AGENDA

Committee:	**Medical Advisory Committee**		
Date:	April 10, 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: *(Open Session Only)*	Shari Sherwood, Heather Zrini, Christie MacGregor (Board Representative)		

	Agenda Item	Presenter	Anticipated Actions	Time Allotted	Related Attachments
1	**Call to Order / Welcome** • Notifications: ○ 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	• 2025-03-20-MAC Minutes
	Draft Motion: To accept the March 20, 2025 MAC Minutes.				
4	**Business Arising from Minutes**				
5	**Medical Staff Reports**				
5.1	Chart Audit Review	Nelham	Information	as needed	
5.2	Infection Control	Kelly	Information	as needed	
5.3	Antimicrobial Stewardship	Nelham	Information	as needed	
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	CNE / Sherwood	Information	as needed	
	Draft Motion: To accept the April 10, 2025 Medical Staff Reports to the MAC.				
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	• 2025-04-Monthly Report-COS
6.4	President & CEO	CEO	Information	5min	• 2025-04-Monthly Report-CEO
6.5	CNE	CNE	Information	5min	• 2025-04-Monthly Report-CNE
6.6	CFO	CFO	Information	5min	• 2025-04-Monthly Report-CFO
6.7	Patient Relations	Klopp	Information	5min	• 2025-04-Monthly Report-Patient Relations
6.8	Patient Care Manager	Walker	Information	5min	

6.9	Clinical Informatics	Sherwood	Information	5min	
	Draft Motion: To accept the April 10, 2025 Other Reports to the MAC.				
7	**New and Other Business**				
8	**In-Camera Session**				
9	**Next Meeting & Adjournment**				
	Date	**Time**		**Location**	
	May 8, 2025	8:00am-9:00am		Boardroom B110 / MS Teams	

MINUTES

Committee:	**Medical Advisory Committee**		
Date:	March 20, 2025	Time:	8:05am-9:25am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. McLean, Dr. Mekaiel, Dr. Ondrejicka, Dr. Patel, Dr. Ryan Lynn Higgs, Heather Klopp, Robert Lovecky, Jimmy Trieu, Adriana Walker		
Guests:	Shari Sherwood, Christie MacGregor (Board Representative)		

1	**Call to Order / Welcome**	

1.1	• Dr. Ryan welcomed everyone and called the meeting to order at 8:05am
	  ○ Notifications:
	  ▪ 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**	
3	**Approvals and Updates**	
3.1	Previous Minutes • Approval / Changes ○ None ***MOVED AND DULY SECONDED*** ***MOTION: To accept the February 13, 2025 MAC minutes. CARRIED.***	
4	**Business Arising from Minutes**	
4.1	Reappointment: • Due Mar 31	
4.2	Discovery Week: • June 2-5	
5	**Medical Staff Reports**	
5.1	Chart Audit Review: • No discussion	
	Action: • On Agenda, remove Dr. McLean / add Dr. Nelham	***By whom / when:*** • EA; Today

5.2	Infection Control:
	• Meeting held on Feb 26
	  ○ Seeing more respiratory and gastro infections in the community, but not seeing transmission inside the hospital; appreciation expressed to the staff for good infection control practices
	  ○ Measles is in Huron County; there are an approximate 200 cases in Southwestern Ontario currently; expanded vaccine eligibility
	  ▪ Presents as a viral infection; highly contagious; requires airborne precautions
	  ▪ If patient presents with rash, ask for immunization history
	  ▪ Starts with a rash on the face and moves down; may or may not show white spots and/or conjunctivitis
	  ▪ Confirm with the Lab that you are ordering samples correctly
	  ▪ Implemented ED measles Power Plan this week
	  ○ Cases as showing in unvaccinated patients, making vaccine 100% effective
	  ▪ Vaccines are typically give at 12 months, and boosters at 4 years	

5.3	Antimicrobial Stewardship: • No discussion	
5.4	Pharmacy & Therapeutics: • No discussion	

5.5	Lab Liaison: • No discussion	

5.6	Recruitment and Retention Committee:
	• Last meeting held Mar 4
	  ○ Discovery Week scheduled for 1st week of Jun
	  ○ Attempting to recruit Canadian physicians back to Canada from the US; a number of those physicians have contacted our recruiter looking for a way to come back to Canada to practice
	  ▪ Canadian nurses are also coming back to Canada, however, the process is lengthy
	  ○ Grand Bend Clinic has applied to be a Practice Ready site
	  ▪ Hiring internationally trained physicians and training them for 60 days, making them eligible to practice immediately
	  ▪ Four part program – 15 days Family Medicine, 15 days ED, 15 days Hospitalist, and 15 days Nursing Home
	  ▪ Dr. McLean is hosting this physician in the ED, and is looking for a hospitalist to host; daily stipend included
	  ▪ Feedback has been provided to the Ministry regarding negative experiences with this program; looking for improvement	

	Action: • Looking for volunteer(s) to host Practice Ready physician during Hospitalist rounds in Jun; contact Dr. McLean	***By whom / when:*** • All; Mar

5.7	Quality Assurance Committee:
	• Reviewed F2526 QIP Indicators
	  ○ BPMH QIP indicator is in good standing at SHH; process at AMGH is cumbersome and ineffective due to use of MediTech
	  ○ P4R program under Access and Flow
	  ○ EMS offload times; extra nursing in place, which should assist in bringing the numbers down
	  ○ Working on quality of data
	  ○ Physician Assessment Time; good standing at SHH, however, pressures are increasing
	  ○ Left Without Being Seen (LWBS); will be researching why patients are leaving for a 1-3 month period, i.e., waiting too long, have to pick up kids, only needed something from triage nurse, went to clinic across the street, to long to get into see family physician, etc.
	  ○ Continuing with ED Patient Experience Surveys
	  ○ Discharge Medication Reconciliation; deaths are excluded from these numbers
	  ○ DEI education; changes to this year's process – physicians do not need to complete
	• Discussed lab results process
	  ○ Blood cultures are not posted on Cerner for 5 days; positives show up on a paper report in the ED and can then be missed if the patient comes back in the meantime; can't be found under repeat visits
	  ○ Can result in patients being taken of antibiotics too soon; looking for more consistent interfacing	

	MOVED AND DULY SECONDED ***MOTION: To approve the Medical Staff Reports as presented for the March 20, 2025 MAC Meeting. CARRIED.***	
6	**Other Reports**	

6.1	Lead Hospitalist:
	• Volumes / turnover has been better over the last few weeks; census ok
	• Staff being pressured to accept transfers; reminder that we are not obligated to accept a transfer without reviewing if it is appropriate or not
	  ○ Physician-to-physician handover to be completed before acceptance
	  ▪ Recent incident where a transfer was accepted and patient could have been sent home, causing a waste of resources	

	Action: • Six open Hospitalist shifts in Jun; please review your schedules	***By whom / when:*** • All; Mar/Apr

<table>
<tr><td>6.2</td><td colspan="2"><u>Emergency:</u>
• URGENT Open shift on Sun., Mar 23; incentive increased
  ○ Schedule is sent to EDLP two months in advance for posting; if the shifts are not filled by an EDLP or local physician within a week of the shift:
  ▪ a mass-email is sent to a number of people to prepare for ED closure
  ▪ if not filled by 48 hours of the shift, communication to stakeholders begins
  ○ We are now 72hrs away from the unfilled shift; if it is not filled by noon today, we will send a communication to Dr. Shah, who will reach out to a broader network group to continue to look for coverage
  ▪ Preparations for closure will begin tomorrow, Mar 21
• There are 9 open shifts within the next 30 days
  ○ We do have 2nd year UWO Residents moonlighting some of the shifts
• Appreciation extended to all SHH physicians, who continue to go above and beyond
• To date, TLP funding has not been extended past Mar 31
  ○ There are still some funds available in the incentivising bucket; appreciation extended to Mr. Trieu for earmarking those funds at the beginning of the year</td></tr>
<tr><td>6.3</td><td colspan="2"><u>Chief of Staff:</u>
• 2025-03-Monthly Report-COS, circulated
  ○ Discussed privileging process for MAID providers
  ▪ In the process of determining a condensed version of privileging for MAID physicians on a temporary basis
  ▪ Determine what information needs to be collected, i.e., Registration, license, insurance, delegation by proxy, Canadian Board Certification, etc.; temporary privileges cannot be granted without some form of documentation
  ▪ Temporary privileged docs must be in the system to have their name associated with the patient, and for charting purposes
  ▪ Request for approval goes to Dr. Ryan, Dr. McLean, Dr. Patel, and Jimmy Trieu
• Canadian Board Certification (initials) is now needed for charting purposes
• EA and Quality Coordinator are working on a similar package for SHH & AMGH
• Consider past process of Board agreement between SHH and GBCHC, where valid credentialing was accepted at both organizations and physicians did not have to fill out both applications</td></tr>
<tr><td></td><td><u>Action:</u>
• Determine if access to our system is required for charting, and if a proxy is required for the COS to sign off on the charting
• Forward discussion of shared privileging with Governance & Nominating
• Support Dr. Chan with a vote for a CMPA Council position</td><td><u>By whom / when:</u>
• EA; Mar
• Trieu; Mar / Apr
• All; Mar</td></tr>
<tr><td>6.4</td><td colspan="2"><u>President & CEO:</u>
• 2025-03-Monthly Report-CEO, circulated
  ○ New government was sworn in this past week; Sylvia Jones remains the Health Minister for Ontario
  ▪ Anticipating Ministry budget to be ready next month, and will hopefully hear about a TLP funding extension, or permanency
  ▪ Will be discussing at upcoming OHA meeting
  ○ SHH funds set aside for shift incentives has only been partially utilized, and will be carried over to F2526, as the Board approved the full amount; Board will be notified
  ○ Tillsonburg has seen a number of cases of Measles in community and in-hospital; CEO is planning for possible capacity issues and transference of non-measles patients in case of crisis</td></tr>
<tr><td>6.5</td><td colspan="2"><u>CNE:</u>
• 2025-03-Monthly Report-CNE, circulated
  ○ Social Work Week celebrated Mar 10-14; planning for upcoming Nurses Week
  ○ Onboarding new staff for ED
  ○ Received news that SHH & AMGH will be reimbursed for a significant amount of education costs, and will also be provided with more training funds</td></tr>
</table>

	○ ACLS training is coming soon
6.6	<u>CFO:</u> • 2025-03-Monthly Report-CFO, circulated ○ F2526 budget has been reviewed and recommended by the Resources Committee and will be going to the Board, with a few updates, for final review and approval ▪ Quality Manager is in the budget; extra nursing hours have been added to the budget; ▪ IT costs are increasing by about $250K ▪ Will be including bases salary increases ▪ Budget, while still running a deficit, has been increased by approximately $300-$400K ○ Ministry is aware of our deficit position and will not become concerned until we reach a cash crisis position ▪ Board approved a divestment of $1M last month, which has been completed, and we are now in a favourable cash position ▪ Will continue to watch cash position closely, as our expenses exceed our revenues ○ $1.6M in capital asks has been submitted to the Board: $850K of that is for our outstanding CT request ○ Lab, DI, Cardio Manager position has become vacant and is being posted as split cross-site positions (Lab / DI) ○ Finance Manager (cross-site) and Finance Analyst positions have also been posted
6.7	<u>Patient Relations:</u> • 2025-03-Monthly Report-Patient Relations, circulated ○ Patient Experience Surveys for ED and Inpatients is one of our QIP indicators ○ Survey updates have been completed; eight different surveys in place between the two sites, all validated and inline with Ministry standards ○ Collecting information from the patients on the actual experience of filling out the surveys ▪ Based on a patient's suggestion, the web site address and a note about where to physically drop the surveys at the hospitals will be added to the surveys ▪ Patient also suggested that the survey be emailed to them rather than provided when they are groggy after surgery; this was discussed at the Patient Experience Panel in terms of the patient's consent to receive an email after their visit ○ HPPH is running surveillance on opioid use, as overdoses and deaths in the County have increased and they are trying to determine why
6.8	<u>Patient Care Manager:</u> • Increase in ED RN coverage on some weekdays (12-8pm) will begin on Apr 22 • ED facesheet has been removed; feedback received ○ All the personal information docs need to know regarding a patient was on the facesheet, i.e., in the case of a paediatric patient, the parent names, family doctor, allergies, especially if the patient comes in with a grandparent who doesn't have all of this information ○ Have continued having the facesheets manually printed for the information and having them shredded at the end of the shift ○ Vital signs have been removed from the facesheets: workaround found ○ Physicians are still getting used to the various screens where all of this information can be found online ○ As of Jun 3rd, all documents with a label will be scanned into the system after the visit ○ ED receives a paper copy of ECGs, which can be added to the Progress Notes, but do not need to be scanned as the ECGs are already in the system electronically ▪ Concern that something will get shredded that shouldn't ○ Concern regarding patients who present as WSIB; you cannot see the visit in Cerner by entering in the HC# because they are logged as a WSIB#; difficulty billing these patients ▪ Utilize a patient sticker ○ CTAS guidelines will be changed as of Jun 17th this year; nursing staff will be trained ▪ Guidelines available ▪ Some base levels will automatically be higher, i.e., confusion will now be CTAS 3 rather than 4

	○ Crash carts have been organized and standardized ▪ Mannitol and Osmitrol are in the med dispensary ○ Regarding TGLN, SHH has had two ocular recoveries since Dec ○ Working with SWOSN on the Stroke Protocol; finalizing plan for patient and nurse transfer, bypass protocol, etc. ▪ Difficult to determine where the patient is within the window of a stroke and where EMS should be taking them ○ ALC numbers are down , and census has been better recently
6.9	Clinical Informatics: • Inter-facility DI ordering has been available for the last three years, and we now have the opportunity to turn it on ○ Allows ordering tests directly through Cerner to any other Cerner hospital; go live planned for next week ○ In order to have an urgent scan, there must be an MRP in the desired hospital who has accepted the patient, which is unlikely to happen as the imaging must be done first; this could result in the patient going from hospital to hospital for the required care • Tim Brown's last day is tomorrow, but he has been working on a central intake for Hamilton Health Sciences Centre for DI for the whole region, and will be handing that project over • Working on removing the facesheet for Inpatients; no issues
	MOVED AND DULY SECONDED ***MOTION: To approve the Other Reports as presented for the March 20, 2025 MAC Meeting. CARRIED.***
7	**New Business**
8	**Education / FYI**
9	**In-Camera Session** ○ Notifications: ▪ 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 ensure that their surroundings are secured from unauthorized participants
9.1	Move into In-Camera • Credentialing and Reappointment List, circulated ***MOVED AND DULY SECONDED*** ***MOTION: To move into In-Camera at 9:15am. CARRIED.***
9.2	Move out of In-Camera ***Recommendation made to move back into open session at 9:24am. CARRIED.***
9.3	Motions Moved Out of In-Camera ***MOTION: To accept the Credentialing Report of March 20, 2025 as presented, and recommend to the Board for Final Approval. CARRIED.***
	Action: • Discuss family physician team Dr. Natuik ***By whom / when:*** • Ryan; This week
10	**Adjournment / Next Meeting** Regrets to alana.ross@amgh.ca

	Date	**Time**	**Location**
	April 10, 2025	8:00am	Boardroom B110 / MS Teams

	Motion to Adjourn Meeting ***MOVED AND DULY SECONDED*** ***MOTION: To adjourn the March 20, 2025 meeting at 9:25am. CARRIED.***
Signature	
	_____ Dr. Sean Ryan, Committee Chair

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April 2025 South Huron Hospital Chief of Staff Report

I had planned to focus this report on other important issues, however, this changed after hearing our CEO's interview this week on the CBC radio program "Afternoon Drive" regarding the Temporary Locum Program (TLP) ED funding. Given the communications I have received about this from many of our other physicians, I feel obligated to comment on some of the incorrect statements that were made. The concerning statements are in bold italics.

1. ***The program is to help locum or part time physicians fill rural ED shifts for local doctors who cannot fill the shift due to illness or leave***. The program was designed for the complete opposite reason: to give local rural physicians an incentive to continue to work ED shifts in their local hospitals. This was explicitly laid out in the TLP funding guide from the beginning. Both HHS sites have used these funds to incentivize our local physicians to continue working in the ED. This brought rural ED physician pay close to that of urban EDs to try and level the playing field for small hospitals. Exactly none of this funding was used to allow local physicians to take leaves or vacations of any kind.

2. ***The doctors are mostly from outside the community***. Almost all the TLP funding was used by local physicians at both HHS sites. The exceptions were the small number of "occasional" physicians we were able to recruit from other rural sites to do the odd shift. This statement undermines the commitment of our local ED physicians who put in countless extra hours to keep our hospitals operational 24/7.

3. ***It was created after the pandemic***. The TLP program was created early in the pandemic as we saw large numbers of physicians leaving the practice of emergency medicine or reducing their shift loads to work elsewhere. It was continued after that to stabilize the workforce in single physician coverage EDs, such as both HHS hospitals.

4. ***These programs are expensive***. This suggests that the incentive provided by the TLP funding is not consistent with what ED providers ought to be paid on a permanent basis. To be clear, rural ED payment models have lagged far behind urban ones over the last several years and this program reduced that gap. Only a

permanent payment model of the same magnitude will bring long term stability to rural ED physician coverage.

Overall, I find it extremely disappointing that the importance of this funding to rural hospitals was so misrepresented on a prominent regional radio program.

The remainder of my report will be presented verbally.

Please contact me with any questions or concerns.

Sean Ryan MD CCFP(EM) FCFP
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PRESIDENT & CEO REPORT

April 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			OHW has endorsed HHS Master Plan and Master Programming proposal to the MoH. Final approval will depend on the provincial election and will not occur until late April early May.
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. No issues so far in review process as indicated by MoH as of March 2025.
MRI Scanner			Approval to move forward with next phase of project. AMGH Foundation to initiate a capital campaign.

TOP OF MIND

Community Engagement Session:

- Planning is well under way for a community engagement session in Bayfield
- Session will be to initiate a dialogue with the community around Master Planning
- Date will be June 4th, 2025 at Bayfield Community Centre from 6:15pm to 8:15pm

BIG WINS | LEARNING

Hospitalist Model

- This model has been working very well these past couple of months
- The workflow between physicians and nursing staff have been very smooth
- Hospitalists are physicians who specialize in internal or family medicine and work in hospitals
- They provide direct care to a wide range of patients from their admission to their discharge and have a deep knowledge of conditions and diseases and help hospitals run more smoothly and efficiently through improved workflows

PRESIDENT & CEO SUMMARY

Recent weeks, tariffs have been in the front and centre. Besides being a economic drain, they can have significant downstream effects on the healthcare sector in Ontario, even though healthcare isn't always top of mind in trade policy discussions.Tariffs on medical imports—whether stemming from international trade disputes or protectionist policies—are placing financial and operational pressure on Ontario's healthcare system. These costs threaten to reduce access, delay modernization, and shift funding away from direct patient care.

Tariffs on imported goods—particularly from the U.S., Europe, or Asia—can increase the cost of essential medical devices, diagnostic equipment, and consumables like gloves, masks, and syringes. Many pharmaceuticals are produced or sourced internationally. Tariffs on ingredients or finished products can increase drug prices, reduce access to niche or specialized medications and complicate procurement for hospitals and provincial buyers.

Tariffs can also affect hospital operational budgets. Hospitals operate on tight budgets. Tariff-driven cost increases can squeeze margins, delay procurement or upgrades and divert funds from staffing, innovation, or capital projects.

While healthcare isn't always the focal point in tariff negotiations, the ripple effects are real and substantial. The Ontario government should take both defensive and proactive measures to shield the sector from cost pressures while also using this as a chance to invest in local resiliency.

The Ontario healthcare sector cannot afford to be collateral damage in trade policy. With smart, coordinated actions, the province can protect its health system, strengthen supply chains, and support local innovation—turning today's challenge into a long-term advantage.

As of April 7, 2025, the Ontario government implemented a Procurement Restriction Policy which states that US companies are restricted from partcipating in procurement activities in Ontario. US companies are defined as those with global headquarters in the US and with less than 250 employees in Canada. This will apply to all new procurements and at any dollar amount.

Respectfully submitted,

Jimmy Trieu
President & CEO

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BOARD REPORT

APRIL 2025

Right before surgery the surgeon says: "Relax, Jim. It's just a small scalpel incision. No reason to panic.

The patient replies: "But, Doctor, my name is not Jim." The surgeon says: "I know. I'm Jim."

FOCUS ON SAFE QUALITY PATIENT CARE

- We have completed 40 surgical cases this month and 94 colonoscopy and gastroscopy
- One weekend this month was not covered in the OR. Marlese started her orientation, so this will assist with call. There was 8 after hour cases and 7 cases added on to the list.
- Continue to see an improvement in scanning wristbands. Medication scanning also slowly improving.
- Best Possible Medication History at discharge will start to capture a more up-to-date list and to comply with accreditation standards
- Strategic plans to move forward with the Mental Health renovations beginning of May
- A lot of RPN'S are applying to the Nipissing Program for RN
- No issues with removing ED and Inpatient Face Sheets

FOCUS ON OUR PEOPLE AND WORKPLACE

- Continuing to focus on a professional respectful work place. Work life balance can be stressful with deadlines, projects having fun can improving morale. *"I asked my boss if I could leave work early the other day",* and the boss said, *"yes, if I made up the time."* I said, *"Sure, Its twenty past fourteen."*
- We are looking at all ED nurses to complete the CTAS training with all new modifiers, through Ont Health
- CNE/Managers–rounding on staff and updating Dashboards
- Positive feedback with the increased support of social work throughout the floors/emergency department
- Successful mentoring of another SPEP RN and hoping to hire through the new grad or international route
- CNE Lynn Higgs and acting inspector Ryan Olmstead will be teaching hospital employees, MCRTT police and EMS for the Police Hospital Transition protocols. This information will then disseminate to others.
- We have Nurses Week, Doctors Day and Mental Health Week coming up, so lots of planning to organize these events
- Approved Vacation Schedules with great success
- Dr. Moore sent out notification that she is withdrawing her surgical service on April 2026. She will continue to accept referrals for office based gynecologic cases. In the ACC CLINIC Dr. Moore sees an average of 180-220 patients, so avidly recruiting for the position.

- We are currently at 81 babies since the beginning of the fiscal year so a 22% increase from last year
- We have been very fortunate to recruit not only some new staff but 9 externs that I had the pleasure to meet with. Very excited for the onboarding process.
- Recognizing Nicole Kucan as an employee that goes above and beyond to support staff and facilitate learning opportunities to enhance our nursing care
- Laurie Hakkers has worked very hard as well for Skills Development and has had a very busy month

FOCUS ON INCREASING THE VALUE OF OUR HEALTHCARE SYSTEM

- A very sick individual went to the OR and remained critical post op. He was intubated and flown out with orange. The team did an excellent job in caring for this patient
- Continue to take advantage of every free educational opportunity and applying for all funding available to assist in educational opportunities
- New 12-2000hrs rotation in SHH ED starts April 22

FOCUS ON WORKING WITH PARTNERS TOWARD AN INTEGRATED AND SUSTAINABLE RURAL HEALTH CARE SYSTEM

- Volunteering at the Fire Department to assist with Gateway Project
- South west sub-region access and flow recovery advisory group developed a work plan framework
- If you have not got your tickets yet to attend Thrive please do so. Lots of great speakers - Resilience in Rural Mental Health: An Essential Building Block to a Strong Community, Social Connection and Mental Health and Addictions, Humor in the Work Place, etc.
- Code Fair is all organized and ready to start
- Measles is on the rise in Huron Perth counties, concerns but not an outbreak. Confirmed case of measles for seeing the patient in ER went very smoothly and screening and contingency plans continue according to any important updates. Influenza A is still prevalent in our communities despite influenza season being almost over.
- Suicide assist part one is completed
- Mental Health First Aid training–two have signed up and ready to go
- SWOSN–(ANNUAL STROKE MEETING)-workplan for 2025-2027

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CFO Report to Board

DATE:	**April 10, 2025**
FROM:	**Rob Lovecky, Vice President of Finance and CFO**
TOPIC:	**CFO Report to Board of Directors**

Financial Snapshot (Period 11, YTD February 2025):

- **Total HHS:** $1.01 million operating deficit, which represents a $2.6 million positive variance compared to budget.

- Deficits and Year-End positive budget variances are expected to continue. The current year-end forecast is for a **total HHS deficit of $1.2 million. (approximately $3.2 million better than original budget)**

Finance:

- Final 2025/26 AMGH Capital Budget is estimated at $3.9 million that includes investments in DI equipment of $3.5 million, $0.4 million in other clinical equipment and systems. AMGH Foundation provided capital list for review and acceptance in early April.

- Final 2025/26 SHH Capital Budget is estimated at $1.7 million that includes investments in DI equipment of $0.9 million, $0.4 million in Pharmacy, and $0.4 million in other clinical equipment and systems. Capital request list provided to SHH Foundation for review and acceptance in early April.

- Year-End process will start on March 31 and continue until May 15 after audit complete their audit engagements at SHH and AMGH.

ITS:

- HHS Executive signed HHS IT Services planning MOU with LHSC. The planning work will begin in October 2025 and conclude in Q4 2025/26 to define scope, timing, and costs of the following IT Strategic Initiatives;
  - HIS/EMR Standardization and Integration,
  - ERP Transformation (Finance, Payroll, Procurement, and Human and Resources systems), and
  - IT Infrastructure Services

- Date set on May 16 for onsite HIS/EMR solution demonstration for physicians. Planning and design work continues in March and April.

Laboratory:

- HHS: Recruiting for new Lab Manager

Cardiorespiratory:

- AMGH: Cardio Monitoring System end of life and end of support equipment in several clinical areas are very likely to need replacement in 2025. (not on 2025/26 capital list) Confirming critical items, timing, and costs with GE. Possible new ask to AMGH Foundation or fund internally through working capital.

Diagnostic Imaging:

- AMGH: DI RFP work continues with target date of end of May 2025 to evaluate final MRI and Flouroscopy/X-Ray. Short list of Vendor presentations are expected to occur in June, followed by final evaluation and selection of vendor for each product category (MRI and X-Ray) by September 2025.
- HHS: Recruiting for new DI Manager

Patient Relations, Registration, Privacy, and Health Records:

- AMGH: Successful implementation of Measles Screening tool in Meditech for Registration Clerks. Confirmation from Health Unit that we have an excellent process.

Huron Health System

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Patient Experience Story for April 2025 MACs.

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

This is an example of Compliments we receive from patients:

“Dear Hospital Staff. I want to express my sincerest appreciation and thanks to all of you who cared for my brother over the years.
I know he always received the best of care at the Goderich Hospital and I am very grateful for everything you did.
My Sincerest Thanks”