

# AGENDA

ADDED

6.7 2024-04-Monthly Report-Patient Relations

7.1 2024-04-Report to MAC-Credentials

Committee:	Medical Advisory Committee				
Date:	April 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: <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	• 2024-03-07-MAC Minutes
	*Draft Motion: To accept the March 7, 2024 MAC Minutes.				
4	Business Arising from Minutes				
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	
5.4	Pharmacy & Therapeutics	Patel	Information	as needed	
5.5	Lab Liaison	Bueno	Information	as needed	
5.6	Recruitment and Retention Committee	Ryan	Information	as needed	
5.7	Quality Assurance Committee	Nelham	Information	as needed	
	*Draft Motion: To accept the April 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	• 2024-04-Monthly Report-COS
6.4	President & CEO • Accreditation	Trieu	Information	5min	• 2024-04-Monthly Report-CEO • 2024-03-Monthly Report-CEO
6.5	CNE	Higgs	Information	5min	• 2024-04-Monthly Report-CNE • 2024-03-Monthly Report-CNE
6.6	COO	Dejong	Information	5min	• 2024-04-Monthly Report-Operations • 2024-03-Monthly Report-COO
6.7	Patient Relations	Klopp	Information	5min	• 2024-04-Monthly Report-Patient Relations • 2024-03-Monthly Report-Patient Relations

	<b><i>*Draft Motion: To accept the April 11, 2024 Other Reports to the MAC.</i></b>				
<b>7</b>	<b>New and Other Business</b>				
7.1	Credentialing Report	Ryan	Acceptance Recommendation	1min	<ul style="list-style-type: none"> <li>• 2024-04-11-Report to MAC-Credentials</li> </ul>
	<b><i>*Draft Motion: To accept the Credentialing Report of April 11, 2024 as presented, and recommend to the Board for Final Approval.</i></b>				
<b>8</b>	<b>Education / FYI</b>				
8.1	Sessions Available	Walker	Information	1min	
<b>9</b>	<b>Next Meeting &amp; Adjournment</b>				
	<b>Date</b>	<b>Time</b>		<b>Location</b>	
	May 9, 2024	8:00am-9:00am		Boardroom B110 / MS Teams	

# MINUTES

Committee:	Medical Advisory Committee				
Date:	March 7, 2024	Time:	8:00am-8:45am		
Chair:	Dr. Sean Ryan	Recorder:	Alana Ross		
Present:	Dr. Ondrejicka, Dr. Mammoliti, Dr. Joseph, Dr. Ryan, Dr. Chan, Dr. Lam, Dr. Kelly, Matt Trovato, Adriana Walker, Heather Klopp, Michelle Wick, Jimmy Trieu				
Regrets:	Aileen Knip (Board Representative)				
Guests:	Shari Sherwood				
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 8:00am</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 January 11, 2024 and February 8, 2024 MAC minutes. CARRIED.</u></b>				
4	Business Arising from Minutes				
5	Medical Staff Reports				
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none"><li>No report</li></ul>				
5.2	<u>Infection Control:</u> <ul style="list-style-type: none"><li>Documents circulated:<ul style="list-style-type: none"><li>C. diff-Adults Algorithm</li><li>Pneumonia QIP Algorithm</li><li>Skin &amp; Soft Tissue Infection-Adults Algorithm</li><li>UTI QIP Algorithm</li></ul></li><li>Algorithms circulated show the correct workflow per diagnosis of C. difficile, Pneumonia, Skin &amp; Soft Tissue Infection, and UTI<ul style="list-style-type: none"><li>Note that Flagyl is not to be used for C. diff</li></ul></li><li>Pharmacy raised some concerns around the detail in the algorithms; to be discussed</li></ul> <table><tr><td><b><u>Action:</u></b><ul style="list-style-type: none"><li>Finalize antibiotic protocol details with Heather Zrini, and forward to EA for April Agenda</li></ul></td><td><b><u>By whom / when:</u></b><ul style="list-style-type: none"><li>Kelly / Nelham; Prior to Apr 11</li></ul></td></tr></table>			<b><u>Action:</u></b> <ul style="list-style-type: none"><li>Finalize antibiotic protocol details with Heather Zrini, and forward to EA for April Agenda</li></ul>	<b><u>By whom / when:</u></b> <ul style="list-style-type: none"><li>Kelly / Nelham; Prior to Apr 11</li></ul>
<b><u>Action:</u></b> <ul style="list-style-type: none"><li>Finalize antibiotic protocol details with Heather Zrini, and forward to EA for April Agenda</li></ul>	<b><u>By whom / when:</u></b> <ul style="list-style-type: none"><li>Kelly / Nelham; Prior to Apr 11</li></ul>				
5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"><li>Document circulated:<ul style="list-style-type: none"><li>SHH Antimicrobial Stewardship Terms of Reference DRAFT</li></ul></li></ul> <b><u>MOVED AND DULY SECONDED</u></b> <b><u>MOTION: To accept the SHH Antimicrobial Stewardship Terms of Reference, as presented. CARRIED.</u></b> <table><tr><td><b><u>Action:</u></b><ul style="list-style-type: none"><li>Update SHH TOR with accepted Antimicrobial Stewardship Terms of Reference</li></ul></td><td><b><u>By whom / when:</u></b><ul style="list-style-type: none"><li>EA; Today</li></ul></td></tr></table>			<b><u>Action:</u></b> <ul style="list-style-type: none"><li>Update SHH TOR with accepted Antimicrobial Stewardship Terms of Reference</li></ul>	<b><u>By whom / when:</u></b> <ul style="list-style-type: none"><li>EA; Today</li></ul>
<b><u>Action:</u></b> <ul style="list-style-type: none"><li>Update SHH TOR with accepted Antimicrobial Stewardship Terms of Reference</li></ul>	<b><u>By whom / when:</u></b> <ul style="list-style-type: none"><li>EA; Today</li></ul>				
5.4	<u>Pharmacy &amp; Therapeutics:</u> <ul style="list-style-type: none"><li>No report</li></ul>				
5.5	<u>Lab Liaison:</u> <ul style="list-style-type: none"><li>No report</li></ul>				

5.6	<p><u>Community Engagement Committee:</u></p> <ul style="list-style-type: none"> <li>Community Engagement Committee has been disbanded as of Mar 4 and will be reconstituted as the Community Engagement Council               <ul style="list-style-type: none"> <li>Purpose of the committee was starting to devolve into recruitment, of which there is already a committee in place</li> </ul> </li> <li>HHS will share hospital issues that affect the community with the Community Engagement Council to gather feedback               <ul style="list-style-type: none"> <li>The council will meet at the call of the Chair (Board Chair) / Co-Chair (Community Member) / CEO</li> <li>Participants will be determined based on the topic, i.e., physicians, Towns, communities, etc.</li> </ul> </li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Strike item from agenda</li> </ul> <p><b>By whom / when:</b></p> <ul style="list-style-type: none"> <li>EA; as of Apr 11</li> </ul>
5.7	<p><u>Recruitment and Retention Committee:</u></p> <ul style="list-style-type: none"> <li>R&amp;R committee meeting held on Mar 5               <ul style="list-style-type: none"> <li>AMGH has recruited Dr. Dixon to psychiatry; difficulty in getting this physician started and anticipated start date is now Jul 1</li> <li>Dr. Doering has started a locum rotation in psychiatry at AMGH; working very well</li> <li>Dr. Ford has started an Associate role in general surgery at AMGH; working very well</li> <li>Mayor of Goderich has agreed to provide Town tours, etc., for new recruits</li> <li>Mayor an CAO of South Huron also expressed interest in developing a welcoming process for new recruits</li> </ul> </li> <li>A new recruitment site was found; looking for Huron County participation               <ul style="list-style-type: none"> <li><a href="#">Southern Ontario Physician Recruitment Alliance</a></li> </ul> </li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Forward Southern Ontario Physician Recruitment Alliance to Gwen Devereaux</li> </ul> <p><b>By whom / when:</b></p> <ul style="list-style-type: none"> <li>EA; Today</li> </ul>
5.8	<p><u>Quality Assurance Committee:</u></p> <ul style="list-style-type: none"> <li>QA committee meeting held on Jan 24; next meeting scheduled for May 15               <ul style="list-style-type: none"> <li>COO and CNE have developed a draft annual QIP, which will go to the QA committee in May; more information to come</li> </ul> </li> </ul>
	<p><b><u>MOVED AND DULY SECONDED</u></b>  <b><u>MOTION: To approve the Medical Staff Reports as presented for the March 7, 2024 MAC Meeting. CARRIED.</u></b></p>
6	<p><b>Other Reports</b></p>
6.1	<p><u>Lead Hospitalist:</u></p> <ul style="list-style-type: none"> <li>No report</li> </ul>
6.2	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> <li>Dr. McLean is developing the summer schedule and has emailed all physicians to submit their requests               <ul style="list-style-type: none"> <li>It is currently unknown if the EDLP program will be continued past Mar 31</li> </ul> </li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Submit summer schedule requests to Dr. McLean</li> </ul> <p><b>By whom / when:</b></p> <ul style="list-style-type: none"> <li>All; ASAP</li> </ul>
6.3	<p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> <li>Documents circulated:               <ul style="list-style-type: none"> <li>2024-03-Monthly Report-COS</li> <li>2024-02-Monthly Report-COS</li> </ul> </li> <li>Attended recent meeting with UH Imaging Subcommittee               <ul style="list-style-type: none"> <li>Appreciation extended to Mr. Trovato for his excellent presentation</li> <li>More positive feedback has been received via a formal Letter of Support</li> </ul> </li> <li>High Sensitivity Troponin is now available at SHH; algorithm is in place and related documents have been updated</li> <li>Attended first Regional Chief of Staff meeting last week; meeting was informative               <ul style="list-style-type: none"> <li>Discussed creation of a Regional Hospitalist Program or Central Repository of physicians that are willing to provide Hospitalist services at various hospitals</li> </ul> </li> <li>As of Apr 1 LHSC and McMaster will be discontinuing mandatory masking; more information to come</li> <li>Application for Primary Care Team funding was denied</li> </ul>

	<ul style="list-style-type: none"> <li>○ Funding for one year was awarded for establishment of a mobile NP clinic within Huron Perth, which will include preventative or educational care provided by RNs/RPNs</li> <li>○ Mandate stipulated that 1,600 patients to be attached to the NPs</li> <li>○ Dr. Patel voiced interest in gaining access to this program; discussion meeting to be scheduled between Robin Spence and the SH primary care group</li> </ul>	
6.4	<u>President &amp; CEO:</u> <ul style="list-style-type: none"> <li>• Document circulated: <ul style="list-style-type: none"> <li>○ 2024-02-Monthly Report-CEO</li> </ul> </li> <li>• Regional CEO table has been working with the OHA on advocacy for additional funding to all hospitals <ul style="list-style-type: none"> <li>○ OHA circulated a brief survey to determine the benefits of the EDLP program, and what would happen if the funding stopped; CEO completed the survey noting that a discontinuation of the program would result in significant rural hospital ED closures</li> </ul> </li> </ul>	
6.5	<u>CNE:</u> <ul style="list-style-type: none"> <li>• Attended Rural &amp; Northern Healthcare Leadership Conference on Mar 1; speaker was Dr. Nathan Banda <ul style="list-style-type: none"> <li>○ Dr. Banda has published a research study on nurses' intent to leave or stay in rural hospitals <ul style="list-style-type: none"> <li>▪ The research showed that nurses leave mostly due to lack of managerial support, i.e., insufficient backup, regular check-ins, etc., and disrespect shown to nurses from doctors; discussed the importance and development of team culture</li> <li>▪ Rural nurses have multiple roles, increasing their workload, when compared to urban centre nursing roles</li> </ul> </li> <li>○ SHH continues to do well with these two indicators; appreciation extended to the team</li> <li>○ Dr. Chan expressed appreciation for the current nursing management</li> </ul> </li> <li>• Difficulty accessing Ortho and getting surgical consults</li> <li>• HHS has been invited to the Southwest Regional Access and Flow Subcommittee <ul style="list-style-type: none"> <li>○ Jaime Murray and Adriana Walker have been asked to represent HHS in identifying challenges and looking for solutions in regards to patient repatriation</li> <li>○ Difficulties with repatriations and HPHA continue</li> </ul> </li> <li>• Regarding IPAC, Ms. Murray has shared an HPPH alert regarding a global rise in Measles; and group-based strep is also in the area <ul style="list-style-type: none"> <li>○ Reminder to wear your PPE to prevent exposure</li> <li>○ With Ms. Murray's guidance in IPAC, SHH has had no outbreaks, and there has been less swabbing required than the norm; her input on masking guidelines will be considered</li> <li>○ LHSC has already changed their masking guidelines</li> </ul> </li> <li>• HP&amp;A OHT Accreditation Survey is scheduled for April; the survey will include 10 organizations <ul style="list-style-type: none"> <li>○ A draft calendar of events has been circulated; more information to come</li> <li>○ Physician participation is encouraged, if possible</li> </ul> </li> <li>• OB Skills Day for nurses scheduled for April 4 and 18; includes panda warmer demonstration</li> </ul>	
6.6	<u>COO:</u> <ul style="list-style-type: none"> <li>• Blood Lab Clinic at the SHMC will remain open; permanent solution in place</li> <li>• Large facility projects are under way <ul style="list-style-type: none"> <li>○ Electrical project is on schedule; important upgrades for future CT Scanner</li> <li>○ Elevator expected to be up and running by end of Mar; workaround in place</li> <li>○ Patient entertainment systems to be installed Mar/Apr</li> </ul> </li> </ul>	
6.7	<u>Patient Relations:</u> <ul style="list-style-type: none"> <li>• Physicians have been re-attested for the use of HyperCare <ul style="list-style-type: none"> <li>○ Pharmacy (internal) has expressed interested in joining HyperCare; timely decision as there is currently a free license promotion</li> <li>○ HyperCare is not to be used for medication orders</li> <li>○ Phone calls are preferable for physician communication</li> </ul> </li> <li>• OneCare is underway and will be driven by OHT</li> <li>• Daytime Pharmacy will remain with Tillsonburg</li> </ul>	
	<u>Action:</u> <ul style="list-style-type: none"> <li>• Review with Brittany Beauchamp</li> </ul>	<u>By whom / when:</u> <ul style="list-style-type: none"> <li>• Klopp; Mar</li> </ul>
	<b><u>MOVED AND DULY SECONDED</u></b>	

	<u><b>MOTION: To approve the Other Reports as presented for the March 7, 2024 MAC Meeting. CARRIED.</b></u>		
7	New Business		
7.1	<u>Credentialing: New Appointments &amp; Reapplications:</u> <ul style="list-style-type: none"><li>Credentialing and Reappointment list circulated</li></ul> <u><b>MOVED AND DULY SECONDED</b></u> <u><b>MOTION: To accept the Credentialing Report of March 7, 2024 as presented, and recommend to the Board for Final Approval.</b></u>		
	<u><b>Action:</b></u> <ul style="list-style-type: none"><li>Forward to HHS Common Board agenda</li></ul>	<u><b>By whom / when:</b></u> <ul style="list-style-type: none"><li>EA; Mar 21</li></ul>	
8	Education / FYI		
9	Adjournment / Next Meeting		Regrets to <a href="mailto:alana.ross@amgh.ca">alana.ross@amgh.ca</a>
	Date	Time	Location
	April 11, 2024	8:00am	Boardroom B110 / MS Teams
	<u>Motion to Adjourn Meeting</u>  <u><b>MOVED AND DULY SECONDED</b></u> <u><b>MOTION: To adjourn the March 7, 2024 meeting at 8:45am. CARRIED.</b></u>		
Signature			

## PRESIDENT & CEO REPORT

April 2024

### METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			Staffing complement is in a good position. HHS continues to recruit and retain staff.
Master Plan and Functional Plan			Capital Branch is reviewing the Master Plan proposal. Waiting for approval to move forward.
Finance			Funding for the next fiscal remains unknown for now. Continue to capture the cost of staying open.
SHH Medical Clinic			Draft plans have been created and meetings with respective individuals will take place over the next few months.

### TOP OF MIND

#### Funding

On Tuesday March 26, 2024, the Hon. Peter Bethlenfalvy, Minister of Finance, tabled the 2024 [Ontario Budget](#). Highlights of health sector investments include:

- An expected increase of 4% (\$965 million) in hospital base funding.
- Addressing health human resource challenges, including \$743 million to make permanent both the Extern Program and Supervised Practice Experience Partnership Program, increasing nursing enrolment and training programs, and \$50 million to help northern and rural communities attract and retain healthcare workers.
- Investments in primary care, including \$546 million over three years for primary care teams.
- Enhancing access to care for northern Ontarians through a \$45 million increase in the Northern Health Travel Grant program over three years.
- Over the next 10 years, investing \$50 billion into health infrastructure, including \$36 billion in capital grants and \$620 over 10 years to address urgent infrastructure renewal needs.
- A commitment to a new medical school with York University focused on family medicine.
- Investment of \$12 million to establish a new Health Technology Accelerator Fund, enabling healthcare service providers to purchase and leverage technology to enhance patient care.
- Unclear of what this looks like for HHS. More information to come over the next few weeks.

### Accreditation

- Scheduled for week of April 22-26
- Ten organizations across the HP&A OHT will be participating in this accreditation process.
- HHS had a mock accreditation survey the last two weeks of March and the staff did a fantastic job.

### **BIG WINS | LEARNING**

- Ministry of Health will continue to provide hospitals with funding for the following health human resources programs.
  - Enhanced Extern Program (EEP):
    - Offers employment opportunities for qualifying nursing, medical, respiratory therapy, paramedic, physiotherapy, occupational therapy students, and Internationally Educated Nurses (IENs) to work in an unregulated capacity on paid assignments.
    - Through the 2024 Budget, the EEP has been made a permanent program. Funding will continue to be available to all publicly funded hospitals through Ontario Health.
  - Supervised Practice Experience Partnership (SPEP):
    - Provides eligible IENs with the opportunity to meet their evidence of practice and language proficiency requirements.
    - Funding for the SPEP program will also continue to be provided to all hospitals that are participating in the SPEP program who have been approved by the College of Nurses of Ontario (CNO).
  - Clinical Scholar Program (CSP):
    - Supports both recruitment and retention by creating mentorship opportunities. Through this program, experienced frontline nurses provide at-the-bedside mentorship and support to new graduate, internationally educated, or upskilling nurses to confidently transition into new health care working environments and nursing practice.
    - Funding for the Clinical Scholar Program will continue to be made available to all publicly funded hospitals through Ontario Health.



## PRESIDENT & CEO SUMMARY

This month our focus is on quality as we enter into Accreditation and also submit our Quality Improvement Plan (QIP).

First, the Huron Health System QIP aligns with our vision and strategic plan, as it focuses on:

1. Better understanding how our ED LOS aligns with staffing levels and patient volumes over days of the week so we can ensure operational excellence.
2. Ensuring staff training on diversity, equity and inclusion is monitored and encouraged.
3. Educating our ED nursing staff on Sickle Cell disease presentation and management to empower our staff to be ready for changing demographics.
4. Optimizing the feedback from our patients through updated questionnaires aligned with provincial reporting and pulling in key questions of the organization.
5. Educating our nursing staff on the impact of delirium on patient outcomes, falls risk and the importance of routine screening. This will help us identify those showing signs of delirium as early as possible and treat it effectively. Thus empowering our people to deliver excellent care.

A very special thank you to Shari Sherwood for her hard work compiling the information and working with our teams to develop the plan and the metrics!!

Secondly, this will be first time that Accreditation Canada will be surveying an OHT, specifically the Huron Perth & Area OHT. Ten (10) organizations in the Huron Perth region will be participating in this Accreditation the week of April 22-26.



The Accreditation surveyors will be meeting with Board members, senior leaders and will spend the majority of their time speaking with front line staff and assessing how we do the things we do. Staff have been preparing, reviewing and updating for this assessment for the past year. I am confident that they surveyors will be impressed by what we do in the climate of change and ever growing pressures that health care faces every day.

Finally, the Canadian Institute for Health Information (CIHI) released a report on wait times for priority procedures in Canada. Key findings include:

- Between April and September 2023, fewer patients received a hip or knee replacement within the recommended 6 months compared with the same period in 2019, despite an increase in the number of surgeries performed (18% and 15%, respectively).

- Cataract surgery wait times have returned to pre-pandemic levels, with 70% of patients treated within the recommended 112 days in 2023 (the percentage had dropped to 45% in 2020).
- While most patients received radiation therapy or hip fracture repair within benchmark (94% and 82%, respectively), the percentage decreased slightly (3% to 4%) between 2019 and 2023.
- Median wait times were 2 to 4 days longer for breast, bladder, colorectal and lung cancer surgeries in 2023 than in 2019, and 11 days longer for prostate cancer surgery.
- Between April and September 2023, median wait times were 7 days longer for MRI scans and 4 days longer for CT scans compared with the same period in 2019.

These findings will inform recovery and planning efforts by health systems to deliver better timely care to Canadians. To explore the interactive report click [here](#).

Respectfully,

Jimmy Trieu  
President & CEO

## PRESIDENT & CEO REPORT

March 2024

### METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			Staffing complement is in a good position. HHS continues to recruit and retain staff.
Master Plan and Functional Plan			Capital Branch is reviewing the Master Plan proposal. Waiting for approval to move forward.
Finance			Funding for the next fiscal remains unknown for now. Continue to capture the cost of staying open.
SHH Medical Clinic			Krista and I have been working together to formulate a plan for the new medical clinic. More information to follow

### TOP OF MIND

#### Funding

- Last month, the Ontario Court of Appeal found that Bill124 is unconstitutional and invalid for unionized employees
- However, Bill124 was valid for non-unionized employees.
- The Ontario government announced that it will not appeal the decision and is repealing the Act in its entirety.
- The next step for the hospital sector is to secure forward funding for Bill124.

#### Accreditation

- Scheduled for week of April 22-26
- Jane Sager has volunteered to be the HHS board representative for governance
- Teams across the hospitals have been busy reviewing standards and making sure we are in compliance
- This will be a trial run for Accreditation Canada surveying an OHT. Ten organizations across the HP&A OHT will be participating in this accreditation process.

### BIG WINS | LEARNING

- The MoH funded 85% of Bill 124 (\$1.86M for AMGH and \$773K for SHH) in-year. This was expected as communicated by the OHA earlier in February. Although, not funded at 100%, this will help the bottom line.

- In February, the Ontario Hospital Association (OHA) submitted its recommendations to the Government of Canada's Department of Finance in advance of the 2024 Federal Budget. Pressures to keep an eye on include:
  - Over the next 20 years, Canada's seniors' population — those age 65 and older — is expected to grow by 68 per cent.
  - The status quo is no longer tenable, and that technology and innovation can be leveraged to help prepare for the future health care needs.
  - Research can significantly improve patient care and organizational efficiency, leading to substantial cost-savings.
  - Innovation and technology have enormous potential for the redesign of health-based services across Canada. However, increased federal investment is required over the short term to realize these benefits.

## **PRESIDENT & CEO SUMMARY**

Last month, Premier Doug Ford and Prime Minister Justin Trudeau announced \$3.1 billion dollars in funding for health care in Ontario through Canada Health Transfer (CHT) Bilateral Agreement. This investment is intended to facilitate the creation of new health services capacity and capability, help ensure reduced unnecessary reliance on acute care hospitals and ensure more people have access to care in the right setting. The funding will be used to:

- Reduce backlogs for surgeries and wait times in emergency rooms.
- Increase access to primary care by adding hundreds of new family physicians and nurse practitioners, and thousands of new nurses and personal support workers.
- Improve access to family doctors for patients in rural, remote and underserved areas.
- Expand enrollment in health care education programs 700+ spots and increase support for tuition fees.
- Make it easier for Canadian and internationally trained doctors and health professionals to practice in Ontario by removing barriers for foreign credential recognition, simplifying licensing processes, and increasing program access for highly educated and skilled health professionals.
- Modernize the digital infrastructure around electronic health information sharing, reporting and collecting.
- Address systemic inequities in Indigenous health care services and further fund the Ontario's Support for Indian Residential Schools Burials Funding program.
- Establish five more Youth Wellness Hubs in addition to the 22 are open since 2020, connecting youth in rural, remote and indigenous communities to much needed mental health and substance use services.

As a sector, we're still waiting to see how this translates into action for improving healthcare in our region.

Respectfully,

Jimmy Trieu  
President & CEO

## Focus on Safe, Quality Patient Care, Close to Home

### Quality Improvement Plan

Sometimes you get it right! Our teams are excited about our new QIP initiatives and we are already seeing engagement and alignment. Our antimicrobial team is talking on a project regarding the collection and review of data urinary tract infections (UTIs) and their treatment based on the QIP clinical pathways which the physician team at SHH developed. This project dovetails nicely with our delirium indicator. Our clinical informatics and education teams at both hospitals are working on Confusion Assessment Method (CAM) scoring, and education, also aligning with our delirium indicator. It is really nice to see that as our teams mature, our ability to collaborate and align with our strategic initiatives is becoming innate.

### Reminder of QIP Initiatives

Access and Flow Indicator: 90<sup>th</sup> percentile for ED Length of Stay

-target will move with provincial average

(current AMGH 6.7 hour/ SHHA 5.18 hours)

Equity Indicator 1: % of staff (executive -level, management and all) who have completed relevant equity, diversity, inclusion and antiracism education

-target 85%

Equity Indicator 2: % ED nursing staff trained on sickle cell disease presentation and management.

-target 85%

Patient Centered Care Indicator: Number of completed Patient Experience Surveys in Acute Inpatient and Emergency Department areas.

-aiming for a 50% increase in surveys completed within a quarter.

Safety Indicator: % inpatients over 65 yrs who have delirium assessments recorded in HIS

-target 90%

## Focus on Our People & Workplace

### Narcotic Diversion Interventions

We were able to implement some number strategies to address narcotic diversion risks, including revised patient's own narcotic forms and processes, education roll out at nursing skills days and the development and routine reporting of narcotic discrepancy information to nursing leaders.

### Nurses Week "Changing Lives, Shaping Tomorrow"

National Nurses week is May 6-12 this year. The theme "Changing Lives, Shaping Tomorrow" recognizes the contributions of the tremendous impact that nurses have on individuals, communities, and the future of health care. We are proud to be celebrating nurse's week as an inclusive appreciation for entire interdisciplinary team. We have several events and appreciation activities planned, this year is particularly nice timing, directly following our accreditation, where we will highlight all of the amazing work our team has accomplished.

### Focus on Increasing the Value of our Healthcare System

#### Mental Health Bridging Program

Last year Minister Tibollo (Associate Minister of Health) announced a funding to support a new initiative for Mental Health Support in Huron, Perth and Bruce counties. A private company, Medavie, was contracted to provide this service. We have been working with our new partner to determine scope and aim. The initial focus of the program is to provide bridging services from Emergency Department to Community Supports, targeting the first 72 hours within discharge. The mobile van was never used for serving patients and has been sold.



#### Wound Care

Wound care education and support was flagged by our teams as a need. We were fortunate to have an RN and an RPN from AMGH be accepted into a Wound Care Champion course through Wound Canada. Another RN is completing a Master's Degree in Wound healing. And 3 nurses between SHH and AMGH have completed their Wound Care Certificate through York University.

Pictured below is a resource developed by our new wound care specialists to help guide the team on current best practices. Pictured below Brittany Hockey, RPN



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

#### AMGH Pharmacy Services Partnership Agreement

The MOU between HPHA and AMGH was successfully negotiated for continued pharmacy services agreement, new term ending March 31, 2029.

#### New Regulatory proposal regarding the connecting care act 2019, Home and Community Care and Ambulance co-pay

A new regulatory proposal outlines several significant changes to existing healthcare legislation and regulations in Ontario. Key Points:

##### Connecting Care Act, 2019 (CCA)

Ontario Health Teams (OHT) can receive funding from Ontario Health for home and community care services.

Proposed regulation ensures that when funding is provided by Ontario Health to the coordinating corporation of an OHT for these services, the individual OHT member(s) providing the services will be accountable under the CCA.

##### Health Insurance Act, 1990

Proposed amendments to **extend the exemption from ambulance co-payments for patients** receiving professional services from a Home and Community Care Support Services (HCCSS) organization to include patients receiving such services from other health service providers, including hospitals.

Hospitals currently collecting ambulance co-payments from exempt patients would lose that revenue source.

##### Bill 135, Convenient Care at Home Act, 2023

This bill, yet to be proclaimed into force, **will consolidate the 14 HCCSS into a single organization named "Ontario Health at Home."**

Proposed regulations relate to the governance and leadership of Ontario Health at Home, including its adherence to relevant legislation such as the Personal Health Information Protection Act, 2004.

Also includes removing or replacing references to local health integration networks (LHIN) and the Local Health System Integration Act, 2006, as appropriate.

#### Obstetrical Department- AMGH

We have started to receive patients from the Listowel OB closure, which is a positive, as our delivery numbers were remarkably low this past year, and a number we are monitoring closely. Through a generous donation from RBC, we are able to set up Breast-feeding Level 1 courses for our obstetrical nurses and have sent 2 multidisciplinary teams (consisting of physicians, nurses and Respiratory Therapists) to Acute Care of at-Risk Newborns (ACoRN) program which teaches the team neonatal stabilization, and how to identify and care for babies who become unwell or are at risk of becoming unwell in the first few hours or days after birth.

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

## Focus on Safe, Quality Patient Care, Close to Home

### Trends in Healthcare - Measles

Huron Perth Public Health have issued an alert for a rise in Measles cases globally, including in Ontario with concerns for increased cases related to travel over March break. Measles is one of the most highly contagious infectious diseases. We do care for vulnerable populations (and unvaccinated), and have prepared and educated to ensure staff and patient safety.

### Televisions/MyHealthHub- SHH

The new patient entertainment system has been installed and it is awesome. I'm not sure if our patients or staff love it more. In addition to having access to television courtesy of our South Huron Hospital Foundation, these smart TVs also provide all of our patients will access to our hospital directory, and an array of electronic patient education brochures. Thank you to the Foundation and our hospital teams who made this project come to fruition. It is so appreciated!

### Hospital Policies

Risks have been identified in our hospital policy management. We currently do not have a document management system which enables us to effectively maintain our policies. With some policies outdated as much as 15 years, the risk to practice and care of our patients was high. Through a series of "boot camps" the clinical team has reviewed every clinical policy across both organizations. Non-compliance (legislation, regulation, accreditation), inadequate (poorly written, outdated, errors), patient safety etc. Our aim was to address any immediate risk, as we work towards updating all policies. We are also working to correct inconsistency and appropriate use of the HHS logo, which will include removing the HHS logo from all of our policies, physician orders and other hospitals specific documents. Some of the risks introduced through the logo roll out included breach of privacy, medico legal and staff safety.

## Focus on Our People & Workplace

### Nursing Skills Days

We are fortunate to have on boarded an amazingly talented nurse, to take on our clinical educator roll last year. We are in the process of completing skills days for all nurses, in which yearly mandatory education is covered, as well as opportunities to learn different skills and support in areas that our nurses have identified need. The initial evaluations of this initiative are very positive, and I know will translate to improved quality care for our patients. These initiatives also support our staff to do their jobs safety and confidently, contributing to an overall positive culture. Targeted OB skills days are planned next for SHH, to ensure continued competency in high risk, low opportunity situations.

### Nursing Education – ED Nursing, Retention and Workforce Program

Over the summer months Ontario Health rolled out a new nursing education program specifically focused on emergency care. Staff can access the education for free, their time is paid through the hospital and then we are reimbursed the cost of the wages. We have had more staff at our hospitals take advantage of these professional development opportunities than any other small/rural hospital in our region who was offered this opportunity. We have an engaged workforce right now, eager to learn.

AMGH – 366 educational hours

SHH- 327 education hours.



### Narcotic Diversion- AMGH

We have not been meeting our legislated requirement for managing narcotics. Together the clinical team and pharmacy team have been working on initiatives to ensure compliance with legislation and to prevent narcotic diversion. There are a series of safeguards and audits that have been put into place to ensure compliance and sustainability.

### **Focus on Increasing the Value of our Healthcare System**

#### Pay For Results (P4R) Funding Letters

Last spring, we were notified of a new funding opportunity through Ontario Health called the P4R Project. This funding does come with some deliverables over the course of the next two years. · Initiatives for hospitals in Small-Volume Program should focus on strategies relate to stabilizing staffing, maintaining 24-hour access, recruiting and retaining staff to reduce dependency on ED Locum Program and agency nursing. As participants of this program we require the technological capabilities to provide the data including eCTAS- which is current in place at SHH, and there is a call from Ontario Health to have all EDs on boarded within the next 2 years.

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

#### Obstetrical Department- AMGH

We have received notice that Listowel/Wingham Hospital Alliance (LWA) will be temporarily closing their OB program for the next serval months, as a result of both nursing and physician staffing challenges (only one OB physician to support the program). We have also been informed that Middlesex Health Alliance (MHA) has made the difficult decision to permanently close their OB program in the coming months. MHA expressed low birth volumes projecting 50-60 births this coming year, for perspective AMGH delivered 78 birth last year. These changes may impact our programs namely LWA. Our OB nursing is slowly stabilizing, and we however we have less OB physicians in the rotation that previous. We are working to partner with HPHA to develop an MOU to help support the onboarding of our OB nurses, as at times of low volumes, new staff aren't necessarily gaining the experiences needed to successfully learn at a reasonable pace.

#### OHT Accreditation in April

We are preparing for our first every OHT accreditation survey next month. Our teams have been working hard, and we are feeling prepared. I have full confidence in our team, and we can speak honestly and be proud of what we are accomplishing here at our hospitals as it relates to patient care. We are hosting a mock survey on March 27<sup>th</sup>, to prepare for the official survey, during the week of April 22<sup>nd</sup>.

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

## HHS Operations Report – April 2024

Area	Accomplishments/Highlights	Issues to be aware of/Risks
Human Resources	Completed all HR Performance Appraisals and Career Development Plans holding individual meetings.	<ul style="list-style-type: none"> <li>• Provincial Benefits Strategy – People Corporation completed an assessment of Collaborative Benefits Proposals regarding AMGH and SHH Value Assessment to determine feasibility of transitioning benefit carriers. Cost analysis looks positive to transition and further meeting scheduled with People Corp and Finance in April.</li> <li>• Pay Equity – Met with HR Wise to proceed with Pay Equity Maintenance Plans for AMGH and SHH. Agreement to proceed with SHH Unifor and OPSEU groups first followed by Unifor and SEIU for AMGH. This will allow time to develop Memorandums of Understanding with each union and facilitate timing for the non-union plans in late spring/summer 2024. To date there have been no objections or concerns raised by unions at both hospitals.</li> <li>• AMGH experiencing increase in frequency and complexity of WSIB claims. Met with Clinical leaders to take deep dive into the statistics and create mitigation strategies.</li> </ul>
Facilities and Capital Projects	<b>AMGH</b> <ul style="list-style-type: none"> <li>• In final stages of new Security guard contract, expected start date with new vendor May 15 2024, with 24/7 coverage</li> <li>• Renovation to X-ray room commenced Feb 22nd, new equipment arrived last week. On target to operational by end of April</li> </ul>	<b>AMGH</b> <ul style="list-style-type: none"> <li>• RFP issued for full roof replacement over ED and DI. Tender closed on March 25th. Working with consultants to review bids and seeking clarification from bidders on some specifications- expected total project cost between \$740,000 and \$760,000.</li> </ul>

	<ul style="list-style-type: none"> <li>• Renovation to Observation room on MH well under way and is expected to be completed by May 1st. Contractors will then begin work on storage room renovations on MH</li> </ul> <p><b>SHH</b></p> <ul style="list-style-type: none"> <li>• IBT for patient entertainment project completed! Very positive feedback from patient and staff.</li> </ul>	<p><b>SHH</b></p> <ul style="list-style-type: none"> <li>• Electrical Project continues with delays. Generator tentatively delivered end of April, transfer switch end of May and Hydro One main transformer end of June. Awaiting a firm schedule. At this point electrical room renovation would occur mid-July and full project completion in the fall.</li> <li>• Elevator project – delays due to sprinkler work – no available installers until end of April. Expected to have elevator back in service if passes TSSA inspection by May 10th</li> </ul>
Lab and Diagnostic Imaging	Another month of zero closure/reduction of diagnostic services due to diagnostic department staffing issues	<ul style="list-style-type: none"> <li>• HHR Laboratory: ~50% MLTs retiring next 4-8 years, only ~60% of this will be renewed by new grads; situation is more dire in rural labs such as ours. Can expect to have major challenges in the future.</li> <li>• Capital Equipment: Major risks with current equipment in AMGH Diagnostic departments; numerous pieces of essential instrumentation requires immediate renewal, and many other items will require it very soon. Will be putting together a BN for capital campaign for the AMGH Foundation.</li> </ul>
Privacy, Patient Relations, Registration, Health Records	Successfully worked with HPHA I.T. and AMGH Team since August 2023 to transition Registration of O/P clinics from Recurring to Clinical Visits. This will improve patient flow.	<p>The Regional Diabetes Program will likely be in deficit for 23/24. There is no increase in funding to AMGH or SHHA from HPHA for our local programs.</p> <p>Submission of Calendar Year 2023 IPC Statistical Reports which were due in March for both SHH and AMGH were submitted on time.</p>

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## COO Report to Board

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**DATE:** March 1, 2024  
**FROM:** Matt Trovato, VP Corporate Service and Chief Operating Officer  
**TOPIC:** COO Report to Board of Directors

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### Financial Snapshot (Period 10, year to date):

- See January Financial Results Package for fulsome detail
  - **AMGH: \$1.1M deficit**, but **\$566k positive budget variance**. Variance primarily due to unknown, unbudgeted funding (both permanent and one-time funding), offset by Bill 124 repeal cost impacts
  - **SHH: \$1.4M deficit**, and **\$437K negative budget variance**. Variance primarily due to Bill 124 repeal impacts, offset by some one time funding
  - Deficits will be reduced in period 11 results, with Bill 124 funding received in period 11
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### Notable Funding Updates:

- Bill 124 Repeal Funding received in February; funding for retro impacts only (no guarantee for ongoing impacts), and funded at only 85% of actual costs incurred
  - F25 Pay for Results (P4R) action plans being developed for submission; expect \$150K at each site
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### Accreditation:

- Both hospitals participating in OHT-led accreditation April 22nd-April 26<sup>th</sup>; HPA-OHT is first OHT to embark on an OHT-wide Accreditation; working closely with leaders, staff, regional facilities and internally to ensure preparation, and tidying up policies, procedures, etc.
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### Hospital-wide pressures/staffing:

- With increased patient volumes and hospital activity (see January Financial Results Package), it is important to note that workload across all departments is impacted. Support services (eg. Lab, DI, cleaning, Food Services, Health Records, Registration, etc.) all increase workload at the same rates as volume growth. Similarly, administrative support (eg. Finance, HR, etc.) are required to complete significantly more reporting for Ontario Health, and internal analysis to support our growing operations. All examples of the increased workload across the system, without increased resources.
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### Finance:

- 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; \$2.4M total funding received
    - SHH \$1.05M total cost; \$880K total funding received
  - F25 Budget completed; presentations to Board, committees and Leaders underway
  - Interim F24 audit complete with no issues noted; year-end audit planning underway
- 

### ITS:

- Increased cyber security, including updating password policies, and leveraging regional IT systems/policies with enhanced security measures,
  - AMGH Sharepoint project to replace intranet/DocuShare nearing final completion
  - SHH Microsoft 365 project progressing well with LHSC's guidance, licensing evaluations under way, targeting an April launch for the full Office 365 suite.
  - Exploring new voice translation service (Voyce), which has real-time, live translators in hundreds of languages, accessible through apps on all devices.
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### Human Resources/Education/Occupational Health:

- Provincial Benefits Strategy – actively involved and participating in the Healthcare Collaborative Benefits (Co-Benefits), which is a province-wide benefits initiative. Expecting cost savings without any decreased coverage; expecting Fall-implementation
  - Unionization: Allied Health departments at AMGH have ratified; notice to bargain issued in January; collective bargaining to begin March 21.
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**Laboratory:**

- SHH Clinic Blood Draws: Blood Clinic permanent solution identified; continued work with the union to create a permanent 4-hour shift that would allow for the clinic to continue to operate, critical lab resources to come back in-house, and a vital community service to remain in place at only a net annual cost of approximately \$6K (total incremental cost of \$21K annually including benefits; offset by \$15K from Dynacare).
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**Diagnostic Imaging:**

- SHH CT Business Case: Presented to Regional DI Working Group and Ontario Health; very positive reception, including formal letter of support provided by the committee. Optimistic positive formal news in the near future.
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**Facilities and Capital Projects:**

- SHH: Electrical Project continues to be on track; New HVAC for patient care area on site and progressing; Elevator project has commenced with estimated completion March 25<sup>th</sup>; many other small capital projects (Lab AC, video surveillance, doors) all underway and expected to be completed by March 31; patient entertainment upgrade to be completed mid-March
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**Contracts/Procurement:**

- Security: Currently evaluation regional contracts to see if there is an opportunity for great/more consistent support, and potential cost savings
  - Patient Transport: working within region and with vendors to update current patient transport contract, identifying areas or improved service and financial efficiencies.
  - 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 specified 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.
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## **Patient Experience Story for April MAC/Board meetings.**

*Submitted by Heather Klopp Manager, Patient Relations*

### Introductions are Important to Patients.

*Introducing ourselves is a simple, yet often overlooked and underrated action to build connection with patients and caregivers.*

Knowing the name and role of the person caring for a patient supports the delivery of safe, compassionate, and inclusive care. It also builds the foundation for trust, respect, improved understanding of care, decrease of misidentification, decreasing bias and decreasing stereotyping.

A patient called the patient relations to say how great Dr. Daters and the team was when they had their colonoscopy. All three clinicians in the Operating Room introduced themselves.

Previously, any time this patient had been in an ER, nobody ever introduced themselves and, of course, they could not see name tags! The patient states, "The two people, Jackie and Shawn in the Day Surgery Prep and Recovery Room, were the first to introduce themselves. Their care was exceptional and much appreciated."

This patient also noticed that each person also ensured that they used at least two patient identifiers before proceeding with any actions.

MAC March 2023

*Respectfully Submitted by Manager Health Records, Heather Klopp*

To maintain the priority of OR dictations, it's important to label them correctly. An OR dictation inadvertently labelled as an OP dictation will not get typed as quickly.

For Patient Keeper, choosing the correct account, the correct date, and ensuring the patient name is spelled correctly is key. Double checking before hitting SEND prevents I.T. tickets from having to be put in to fix errors.

In ER, it's important to record the correct time of MD assessment. It is measured against the triage time and CTAS. Consultant time is also important to record. We always put patients before paperwork and have excellent response time for those high acuity CTAS cases. We can best reflect your excellent work in our data, when the correct assessment times by MDs are recorded. Complete charts with signatures, times, etc. provide the best data and billing information!

## INTER-OFFICE MEMORANDUM

**TO:** Medical Advisory Committee, South Huron Hospital

**FROM:** Dr. Sean Ryan, Dr. Craig McLean

**DATE:** April 11, 2024

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

It is the recommendation of the credentialing process to 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, with the exception of HFO-EDLP physicians, which run from Jan-Dec. New LCAP are requested for HFO-EDLP physicians at the beginning of each year.

LOCUM	CHANGE / STATUS	COMMENTS
YAN, Dr. Yi	NEW-Radiologist (RAD-Consulting)	