund types; less deferred contributions)



Data Source: Ministry Of Health SRI

Confidential – Please do not distribute without permission.



Q2 2023-24 Surplus/Deficit Margin by Peer Group

(all sector codes and fund types; including amortization revenues and expenses)



Data Source: Ministry Of Health SRI

Confidential – Please do not distribute without permission.



Finance:

- F24/25 budgeting process underway; planning for February Audit and Finance presentation and recommendation.
- Bill 124 Retro payments completed for all groups across both organizations in November:
 - AMGH \$2.63M total cost
 - SHH \$1.05M total cost
 - Funding TBD; optimistic that MOH will support these costs at least on a one-time basis for current year

Procurement and Logistics:

- Back orders increasing; working to actively monitor inventory levels, and engage vendors for suitable alternatives where possible; may drive slight cost pressures as required.

ITS:

- Microsoft Office 365 project kicked off at SHH; email hosting moving from Comcentric to LHSC (able to leverage LHSC attractive licensing costs), and full Office 365 suite of products to replace existing 2016 on premise installation. Targeting roll out by March 2024 subject to available resources.
 - Benefits: Additional functionality, enables collaboration between HHS sites via Teams, and cyber security improvements (encrypted file sharing/email)
 - Cyber security attempts and issues continue to increase in the sector. Government considering legislating a “no negotiation policy” that may reduce the incentive for hackers to target publicly funded entities.
 - Class action lawsuit against 5 Ontario hospitals who had breaches for \$480M for data breach: [CBC Article](#)
 - Formally requested a standalone Cyber Security Insurance Policy quote for SHH (AMGH already has this) for additional protection.
-

Human Resources/Education/Occupational Health:

- Additional training and education opportunities being created for staff, including in Performance Management, Leaders Guide to Onboarding, Workplace Accommodation, and Conflict Resolution.
 - AMGH: OPSEU Union Certification for the Allied Health members in DI and Laboratory was certified on November 8 with the Ontario Labour Relations Board. Expected to receive official “Notice to Bargain” in the coming weeks.
 - Pay Equity: SHH Unifor representing service employees filed a notice requiring the hospital to provide Pay Equity Maintenance Plan by November 3, 2023. Pay equity was mandated in 1990 and SHH last updated the Plan in 2015 which makes it out of date. We have engaged HR Wise Pay Equity Consultants who are in a position to update the Plan for all 4 Unions and Non Union employees. AMGH Pay Equity Maintenance Plan will also require updating; the plan was updated in 2019 so will require much less work on behalf of the consultant.
 - Held travelling high school Health Care Job Fair pilot in Goderich with the goal of attracting students to health care. Plans to expand to additional Huron County high schools in 2024.
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Facilities and Support Services:

- SHH Electrical upgrade project (HIRF funded) continues. Project currently meeting timelines; 3 of 9 electrical panels have been upgraded. Expected completion spring/early summer 2024.
 - SHH patient entertainment system update: Implementation beginning and expected to be completed in January/February 2024.
 - SHH HVAC improvements – replacing air conditioning units for the inpatient area with dual units that provide heat and A/C, which will allow improved ventilation and fresh air intake in the winter months, which will improve infection prevention and control. Project starting in December.
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Laboratory:

- Implementation of new Architect Ci4000 Clinical Chemistry Analyzer in the AMGH Laboratory. In addition to a more advanced system, this new analyzer brings better connectivity with other IHLP labs.
- SHH Clinic Blood Draws: Working with Dynacare and internally to develop a model that would allow for the blood draw clinic to remain in service, at minimal incremental cost to the hospital, while improving our ability to recruit critical MLA resources. Working with union to create an MOU that will allow for temporary additional MLA shift for starting January 2024, to preserve the blood clinic while final plans are developed. There is no guarantee that permanent suitable plans will possible, however we are optimistic that we can make this work.

Diagnostic Imaging:

- CT Business Case draft completed for SHHA; final submission to the MOH Capital Branch is complete; we now wait for a response (MOH has up to a year to review)
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MAC & Board of Directors' Patient Experience Story

The following story is a great example of good relationships, partnerships and quality care being developed through meaningful collaborations.

On more than one occasion recently, the SHH Emergency Department (E.D.) nurses have contacted Jessica's House about potential admissions to hospice directly from the E.D.- sometimes even late into the evening. When considering hospice care, the patient's "palliative performance scale" (PPS) is used to indicate how much the patient has declined. Full ambulation and health is 100%. Patients can arrive at SHH emergency room with a PPS as low as 10%.

After medical assessment, it can be realized that the E.D. is not the best place for a patient and their family to spend their final hours. Although there is limited time left for some patients in their final hours, Jessica's House is able to support the patient and the family seamlessly through the difficult transition. It is not the standard process to access hospice services late on a weekend night, as Home and Community Care (available Monday through Friday 8-4) usually completes an application and submits to Hospice. Generally, weekend transitions are difficult to facilitate.

As this palliative patient who presented to our ED wished to spend their last days in hospice surrounded by family and pet, our nurses called Jessica's House directly at approximately 10 p.m., and completed the referral. Jessica's house responded, Dr. Lam accepted the patient and facilitated this timely transition. Emergency Medical Services assisted with transportation, and the patient arrived at hospice by 11 pm that night.

Recently, with the collaboration of E.D. doctors, nurses, and Dr. Lam, Jessica's House MD, beds for these patients were able to be arranged very quickly in hospice. Both Jessica's House and SHH express thanks to Huron County Emergency Medical Services (EMS) who assist in the care of these compassionate cases.

Jessica's House Executive Director, Tracy Snell, and the Clinical Team at SHH are working together to continue to improve on the processes for these types of transitions of care.

Our shared goal is an easy transition from hospital to hospice for family and their loved ones at end-of-life.

Respectfully Submitted by Heather Klopp, Manager Patient Relations, Patient Registration, Privacy, and Health Records.

INTER-OFFICE MEMORANDUM

TO: Medical Advisory Committee, South Huron Hospital

FROM: Dr. Sean Ryan, Dr. Craig McLean

DATE: December 14, 2023

RE: **Applications/Reapplications for SHH Professional Staff**

It is the recommendation of the credentialing process to appoint or re-appoint the following named individuals to the SHH professional staff. Privileges will be extended to June 30, 2024 and then subject to the re-application process.

LOCUM	CHANGE / STATUS	COMMENTS
RANDHAWA, Dr. Shubreet	NEW-Radiologist (RAD-Consulting)	