

AGENDA

Committee:		Medical Advisory Committee			
Date:		January 11, 2024		Time:	8:00am-9:00am
Location:		Boardroom B110 / WebEx			
Chair:		Dr. Sean Ryan		Recorder:	Alana Ross
Members:		All SHH Active / Associate, CEO, VPs, Clinical Managers			
Guests:		Heather Zrini, Shari Sherwood			
	Agenda Item	Presenter	Anticipated Actions	Time Allotted	Related Attachments
1	Call to Order / Welcome				
2	Guest Discussion				
2.1	<ul style="list-style-type: none">Oracle Health (Cerner) InstanceOutside Document Integration to CernerHealth Information Exchange (HIE)	Sherwood	Presentation	10min	
3	Approvals and Updates				
3.1	Previous Minutes	Ryan	Decision	1min	<ul style="list-style-type: none">2023-12-14-MAC Minutes
	*Draft Motion: To accept the December 14, 2023 MAC Minutes.				
4	Business Arising from Minutes				
4.1	Goderich CTs	Ryan	Follow Up	1min	
5	Medical Staff Reports				
5.1	Chart Audit Review	Nelham / McLean	Information	as needed	
5.2	Infection Control	Kelly	Information	as needed	
5.3	Antimicrobial Stewardship	Nelham	Information	as needed	<ul style="list-style-type: none">SHHA Antimicrobial Stewardship Terms of Reference DRAFT
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 & Retention Committee	Ryan	Information	as needed	
5.8	Quality Assurance Committee	Nelham / Wick	Information	as needed	
	*Draft Motion: To accept the January 11, 2024 Medical Staff Reports to the MAC.				
6	Other Reports				
6.1	Lead Hospitalist	Patel	Information	5min	
6.2	Emergency	McLean	Information	20min	
6.3	Chief of Staff	Ryan	Information	5min	

6.4	President & CEO	Trieu	Information	5min	• 2024-01-Monthly Report-CEO
6.5	CNE	Wick	Information	5min	• 2024-01-Monthly Report-CNE
6.6	COO	Trovato	Information	5min	• 2024-01-Monthly Report-COO
6.7	Patient Relations	Klopp	Information	5min	• 2024-01-Monthly Report-Patient Relations
<i>*Draft Motion: To accept the January 11, 2024 Other Reports to the MAC.</i>					
7	New and Other Business				
8	Education / FYI				
8.1	Sessions Available	Walker	Information	1min	
9	Next Meeting & Adjournment				
	Date	Time		Location	
	February 15, 2024	8:00am-9:00am		Boardroom B110 / WebEx	

MINUTES

Committee:	Medical Advisory Committee		
Date:	December 14, 2023	Time:	8:30am-9:30am
Chair:	Dr. Sean Ryan	Recorder:	Chelsea Adamson
Present:	Dr. Nelham, Dr. Ryan, Dr. Kelly, Dr. Chan, Dr. Patel, Heather Klopp, Jimmy Trieu, Matt Trovato, Adriana Walker, Michelle Wick		
Regrets:	Heather Zrini, Dr. McLean, Alana Ross, Shari Sherwood		
Guests:	Aileen Knip (Board Representative)		
1	Call to Order / Welcome		
1.1	<ul style="list-style-type: none">Dr. Ryan welcomed everyone and called the meeting to order at 8:30am		
2	Guest Discussion		
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> <u>MOTION: To accept the November 9, 2023 MAC minutes. CARRIED.</u></p>		
4	Business Arising from Minutes		
4.1	<u>CT Scanner:</u> <ul style="list-style-type: none">No updates		
	<u>Action:</u> <ul style="list-style-type: none">Follow up	<u>By whom / when:</u> <ul style="list-style-type: none">Trovato; Dec	
4.2	<u>P4R Funding:</u> <ul style="list-style-type: none">No updates		
4.3	<u>Requests for SHH email:</u> <ul style="list-style-type: none">Ms. Sherwood has made email access available as requested; working well		
	<u>Action:</u> <ul style="list-style-type: none">Remove from agenda	<u>By whom / when:</u> <ul style="list-style-type: none">EA; Jan	
4.4	<u>ACT FAST Tool:</u> <ul style="list-style-type: none">Live and working well		
	<u>Action:</u> <ul style="list-style-type: none">Remove from agenda	<u>By whom / when:</u> <ul style="list-style-type: none">EA; Jan	
4.5	<u>F2425 CMaRS Reappointment Process:</u> <ul style="list-style-type: none">Privilege reappointment process will be in February 2024		
4.6	<u>Goderich CTs:</u> <ul style="list-style-type: none">Calling Radiologist<ul style="list-style-type: none">Concern with having to call Radiologist On-Call for approval; to be determined if this is a Radiology request or an AMGH Tech request		
	<u>Action:</u> <ul style="list-style-type: none">Confirm process	<u>By whom / when:</u> <ul style="list-style-type: none">Trovato; Dec	
4.7	<u>Cerner Physician Notes:</u> <ul style="list-style-type: none">Requesting a Running Progress Note in Cerner		
	<u>Action:</u> <ul style="list-style-type: none">Deferred	<u>By whom / when:</u> <ul style="list-style-type: none">Sherwood / Walker; Jan	

4.8	<p><u>Exeter Villa Physician Coverage:</u></p> <ul style="list-style-type: none"> Exeter Villa physicians feel they can handle the workload appropriately, however, SHH ED is seeing an increased number of Villa resident visits Villa staff have been requested to contact Dr. Kelly if they require assistance <table> <tr> <td> <p><u>Action:</u></p> <ul style="list-style-type: none"> Remove from agenda </td><td> <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> EA; Jan </td></tr> </table>	<p><u>Action:</u></p> <ul style="list-style-type: none"> Remove from agenda 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> EA; Jan
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5	Medical Staff Reports		
5.1	<p><u>Chart Audit Review:</u></p> <ul style="list-style-type: none"> In process of auditing Medication Reconciliation 		
5.2	<p><u>Infection Control:</u></p> <ul style="list-style-type: none"> Carbapenemase-producing Enterobacteriaceae (CPE) case recently on unit; policy has been developed and approved by IPAC Eight (8) COVID-19 cases have been seen Staff influenza vaccination rate is currently at 71% C. diff education recently provided 		
5.3	<p><u>Antimicrobial Stewardship:</u></p> <ul style="list-style-type: none"> If physician chooses to treat without sending for culture, physician is to leave a comment in the chart as to why culture was not obtained ROP approved for committee Three (3) c. Diff cases seen, not hospital acquired <ul style="list-style-type: none"> One was treated with Flagyl; not appropriate treatment <table> <tr> <td> <p><u>Action:</u></p> <ul style="list-style-type: none"> Provide guidelines / education for physicians </td><td> <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> ASP Committee / Pharmacy / Dr. Kelly; Dec / Jan </td></tr> </table>	<p><u>Action:</u></p> <ul style="list-style-type: none"> Provide guidelines / education for physicians 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> ASP Committee / Pharmacy / Dr. Kelly; Dec / Jan
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5.4	<p><u>Pharmacy & Therapeutics:</u></p> <ul style="list-style-type: none"> In process of streamlining Insulin products; main formulary will be subcutaneous, with auto sub IV Insulin; suggested simplifying process by using one type rather than several types Nitro spray on backorder; SHH was able to secure more Ketamine; allocated amount is 1 box/month 		
5.5	<p><u>Lab Liaison:</u></p> <ul style="list-style-type: none"> No update 		
5.6	<p><u>Community Engagement Committee:</u></p> <ul style="list-style-type: none"> No update 		
5.7	<p><u>Recruitment & Retention:</u></p> <ul style="list-style-type: none"> No update 		
5.8	<p><u>Quality Assurance Committee:</u></p> <ul style="list-style-type: none"> No update 		
	<p><u>MOVED AND DULY SECONDED</u></p> <p><u>MOTION: To approve the Medical Staff Reports as presented for the December 14, 2023 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"> No gaps in Hospitalist coverage at this time Walk in Clinic; concern regarding labs that require review on weekends <ul style="list-style-type: none"> Dr. Ryan and Dr. Patel confirmed that they follow up on these reports during the week Continue to run Clinic 11:00am-2:00pm with current structure 		
6.2	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> Currently fully staffed over Jan, with the exception of 2 shifts at the end of the month Next level for increased funding is 12,500 visits annually and SHH ED is currently at 9-10K; discussed ways to increase visits to reach threshold <ul style="list-style-type: none"> AFA visits to be qualified Staff to be registered through ED for needle sticks, TDAP and titres, with follow up provided by IPAC and Occupational Health accordingly 		

	<ul style="list-style-type: none"> ▪ 'Out-of-province' and WSIB visits do not count in these numbers ○ What counts as a visit requires clarification <ul style="list-style-type: none"> ▪ A patient that 'is triaged' vs 'left without being seen' vs 'before or after diagnostic testing is completed' ○ Determine if infusions and transfusions can be registered through ED, keeping Hospitalist as MRP and treatment in the inpatient unit, according to current process 				
	<table> <tr> <td><u>Action:</u></td><td><u>By whom / when:</u></td></tr> <tr> <td> <ul style="list-style-type: none"> • Determine Short Stay visit registration to ED </td><td> <ul style="list-style-type: none"> • Walker / Klopp; Jan </td></tr> </table>	<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> • Determine Short Stay visit registration to ED 	<ul style="list-style-type: none"> • Walker / Klopp; Jan
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6.3	<p><u>Chief of Staff Report:</u></p> <ul style="list-style-type: none"> • Medical Directives have been updated with minor changes; MAC approval not required • No new directives added 				
	<table> <tr> <td><u>Action:</u></td><td><u>By whom / when:</u></td></tr> <tr> <td> <ul style="list-style-type: none"> • Add Directives to Cerner • Develop Inpatient Directives </td><td> <ul style="list-style-type: none"> • Walker / Sherwood; As updated • Walker / Sherwood; 2024 </td></tr> </table>	<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> • Add Directives to Cerner • Develop Inpatient Directives 	<ul style="list-style-type: none"> • Walker / Sherwood; As updated • Walker / Sherwood; 2024
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6.4	<p><u>President & CEO Report:</u></p> <ul style="list-style-type: none"> • Stats presented to MAC • Winter season is expected to increase ED closures and pressures <ul style="list-style-type: none"> ○ Meeting scheduled with Lisa Thompson; Dec 15 • Discussed possible long term impacts of Clinton and Seaforth ED closures; currently being reviewed by Provincial ED Lead • Finance continues to advocate for funding to be rerouted from closed EDs to EDs that remain open, as is outlined in funding contracts but is not enacted 				
6.5	<p><u>CNE Report:</u></p> <ul style="list-style-type: none"> • Will be attending death investigation rounds with Dr. McLean • Quality Initiative re Opioid Overdoses <ul style="list-style-type: none"> ○ Suboxone is preferred treatment; of note, there is currently Narcan-resistant fentanyl out west ○ Of 1 in 4 overdose deaths, deceased has had a healthcare visit within 7 days of death ○ Average age of overdoses are between 25-44 years • Surgical case referrals to Goderich <ul style="list-style-type: none"> ○ Difficulty finding surgical beds; complicates sending patients to AMGH for CT with no beds available for admission / surgery ○ Dr. Jennifer Ford, General Surgeon, will be starting at AMGH in Jan 				
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6.6	<p><u>COO Report:</u></p> <ul style="list-style-type: none"> • SHH is currently in a deficit position of \$436K, which is better than planned due to a 2% base increase and one-time funding <ul style="list-style-type: none"> ○ All hospitals in Ontario are currently running in a deficit position, however, SHH is performing better than average for small hospitals • Pharmacy backlogs; shortages and backorders • Expressed importance for everyone to remain vigilant and diligent around Cyber Security • Working on continuing blood draw services at Medical Clinic <ul style="list-style-type: none"> ○ Planning is underway to implement independent lab services, and/or have union increase MLA hours 				
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6.7	<p><u>Patient Relations:</u></p> <ul style="list-style-type: none"> • Patient story shared around transition of patient from SHH to Jessica's House; great teamwork, family appreciative • ED is seeing more unattached patients and/or patients with limited access to their family physicians <ul style="list-style-type: none"> ○ Bluewater Clinic is onboarding two new family physicians, which is anticipated to decrease the current number of unattached patients 				

	<u>Action:</u> <ul style="list-style-type: none">Determine referral process to Bluewater Clinic for unattached patients	<u>By whom / when:</u> <ul style="list-style-type: none">Klopp; Next week
	<u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Other Reports as presented for the December 14, 2023 MAC Meeting. CARRIED.</u>	
7	New Business	
7.1	<u>Credentialing: New Appointments & Reapplications:</u> <ul style="list-style-type: none">Credentialing and Reappointment list circulated <u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the Credentialing Report of December 14, 2023 as presented, and recommend to the Board for Final Approval. CARRIED.</u>	
8	Education / FYI	
9	Adjournment / Next Meeting	
	Regrets to alana.ross@amgh.ca	
	Date	Time
	January 11, 2024	8:00am
	Location	
	Boardroom B110 / WebEx	
	<u>Motion to Adjourn Meeting</u> <u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the December 14, 2023 meeting at 9:30am. CARRIED.</u>	
Signature		
 <		

PRESIDENT & CEO REPORT

January 2024

METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			Continue to recruit and retain staff.
Master Plan and Functional Plan			Capital Branch is reviewing Master Plan proposal. Waiting for approval to move forward.
Finance			Continue to capture cost of staying open. H-SAA's have been signed.

TOP OF MIND

System Pressures

- Pressures on the health care system continue to be a concern as we move into the new year
- Outbreaks of COVID-19, Flu and RSV continue to occur across the province stretching valuable staffing resources
- Capacity at the system level remains and puts added pressure on access to care

BIG WINS | LEARNING

- From the 2023 Colonoscopy Quality Report for AMGH. Kudos to the surgical team for great results!
 - Highest adenoma detection rates in the province
 - FIT screen positive patients are getting timely scopes (i.e. rights patients, right time)
 - Lower than average complication rates for scopes
 - Patients consistently give rave reviews of their "spa-like" treatment in day surgery
 - Things to improve upon:
 - Providing more area for patient privacy (i.e. need a new hospital)
 - 100% coverage of after hours OR service (i.e. working on staffing)
 - Need for standardized reporting (i.e. Meditech vs Cerner)
- IODE donated \$40,000 to the AMGH Foundation for Palliative Room enhancements
- The Bluffs donated \$20,000 to the AMGH Foundation
- The Auxiliary donated \$20,000 to the SHH Foundation

PRESIDENT & CEO SUMMARY

Happy New Year to all!! As we head into a new year, funding remains top of mind. Pressure from regional ED closures remain a factor on operations at HHS. Although the hospital sector has received many one-time funding initiatives, many of these are set to expire March 31, 2024. This will place additional pressure on hospitals to maintain current service levels.

This year, the OHA expresses growing apprehension regarding the hospital sector's capability to sustain service access for the year 2024/25 and beyond. The challenges faced during the 2023/24 fiscal year, including significant labor cost pressures, heightened overall price inflation, cash flow challenges, and a surge in population growth, have contributed to increased uncertainty within the sector, with potential ramifications for the upcoming year.

The OHA has finalized its pre-budget recommendations for the government and will be hosting an advocacy guidance session for CEOs and Board Chairs on January 11, 2024 at 1pm.

Questions that I will be posing at this session include:

1. How is the government currently prioritizing funding for different healthcare sectors, and where do hospitals stand in this prioritization?
2. What measures is the government taking to ensure sustainable, long-term funding for hospitals, considering the evolving healthcare landscape?
3. How is the government supporting hospitals in adopting and integrating new technologies to enhance patient care and operational efficiency?

This year will be focused on system sustainability and making sure that Huron Health System stays viable and relevant as we continue to address the pressures affecting patient care.

Respectfully,

Jimmy Trieu
President & CEO

Focus on Safe, Quality Patient Care, Close to Home

2024 New Year Trends in Healthcare

Dental Care

Subsidized dental care- federal government is rolling out phase one, or 13 billion dollar project to help low income, uninsured Canadian families pay for dental procedures.

Psychedelics

Psychedelics- federal government spent 3 million dollars last year studying the benefits of psilocybin therapy for addictions and depression. Alberta now allows medicinal use of psychedelics. In October 2022, Alberta's government introduced new requirements for psychedelic assisted therapy through an amendment to the Mental Health Services Protection Regulation. These requirements came into effect January 16, 2023.

MAID Eligibility Expansion for Mental Health

In March, Canada is expected to amend legislation to grant MAID to people whose sole diagnosis is mental health. The eligibility originally expected to roll out last year was delayed for further consultation. Our team shares the same predictive sentiment for this year.

Critical Staffing Shortage and ED Overcrowding

Expanding populations, and long term care homes in our areas, in combination with ongoing province and country wide staffing shortages affecting the healthcare sector. "Recent data indicate that ED overcrowding is worsening across the country. Some people are more vulnerable to the impacts of ED overcrowding, at least in part due to existing social and structural inequities, such as social isolation, poverty, limited agency to self-advocate, mental health emergencies, lack of access to primary care, substance use, and lack of access to safe and secure housing" CADTH, 2023. These challenges help define our focus for the upcoming year.

Focus on Our People & Workplace

Nursing Recruitment and Retention

Registered Nurse pipeline continues to be sources from two main sources:

- Direct entry graduates- next cohort April 2024. We do continue to hire successfully, with notable time from posting to hire (can average 6 months-year to fill new vacancies)
- External Recruits- continue to see intermittent interest from Experienced RNs either relocating to the area, or local to our area and interested in working at HHS

Continued Focus:

- Full and sustained implementation of safe care models
- Proactive planning to staff additional escalation capacity
- Continue proactive recruitment and retention campaigns including, Enhanced Extern Program, and Clinical Scholar Program.
- Continued partnership with colleges and universities to provide nursing student placements
- Continue to manage sickness absences according to Occupational Health and HHS policy

- Reduction in short notice shift fill gaps
- Establishment of escalation processes regarding patient safety compromise due to staffing numbers and/or skill at times of increased capacity
- Continued enrollment of staff into the ED Nursing Education, Retention, and Workforce Program
- High School Outreach and Discovery Week planning and participation

Risks:

- Ongoing use of unfunded escalation capacity
- Skill mix imbalances, some teams have higher proportions of novice staffing or require extensive training and experience to master (ie. Obstetrics and OR)
- Anticipating higher than average number of maternity leaves in some specialized areas

Focus on Increasing the Value of our Healthcare System

Telestroke Care AMGH

Our stroke program has seen exponential growth since inception in 2010. We provide telestroke services for a wide geography and bridge the access gaps to timely access to care for our rural demographic. With continued growth, evaluation and assessment of the program and consideration for future growth are essential now, resource, quality, technology, regulatory compliance, outcome monitoring, community needs assessments. Planning for growth involves designing the program in a way that allows us to scale efficiently. Considerations to technology, flexible staffing models, and adaptable workflows that can accommodate the increased demand.

Focus on Working with Partners towards an Integrated & Sustainable Rural Health Care System

Access and Flow

Collaborating with our regional hospital partners and EMS partners regarding patient coordination, and EMS bypass protocols, when some hospitals are experiencing enhanced capacity or acuity, limiting their ability to provide appropriate and/or timely care necessitating redirect of patients arriving via ambulance to the next closest hospital.

In closing, I look forward to discussing this Report, and any other items of interest with the Board at our upcoming meeting.

Respectfully,



Michelle Wick
VP Clinical Services/CNE

COO Report to Board

DATE: December 29, 2023
FROM: Matt Trovato, VP Corporate Service and Chief Operating Officer
TOPIC: COO Report to Board of Directors

Financial Snapshot (Period 8, year to date):

- See November Financial Results Package for fulsome detail
- **AMGH: \$590k deficit**, but \$681k positive budget variance due to unknown, unbudgeted funding (both permanent and one-time funding), Bill 124 repeal impacts
- **SHH: \$919k deficit**, and \$85K negative budget variance due unknown, unbudgeted funding (one-time funding only), Bill 124 repeal impacts
- Large increase in deficit in November results due to remaining Bill 124 retroactive payments being processed.

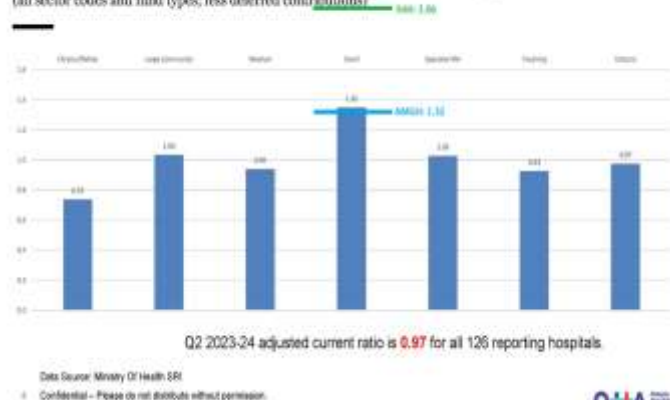
Notable Funding Updates:

- No material new funding received since last report.

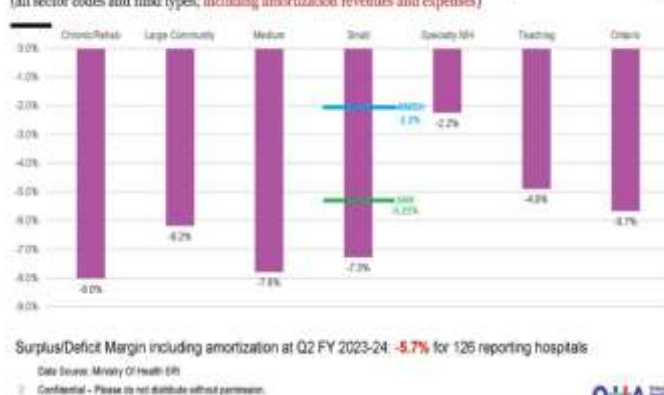
Provincial Picture – how we compare to peers:

- 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



Q2 2023-24 Surplus/Deficit Margin by Peer Group



Finance:

- F24/25 budgeting process underway; planning for February Audit and Finance presentation and recommendation.
- Bill 124 Retro payments fully completed for all groups across both organizations in November results (I.e. no further large retroactive impacts, but increased comp costs ongoing):
 - 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:

- Creation of Product Evaluation Committee to evaluate, advise and test potential new incoming products underway
- Back orders increasing; working to actively monitor inventory levels, and engage vendors for suitable alternatives where possible; may drive slight cost pressures as required.

Human Resources/Education/Occupational Health:

- Provincial Benefits Strategy – actively involved and participating in the Healthcare Collaborative Benefits (CO), which is a province-wide benefits initiative. The provincial plan is to move benefits for hospitals starting April 1, 2024. Cost savings, enhanced fraud protections, new technology and enhanced customer support are expected; engaging in meeting with the working group to understand cost, scope, etc., to ensure that this is the best and right avenue for our hospitals.
 - Further enhanced performance appraisal process, by adding a 360 degree feedback component to leadership evaluations.
 - As of the end of the calendar year, completed 169 job postings for AMGH and 69 for SHH.
 - Unionization: Allied Health departments at AMGH have ratified; collective bargaining to occur likely early in the new year.
-

Laboratory:

- SHH Clinic Blood Draws: Expression of Interest (EOI) posted and closed with Union to temporarily increase staffing to allow for continued operation of the blood draw clinic until March 31, 2024 (pending staff availability and positively responding to EOI) while we continue to work with both Dynacare and LifeLabs to try to find a more permanent solution to maintain this service for the community. Awaiting final proposal from LifeLabs expected January 18, 2024 regarding their ability to staff/support staffing the clinic.
 - MLT shortage continues to provide significant challenges, with massive holes in schedules at both organizations due to unfillable vacancies (being filled graciously by current staff and casuals, but not sustainable). Exploring alternatives to create stability, all of which will require financial investment.
-

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); Ontario Health has confirmed receipt, and that they will be reviewing in their queue
-

Joint Contracts:

- Currently working with HPHA to refresh and update contracts for shared services (ITS and Pharmacy), which are set to expire March 31, 2024. Ensuring that contracts are updated to reflect the value/work that is being provided for AMGH, rather than previous terminology that specific a flat rate. Also, ensuring flexibility in contract and exit clauses to provide ability to adjust course as we move down the Cerner path in the future.
-

Privacy:

- Development, approval and implementation of a new privacy policy for all students, volunteers and affiliates to ensure that everyone entering our hospitals to work, help, or learn are appropriately trained and educated on their responsibilities and privacy matters.
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Jan 2024

As told by a patient:

"I arrived at AMGH anxious about a sudden health issue.

The staff, from reception to nurses, showed incredible kindness, making me feel reassured.

Dr. Treasurywala ordered an emergency CT scan. Her expertise and compassion after receiving the results of the CT further eased my concerns. The fact that she took the extra step to write out the next steps in my road to recovery, shows that she goes above and beyond for her patients.

The seamless coordination and genuine care at every step highlighted the hospital's commitment to patient well-being.

I am truly grateful for the exceptional care received at AMGH."

Submitted by Heather Klopp, Manager Patient Relations, HHS.

SHHA Antimicrobial Stewardship Terms of Reference (TOR)

Background: The Antimicrobial Stewardship Program (ASP) is a multidisciplinary patient safety initiative designed to promote the appropriate use of antimicrobials in clinical practice. It is broadly defined as a practice that ensures the optimal indication, selection, dose, route, and duration of antimicrobials for the treatment or prevention of infection. It leads to the best possible clinical outcome while producing the fewest possible side effects and the lowest risk for subsequent resistance. Antimicrobials include antibiotic, antiviral, antifungal, and antiparasitic drugs.

Purpose: The Antimicrobial Stewardship Committee (ASC) is responsible for providing strategic direction on the prioritization, implementation, and evaluation of antimicrobial stewardship initiatives within South Huron Hospital. The ASC will share the relevant activities, processes, and outcomes of the program with stakeholders across the organization.

Goals: The ASC shall provide effective leadership for:

- Overseeing the implementation of institution-wide antimicrobial stewardship processes and services
- Ensuring that quality of care and patient safety are factored into all program decision-making activities by promoting safe, timely, equitable, patient-centered, efficient, and effective use of antimicrobial agents.
- Guiding the program on all matters related to judicious antimicrobial use within the organization
- Reviewing and implementing processes for antimicrobial formulary restrictions and approvals involving high-cost, high-risk, and/or broad-spectrum agents
- Promoting the appropriate use of antimicrobial agents in accordance with accepted national and international standards, including the development of clinical practice guidelines.
- Reviewing antibiograms, local antimicrobial resistance trends, and antimicrobial resistance patterns on a national and global scale
- Ensuring that all program decisions are unbiased, being free from the influence of industry or other external parties
- Ensuring that process and outcome measures are reported to senior hospital leaders and other stakeholders
- Continuous quality improvement activities through:
 - Annual review of prescribing practices for restricted antimicrobial agents
 - Quarterly audit of unit-specific and provider-specific compliance with program recommendations

Governance: Who will the ASC committee report to and how often?

Membership Area of Representation	Representative	Voting Status
Physician Lead, ASP	Dr. Mark Nelham	Chair
Antimicrobial stewardship Pharmacist	Heather Zrini	Co-Chair
Antimicrobial Stewardship Physician	Sandra Mekhaie	Voting
Infectious Disease Specialist??		Voting
Infection Prevention & Control	Jaime Murray	Voting
Clinical Educator, Nursing Professional Practice	TBD	Voting
Clinical Informatics	Shari Sherwood	Voting
Nursing Staff Representative (Inpatient Unit)	Hallie Caughy	Voting
Pharmacy Staff Representative	Brittany Beauchamp	Voting
Patient Care Manager	Adrianna Walker	Voting
Senior Lab Technician	Allison Rammello	Voting