

AGENDA

5.2 STI Sexually Transmitted Infections-Treatment Recommendations

Committee:		Medical Advisory Committee -REVISED			
Date:		January 9, 2025	Time:		8:00am-9:00am
Location:		Boardroom B110 / MS Teams			
Chair:		Dr. Sean Ryan, Chief of Staff	Recorder:		Alana Ross
Members:		All SHH Active / Associate, CEO, VPs, Clinical Managers			
Guests: <i>(Open Session Only)</i>		Shari Sherwood, Heather Zrini, Christie MacGregor (Board Representative)			
	Agenda Item	Presenter	Anticipated Actions	Time Allotted	Related Attachments
1	Call to Order / Welcome <ul style="list-style-type: none">Notifications:<ul style="list-style-type: none">Video/Audio recordings and transcriptions of the open session meeting are retained for the purpose of creating accurate minutes and will be expunged on final approval of the minutes by the Committee; in-camera sessions are not recorded or transcribed				
2	Guest Discussion / Education Session				
3	Approvals and Updates				
3.1	Previous Minutes	COS	Decision	1min	• 2024-12-12-MAC Minutes
	<i>*Draft Motion: To accept the December 12, 2024 MAC Minutes.</i>				
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	• STI Sexually Transmitted Infections-Treatment Recommendations
5.4	Pharmacy & Therapeutics	Pres. MS	Information	as needed	
5.5	Lab Liaison	Bueno	Information	as needed	
5.6	Recruitment and Retention Committee	COS	Information	as needed	
5.7	Quality Assurance Committee	Nelham / CNE	Information	as needed	
	<i>*Draft Motion: To accept the January 9, 2025 Medical Staff Reports to the MAC.</i>				
6	Other Reports				
6.1	Lead Hospitalist	Pres. MS	Information	5min	
6.2	Emergency	Chief of ED	Information	20min	
6.3	Chief of Staff	COS	Information	5min	
6.4	President & CEO	CEO	Information	5min	• 2025-01-Monthly Report-CEO
6.5	CNE	CNE	Information	5min	• 2024-12-Housing & Homelessness Monthly Share-Out
6.6	CFO	CFO	Information	5min	

6.7	Patient Relations	Klopp	Information	5min	• 2025-01-Monthly Report-Patient Relations
6.8	Patient Care Manager	Walker	Information	5min	
6.9	Clinical Informatics	Sherwood	Information	5min	
	<i>*Draft Motion: To accept the January 9, 2025 Other Reports to the MAC.</i>				
7	New and Other Business				
7.1	Annual Reappointment in CMaRS • Jan-2 nd Week • Closing date-Mar 31	Chair	Reminder	1min	
8	In-Camera Session <ul style="list-style-type: none"> • Notifications: <ul style="list-style-type: none"> ○ Guests will be invited by the Committee Chair, as required; any members with conflicts of interest during in-camera discussion, can be recused as needed ○ All participants of the in-camera session are expected to declare that their surroundings are secured from unauthorized participants 				
9	Next Meeting & Adjournment				
	Date	Time		Location	
	February 13, 2025	8:00am-9:00am		Boardroom B110 / MS Teams	

Committee:	Medical Advisory Committee		
Date:	December 12, 2024	Time:	8:05am-9:22am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Chan, Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. McLean, Dr. Nelham, Dr. Ondrejicka, Dr. Patel, Dr. Ryan, Lynn Higgs, Heather Klopp, Robert Lovecky, Jimmy Trieu, Adriana Walker		
Guests:	Shari Sherwood, Christie MacGregor (Board Representative), Tim Brown (Lab Manager)		
1	Call to Order / Welcome		
1.1	<ul style="list-style-type: none">Dr. Ryan welcomed everyone and called the meeting to order at 8:05am<ul style="list-style-type: none">Notifications:<ul style="list-style-type: none">Video/Audio recordings and transcriptions of the open session meeting are retained for the purpose of creating accurate minutes and will be expunged on final approval of the minutes by the Committee; in-camera sessions are not recorded or transcribed		
2	Guest Discussion / Education Session		
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 <u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the November 14, 2024 MAC minutes. CARRIED.</u>		
4	Business Arising from Minutes		
5	Medical Staff Reports		
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none">SHHA Hospital Clinical Chart Audit Committee Terms of Reference (TOR) DRAFT v2, circulated and discussed<ul style="list-style-type: none">The Chart Audit committee, as it is, is paper-based, and not properly functional anymore with charting moving to digital formatThe Clinical Chart Audit Committee has been developed to assume the chart auditing process in a digital environment, TOR for review and recommendation; reporting will be quarterly<ul style="list-style-type: none">Reviewed membershipStill working on process regarding identification of the P4RED stats, which includes physicians who were involved in the case; to be added to the TOR<ul style="list-style-type: none">Identification of the physicians who will be reviewing the charts TBDInitial plan to be approved by Board and submitted to HQO prior to Mar 31, 2025<ul style="list-style-type: none">The audit will include approximately 10 markers on 20 charts, post Ministry screening1st set of data arrives in July 2025Physicians concerned regarding additional workloadEnsuring appropriate accreditation ROPs are included <u>MOVED AND DULY SECONDED</u> <u>MOTION: MAC accepts the SHH Hospital Clinical Chart Audit Committee Terms of Reference and recommends to the HHS Common Board that this committee be formed. CARRIED.</u>		
<u>Action:</u> <ul style="list-style-type: none">Forward recommendation to HHS Common BoardAdd P4RED underneath ED RVQP in the TORBring RVQP / P4RED process back to MAC		<u>By whom / when:</u> <ul style="list-style-type: none">Ryan; Dec 12Sherwood; TodayNelham / Sherwood; Feb 2025	
5.2	<u>Infection Control:</u> <ul style="list-style-type: none">Influenza and COVID vaccines are available to staff, physicians and Board at SHH;<ul style="list-style-type: none">Contact amber.brodie@amgh.ca to book an appointment		



Sexually Transmitted Infections (STI's)

Treatment Recommendations

Chlamydia

Uncomplicated:

- Azithromycin 1g po in a single dose

OR

- Doxycycline 100mg po BID x 7 days

Gonorrhea

Uncomplicated:

- ceftriaxone 500mg IM x 1

PLUS

- azithromycin 1g po in a single dose

Genital Herpes

(in non-pregnant patients)

First clinical episode

- acyclovir 400mg po TID x 7-10 days
- OR famciclovir 250mg po TID x 7-10 days
- OR valacyclovir 1g po BID x 7-10 days

Recurrent episodes

- acyclovir 800mg BID x 5 days
- OR acyclovir 800mg TID x 2 days
- OR famciclovir 1g po BID x 1 day
- OR famciclovir 500mg po once, followed by 250mg po BID x 2 days
- OR valacyclovir 500mg po BID x 3 days
- OR valacyclovir 1g po daily x 5 days

HIV—Post Exposure Prophylaxis Kit

- Emtricitabine/tenofovir 200/300mg tablets – 1 tablet once daily x 28 days

AND

- Dolutegravir 50mg tablets – 1 tablet once daily x 28 days

Pelvic Inflammatory Disease

- Ceftriaxone 500mg IM x 1

PLUS

- Doxycycline 100mg po BID x14 days

PLUS

- Metronidazole 500mg po BID x14 days

Syphilis		
Recommended treatment of syphilis in non-pregnant adults		
Stage	Preferred treatment	Alternative treatment for people with penicillin allergies
Primary, secondary and early latent syphilis	Benzathine penicillin G-LA 2.4 million units IM as a single dose	<ul style="list-style-type: none">Doxycycline 100mg PO BID for 14 daysIn exceptional circumstances and when close follow-up is assured:<ul style="list-style-type: none">Ceftriaxone 1g IV or IM daily for 10 days
Latent, late latent, cardiovascular syphilis and gumma	Benzathine penicillin G-LA 2.4 million units IM weekly for three (3) doses	<ul style="list-style-type: none">Consider penicillin desensitization<ul style="list-style-type: none">Doxycycline 100mg PO BID for 28 daysIn exceptional circumstances and when close follow up is assured:<ul style="list-style-type: none">Ceftriaxone 1g IV or IM daily for 10 days
All adults: Neurosyphilis	<ul style="list-style-type: none">Refer to a neurologist or infectious disease specialist	

Author: Sean Ryan MD

Reviewed by: SHH Antimicrobial Stewardship Committee (Date) and Pharmacy and Therapeutics Committee (Date)

Approved by: Medical Advisory Committee (Date)

References

Canadian Guideines on Sexually Transmitted Infections

<https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html>

STI Treatment Guidelines – CDC

<https://www.cdc.gov/std/treatment-guidelines/default.htm>

STI Treatment Reference Guide

www.toronto.ca/wp-content/uploads/2023/07/9907-STI-Treatment-Reference-GuideAODA.pdf

5.3	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> STI guidelines will be circulated to MAC in Jan 2025 	
5.4	<u>Pharmacy & Therapeutics:</u> <ul style="list-style-type: none"> New Pyxis equipment has been signed for Reviewed an RL6 incident report <ul style="list-style-type: none"> Patient transferred from London to SHH; patient was supposed to be on antibiotics, however, it they were not administered and not discovered for a few days Accepting physician must ensure that transferring physician has signed the orders prior to accepting facility-to-facility transfer Currently working on a nomogram for Ketamine infusions 	
5.5	<u>Lab Liaison:</u> <ul style="list-style-type: none"> Next meeting scheduled in Jan 2025 <ul style="list-style-type: none"> Significant Lab delays have been noticed over the last few weeks, which have impacted timely results getting to the ED; samples have had to be transferred to other facilities <ul style="list-style-type: none"> Creates difficulty in moving patients through the ED Issues with two main analyzers, i.e., complete blood counts and chemistry testing <ul style="list-style-type: none"> One analyzer is very old and its takes longer to ensure quality results, i.e., via peripheral blood smear, which adds to turnaround time Working with the vendor regarding the Chemistry analysis; there have been issues noted with the internal optical system, which is the primary piece, and with the buffer pump <ul style="list-style-type: none"> Issues are IHLP-wide, and have been approached at a higher level Technologists continue to work on solving the issues, and determine when to send samples out <ul style="list-style-type: none"> Regular maintenance happens between 1-2pm daily, which also causes delays, however it is done during business hours while there are more staff available and in case vendor servicing is required Discussed rescheduling the maintenance time, however, there really is no good time during business hours, and once the other issues have been solved, maintenance time is expected to be less noticeable Discussed need for communication; downtimes are typically anywhere from 15min to 3hrs Anticipated timeframe for a new Hematology Analyzer is Mar 2025; attempting to have this in place as early as Feb 2025 	
	<u>Action:</u> <ul style="list-style-type: none"> Provide regular communication in regards to Lab downtime status 	<u>By whom / when:</u> <ul style="list-style-type: none"> Brown; As available
5.6	<u>Recruitment and Retention Committee:</u> <ul style="list-style-type: none"> Recruitment and Retention is still working out details regarding financial incentives to attract physicians to our organizations <ul style="list-style-type: none"> Plan in development, which will be shared with Chiefs of Staff prior to rolling out 	
5.7	<u>Quality Assurance Committee:</u> <ul style="list-style-type: none"> Next QA meeting scheduled for Jan 15, 2025 <ul style="list-style-type: none"> Will be discussing core standards; access has been received F2526 QIP has been developed; working on aligning indicators Sickle Cell training and Patient Experiences Surveys have done very well at both hospitals 	
	<u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the Medical Staff Reports as presented for the December 12, 2024 MAC Meeting.</u> <u>CARRIED.</u>	
6	Other Reports	
6.1	<u>Lead Hospitalist:</u> <ul style="list-style-type: none"> Significant pressure in Nov due to ALC patients, which has lightened up in Dec, but is expected to increase again after the holidays It was questioned if there will be any general increases expected to the AFA <ul style="list-style-type: none"> Hospitalist funding is strictly fee for services billing, and retroactive increases were paid to individual billing numbers rather than a group billing account 	

	<ul style="list-style-type: none"> ○ Email received Dec 11 regarding a 2.8% retroactive HOCC increase; see Dec payment ○ Re AFA Lump sum payment coming through in Dec; Business Office must go through a calculation process before payout <ul style="list-style-type: none"> ▪ Tracked per individual billing number within the group ▪ Surpluses are reconciled ▪ Multiple payments will happen between now and Mar 2025, with March seeing a slight increase ▪ Lump Sum payment expected in May 2025 ▪ Remaining competitive with other hospitals; however, smaller hospital physicians have a heavier workload 		
6.2	<p><u>Emergency:</u></p> <ul style="list-style-type: none"> • Scheduling <ul style="list-style-type: none"> ○ December is in good standing ○ Open shifts Jan 1 and Jan 2; shifts have been flagged with EDLP as potential problems <ul style="list-style-type: none"> ▪ A number of hospitals have prioritized Jan 1st • Billing issues have arisen with the switch over to electronic records and loss of face sheets <ul style="list-style-type: none"> ○ Must be mindful of whose names are on the billing sheets • Mixed reviews regarding 6 month scheduling; some physicians suggested returning to 4 month scheduling <table border="1"> <tr> <td> <p><u>Action:</u></p> <ul style="list-style-type: none"> • Communication to physicians regarding billing issues; include vote for 4mo vs 6mo scheduling </td><td> <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • McLean; This week </td></tr> </table>	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Communication to physicians regarding billing issues; include vote for 4mo vs 6mo scheduling 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • McLean; This week
<p><u>Action:</u></p> <ul style="list-style-type: none"> • Communication to physicians regarding billing issues; include vote for 4mo vs 6mo scheduling 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • McLean; This week 		
6.3	<p><u>Chief of Staff:</u></p> <ul style="list-style-type: none"> • 2024-12-Monthly Report-COS circulated <ul style="list-style-type: none"> ○ Capital planning requests for 'big ticket' equipment purchases are due by Dec 16 ○ COS, CEO, CNE scheduled to attend HP Region Clinical Services Planning Committee Meeting Dec 17; feedback will be provided in Jan 2025 		
6.4	<p><u>President & CEO:</u></p> <ul style="list-style-type: none"> • 2024-12-Monthly Report-CEO circulated <ul style="list-style-type: none"> ○ SHH CT Scanner - two applications have been submitted <ul style="list-style-type: none"> ▪ No updates received regarding the original SHH CT Scanner proposal (submitted Feb 2024 with response to be received by Feb 2025); the Integrated Community Health Services Centre (ICHSC) application (submitted Fall 2024) is still under review with answers anticipated in the new year, possible by Mar 2025 ○ Working with Lisa Thompson, MPP on funding ○ Town of Goderich invited OMA to meeting regarding rural physician challenges; the meeting is scheduled for Dec 19 in the AMGH Boardroom <ul style="list-style-type: none"> ▪ One challenge is Billing / Hospitalist Funding Model; crucial for small hospitals to maintain operations <table border="1"> <tr> <td> <p><u>Action:</u></p> <ul style="list-style-type: none"> • Forward questions / concerns for OMA to jimmy.trieu@amgh.ca </td><td> <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • All; Prior to Dec 19 </td></tr> </table>	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Forward questions / concerns for OMA to jimmy.trieu@amgh.ca 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • All; Prior to Dec 19
<p><u>Action:</u></p> <ul style="list-style-type: none"> • Forward questions / concerns for OMA to jimmy.trieu@amgh.ca 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • All; Prior to Dec 19 		
6.5	<p><u>CNE:</u></p> <ul style="list-style-type: none"> • 2024-12-Monthly Report-CNE circulated <ul style="list-style-type: none"> ○ No new managers in place yet ○ 79 managers from LHSC terminated ○ Amending ethical framework according to Accreditation Standards ○ Mandatory Domestic Violence education is now available in eLearning ○ Working on attracting Dr. P. Satija (currently at HPHA); he is on an Internal Medicine contract with HPHA at this time, however, he is interested in providing a clinic for infectious diseases once complete; also provides MAID services <ul style="list-style-type: none"> ▪ Will be meeting with Stratford Internal Medicine for further discussion and relationship development in Jan / Feb 2025 ▪ Discussed taking over Dr. McLean's services for AMGH & SHH since her retirement with Dr. Satija; billing will be fee-for-service; there should be no financial obligations on part of the hospitals 		

	<ul style="list-style-type: none"> ▪ HHS already has access to Infectious Disease Control through OTN and Stratford Internal Medicine as required, so likely no need for a clinic ○ There may be another lead on an Endocrinologist, who has just completed their fellowship and may want to relocate back to the area; CNE to follow up ○ CNE met with LWHA EMS and HPHA; fit-to-sit agreement is almost ready to go and will be shared with physicians prior to 'go live'; education coming in Jan 2025, and program will start in Feb 2025 <ul style="list-style-type: none"> ▪ Program will be in place to support over flow issues ○ Working on transition of ALC patients, either home with care or to retirement / nursing homes / hospice 	
6.6	<p><u>CFO:</u></p> <ul style="list-style-type: none"> • 2024-12-Monthly Report-CFO <ul style="list-style-type: none"> ○ No significant changes to the budget; still running deficits, but better by \$1M for each site; reasons we are in a better position include one-time funding, vacant managerial positions, and improved collection of preferred accommodations; reasons we are still in a deficit position include Bill 124, over time and increased costs with no reciprocal funding <ul style="list-style-type: none"> ▪ Received only 73% of Bill 124 funding ○ 10-year Capital Planning project is under way ○ Further to the Lab discussion in 5.5 above, we also have newer staff, and there are continued shortages of Lab Techs for hiring ○ Working with Deloitte on a proposal for ERP transformation, i.e., upgrading our finance, HR and procurement back office system; this process will act as a catalyst for amalgamation to a complete Huron Health System 	
6.7	<p><u>Patient Relations:</u></p> <ul style="list-style-type: none"> • 2024-12-Monthly Report-Patient Relations <ul style="list-style-type: none"> ○ Working with new staff who are learning the processes of their departments; explaining best culture in healthcare, i.e., how to handle errors and teaching moments ○ Reminder to physicians that it is against the privacy policy to look at your own chart; while it is not theoretically a privacy breach, it can lead to a breach, as has happened in some larger facilities <ul style="list-style-type: none"> ▪ EMR is in place to provide care to patients only 	
6.8	<p><u>Patient Care Manager:</u></p> <ul style="list-style-type: none"> • Gift of Life Network initiative is now live; 1st call was made within the week • Discussion held with EMS staff; stroke patient that was recently brought into SHH ED should have gone directly to Stratford or London, as they were outside the window for treatment <ul style="list-style-type: none"> ○ Once the patient is in the building, EMS staff cannot reroute them ○ Protocol is to go to the closest hospital if it is CTAS 1 or 2 ○ Education is being provided to EMS staff • There is no security on-site at SHH to assist with patients who do not want to be there • Ultrasound for ED is being ordered; in-service to be booked • Discussed issues with the MAID service that have happened over the last few months <ul style="list-style-type: none"> ○ Dr. Thomas was away, Dr. Johnson left the program, and the NP who provides MAID did not return the application package 	
	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Follow up conversation with Huron County EMS • Forward any nurse accompaniment issues to Ms. Walker • Set up in-service for ED Ultrasound • Discuss MAID services with Dr. Scott Anderson • Discuss MAID services with Dr. James MacLean • Add discussion of Goderich physicians who perform MAID services to AMGH MAC • Contact Lori Hartman at HPHA in regards to HPHA physicians who provide MAID services other than Dr. Thomas 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • Walker; This week • All; As noted • Walker; As needed • Physician; This week • EA; Today • EA; Today • EA; Today

6.9	<p><u>Clinical Informatics:</u></p> <ul style="list-style-type: none">For Nov, SHH is up to 87.5% of all documentation completed electronically by the physicians; well done<ul style="list-style-type: none">Next step will be to drop the ED face sheet; planned 'go live' for this step is Mar 3, 2025London is testing going paperless on the billing sheet as well; further discussion to be held in Jan 2025'Go live' for paper chart scanning is Jun 2025, as it is redundant to print the chart, document and rescan the chartIt was clarified that there must be two notes, one for ED and one for admission, as both are tracked; ED notes cannot be turned into Admission notes<ul style="list-style-type: none">Inpatients must have admission and discharge notesWhereupon the ED physician has stated 'refer to ED note', the Hospitalist must make their first note an Admission note, not a Progress note; this will resolve a number of issuesReminder to physicians to be thorough in note writingQuality/IT will be developing a Q&A sheet to circulate						
	<table><tr><td><p><u>Action:</u></p><ul style="list-style-type: none">Hospitalist's to make first notes 'Admission' notes, rather than 'Progress' notesCommunicate change to all physiciansForward any documentation questions to shari.sherwood@shha.on.caMove forward with preprogramming on the dictation mics, same as LHSC</td><td><p><u>By whom / when:</u></p><ul style="list-style-type: none">All; OngoingRyan; This weekAll; OngoingSherwood; This week</td></tr></table>	<p><u>Action:</u></p> <ul style="list-style-type: none">Hospitalist's to make first notes 'Admission' notes, rather than 'Progress' notesCommunicate change to all physiciansForward any documentation questions to shari.sherwood@shha.on.caMove forward with preprogramming on the dictation mics, same as LHSC	<p><u>By whom / when:</u></p> <ul style="list-style-type: none">All; OngoingRyan; This weekAll; OngoingSherwood; This week				
<p><u>Action:</u></p> <ul style="list-style-type: none">Hospitalist's to make first notes 'Admission' notes, rather than 'Progress' notesCommunicate change to all physiciansForward any documentation questions to shari.sherwood@shha.on.caMove forward with preprogramming on the dictation mics, same as LHSC	<p><u>By whom / when:</u></p> <ul style="list-style-type: none">All; OngoingRyan; This weekAll; OngoingSherwood; This week						
	<p><u>MOVED AND DULY SECONDED</u></p> <p><u>MOTION: To approve the Other Reports as presented for the December 12, 2024 MAC Meeting. CARRIED.</u></p>						
7	<p>New Business</p>						
8	<p>In-Camera Session</p> <ul style="list-style-type: none">Notifications:<ul style="list-style-type: none">Guests will be invited by the Committee Chair, as required; any members with conflicts of interest during in-camera discussion, can be recused as neededAll participants of the in-camera session are expected to ensure that their surroundings are secured from unauthorized participants						
8.1	<p><u>Move into In-Camera</u></p> <ul style="list-style-type: none">Credentials<ul style="list-style-type: none">2024-12-12-Report to MAC-Credentials SHH-IC circulated <p><u>MOVED AND DULY SECONDED</u></p> <p><u>MOTION: To move into In-Camera at 9:21am. CARRIED.</u></p>						
8.2	<p><u>Move out of In-Camera</u></p> <p><u>MOVED AND DULY SECONDED</u></p> <p><u>Recommendation made to move back into open session at 9:22am. CARRIED.</u></p>						
8.3	<p><u>Motions Moved Out of In-Camera</u></p> <p><u>MOTION: To accept the Credentialing Report of December 12, 2024 as presented, and recommend to the Board for Final Approval. CARRIED.</u></p> <table><tr><td><p><u>Action:</u></p><ul style="list-style-type: none">Forward credentials report to HHS Common Board</td><td><p><u>By whom / when:</u></p><ul style="list-style-type: none">EA; Today</td></tr></table>	<p><u>Action:</u></p> <ul style="list-style-type: none">Forward credentials report to HHS Common Board	<p><u>By whom / when:</u></p> <ul style="list-style-type: none">EA; Today				
<p><u>Action:</u></p> <ul style="list-style-type: none">Forward credentials report to HHS Common Board	<p><u>By whom / when:</u></p> <ul style="list-style-type: none">EA; Today						
9	<p>Adjournment / Next Meeting</p> <p>Regrets to alana.ross@amgh.ca</p>						
	<table><tr><th>Date</th><th>Time</th><th>Location</th></tr><tr><td>January 9, 2025</td><td>8:00am</td><td>Boardroom B110 / MS Teams</td></tr></table>	Date	Time	Location	January 9, 2025	8:00am	Boardroom B110 / MS Teams
Date	Time	Location					
January 9, 2025	8:00am	Boardroom B110 / MS Teams					
	<p><u>Motion to Adjourn Meeting</u></p> <p><u>MOVED AND DULY SECONDED</u></p>						

South Huron Hospital

PRESIDENT & CEO REPORT

January 2025

METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			Working on recruitment of nurses, physicians and MLT's. A priority is to recruit an MRI tech to prepare for MRI installation.
Master Plan and Functional Plan			Capital Branch is reviewing the Master Plan proposal. Waiting for approval to move forward.
Finance			HHS operations are running at a reduced deficit but are seeing increased bed capacity pressures. Continue to capture the cost of staying open.
SHH Medical Clinic			SHHF is working on acquiring the land where the medical centre will be built.
CT Scanner			Waiting on approval from MoH. Over 2000 applications were submitted for the ICHSC (private DI services).
MRI Scanner			Submitted operational plans to Capital Branch for approval to move forward on implementation.

TOP OF MIND

Hospital Capacity

- **Influenza:** Very early potential signals this year's flu hospitalization wave may be starting, approximately 4 weeks behind 2023-24 season start. If the flu wave starts this week, we can expect to see a peak in early February, assuming a flu curve shape similar to previous years.
- **RSV:** This year's RSV hospitalization wave is running ~4 weeks later than the 2023-24 and 2022-23 seasons. If this year's RSV wave continues to follow a similar shape to previous years, we expect to see a peak for kids in early January followed by peak for seniors in late January / early February.
- **COVID-19:** Continues to be unpredictable, with waves driven mainly by emergence of new variants rather than regular seasonality. Currently at lower levels than during November 2023. Expect a post-holiday surge in early January.
- All these activities will continue to put extreme pressures on bed capacity across the healthcare system
- Projected 100 bed shortage in the SW region

Funding

- The Physician Services Agreement (PSA) adjustment contains the temporary 2.8% global increase to the value of physician services rendered between April 1, 2024, and March 31, 2025, and was released on Monday, December 9th as a onetime PSA adjustment for 2024/25. Pending sign-backs, funds would begin to flow in January 2025.

BIG WINS | LEARNING

Ontario Medical Association

- A delegation from the OMA visited AMGH and MVMC to address rural physician challenges and broader healthcare issues. The meeting focused on vacant family medicine residencies, support for rural doctors, and impacts of emergency room closures. Proposed solutions included local recruitment and highlighting Gateway Centre of Excellence in Rural Health's research.

PRESIDENT & CEO SUMMARY

This year the Ontario Nurses Association (ONA) and the participating hospitals ONA will begin central negotiations on January 13, 2025. The parties have now finalized the Memorandum of Conditions for Joint Bargaining (MOCJB), which sets out the process and timelines for both central and local negotiations.

Central negotiations will take place over the weeks of January 13-17 and January 27-30. In the event that the parties are unable to arrive at a negotiated settlement, interest arbitration will take place April 2 and 3 before a board chaired by Sheri Price.

HHS along with other hospitals have budgeted a 3% increase into the budget for planning purposes. It is anticipated this is a fair assumption to make based on guidance from the OHA and their HR team.

OPSEU will be the next union to begin contract negotiations in the spring. It is also anticipated that a 3% increase for OPSEU employees will be the result of negotiations.

Both these increases will definitely put pressure on hospital budgets as we are already underfunded from Bill 124 repeal. The OHA and hospital leadership will keep a close eye on negotiations and will report back as the situation continues to unfold.

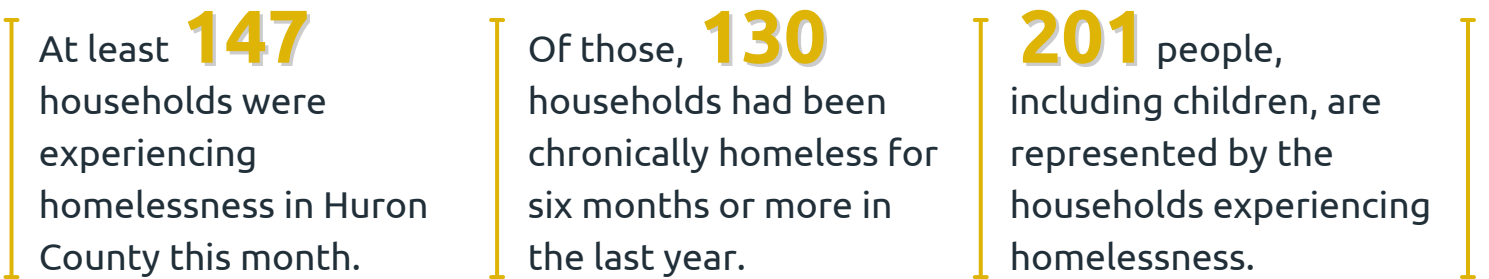
Respectfully submitted,

Jimmy Trieu
President & CEO

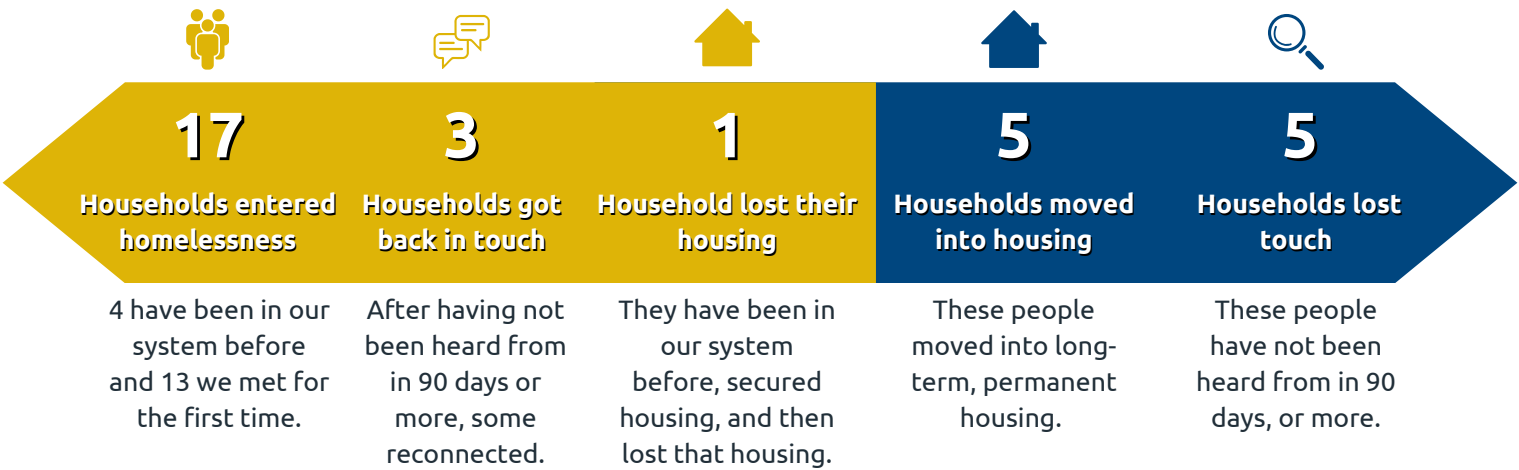
Huron Housing and Homelessness Monthly Share-Out

December 2024

Huron’s Housing and Homelessness Serving System is a group of agencies and programs that coordinate to provide housing and support to people experiencing housing insecurity and homelessness.



Inflow: People entering homelessness. **Outflow:** People exiting homelessness.



Population Specific Data



**Numbers In This Report Only Represent Households That Are Active and Consenting To Being On The Huron County By-Name List*

Monthly Myth Buster



Myth: There are plenty of adequate services and supports to help those experiencing homelessness.

Many of the solutions and supports for homelessness have focused on emergency services, such as shelters and food banks. For individuals who are trying to escape a cycle of poverty and homelessness, emergency services alone are not adequate. There is a need to focus on the larger systemic factors, including the lack of affordable housing, supportive housing, and the criminalization of homelessness that prevent people from obtaining permanent and suitable shelter.



Housing

as a **Social Determinant of Health**

Homelessness is associated with enormous health inequalities, including shorter life expectancy, higher morbidity and greater usage of acute hospital services. Viewed through the lens of social determinants, homelessness is a key driver of poor health, but homelessness itself results from accumulated adverse social and economic conditions. Indeed, in people who are homeless, the social determinants of homelessness and health inequities are often intertwined, and long term homelessness further exacerbates poor health.

Treating homelessness as a combined health and social issue is critical to improving the abysmal health outcomes of people experiencing homelessness. In addition, the enormous economic costs of hospital care for people who are homeless can be reduced when housing and other social determinants are taken into account.

- [Source](#)

Disparities in Healthcare Costs of People Experiencing Homelessness in Toronto - Sept 24, 2024

This study compared Mean(95% CI) overall Healthcare costs for those identified as homeless, housed, and housed with low income over 1 year:

- People Experiencing Homelessness - **\$12,209**
- Housed Individuals - **\$1,769**
- Low-Income Housed Individuals - **\$1,912**

Participants in this study experiencing homelessness had significantly higher rates of many comorbidities, including asthma, chronic lung disease, chronic heart disease, history of stroke, chronic kidney disease, chronic neurological disorders, liver disease, etc.

- [Source](#)

The Increased Prevalence of Health Related Issues for Those Experiencing Homelessness

- **29%** more likely to have Hepatitis C
- **20x** more likely to have Epilepsy
- **5x** more likely to have Heart Disease
- **4x** more likely to have Cancer
- **3.5x** more likely to have Asthma
- **3x** more likely to have Arthritis or Rheumatism
- **50%** have had a Traumatic Brain Injury
(Approximately **2%** of the Canadian population has had a Traumatic Brain Injury by comparison).

- Prevalence of Dementia is **17.7%** higher than those considered housed, and **6.1%** higher than those considered housed with low-income.
- In 2017, **20%** Canadians reported having a disability. **13%** of those who reported also reported that they have experienced Hidden Homelessness.

- [Sources 1, 2, 3, 4](#)

Primary Care Access & Those Experiencing Homelessness

Using Narrative Interviews with 53 people experiencing homelessness or housing vulnerability in a small Ontario town showed that:

- **28%** had a primary care provider locally
- **40%** had a provider in another town
- **32%** had no access to a primary care provider at all

This research also indicated that participants frequently sought out care in emergency departments because they were unable to access the primary care they needed in the community.

- [Source](#)

When everyone has a safe and affordable place to call home, our whole community benefits.

Be Part of the Solution.

Say YES to supportive and affordable housing in your neighbourhood!





Alexandra Marine and General Hospital
120 Napier Street
Goderich, ON N7A 1W5
T 519-524-8323 | F 519-524-8504

South Huron Hospital
24 Huron Street West
Exeter, ON N0M 1S2
T 519-235-2700 | F 519-235-3405

Patient Experience Story

Dec 2024 for Jan 2025 MAC, Board meetings.

Respectfully submitted by Heather Klopp, Manager, Patient Relations, Patient Registration, Privacy & Health Records.

These comments are from a patient who has given us “the Best” and “the Worst” impressions from their one month stay at SHH.

Worst first – “Nobody like to be in the hospital for a month!”

“Could improve on Communication. I felt like I was getting second-hand information. I seemed to always get information from the nurse rather than the doctor”

“Of course I missed my usual food at home”

Best Impressions - “The nurses were overall very good and caring.”

“We are so fortunate to have this hospital!”