Huron Health System
South Huron Hospital

AGENDA

ADDED
6.3 2025-10-Monthly Report-COS
6.7 Confidentiality Policy
6.7 2025-10-MAC Privacy Training Confidentiality

Our Mission - Partnering to provide excellent person-centred care
Our Vision - A quality-driven health care system focused on the changing needs of our communities

Committee:	**MEDICAL ADVISORY COMMITTEE**		
Date:	October 30, 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	**Open Session - Call to Order / Welcome** ○ Video / audio recordings and transcriptions of open session are retained for the purpose of creating accurate minutes and will be expunged on final approval of the minutes by the HHS Common Board.				
2	**Guest Discussion / Education Session**				
3	**Approvals and Updates**				
3.1	Previous Minutes	COS	Decision	1min	• 2025-09-25-MAC Minutes
	Draft Motion: To accept the September 25, 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	• Medical Directive-Influenza Vaccine Staff
5.3	Antimicrobial Stewardship • Presentation • Physician recruitment for Antimicrobial Stewardship Committee	Nelham	Information	as needed	• Piperacillin-Tazobactam Presentation
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 October 30, 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	2025-10-Monthly Report-COS

6.4	President & CEO	CEO	Information	5min	• 2025-10-Monthly Report-CEO
6.5	CNE	CNE	Information	5min	
6.6	CFO	CFO	Information	5min	
6.7	Patient Relations	Klopp	Information	5min	• 2025-10-Monthly Report-Patient Experience • 19-002 Confidentiality Policy • 2025-10-MAC Privacy Training Confidentiality
6.8	Patient Care Manager	Walker	Information	5min	
6.9	Clinical Informatics	Sherwood	Information	5min	
	Draft Motion: To accept the October 30, 2025 Other Reports to the MAC.				
7	**New and Other Business**				
7.1	Internal Medicine Services	Ryan	Information	5min	• 2025-10-HP IMA Letter to SHH • 2025-10-HP IMA Referral Form • 2025-10-HP IMA Referral Form Example
8	**<u>In-Camera Session</u>** ○ In-camera session is not recorded or transcribed, and no minutes will be created. ○ All Directors remain for any in-camera session, and guests will be invited by the Chair, as required. ○ Any Director and/or guest with a conflict or other concern may be recused, as needed. ○ All participants must ensure their surroundings are secure from unauthorized participants.				
8.1	Move into In-Camera • Credentialing Report	Chair	Motion, if needed		• 2025-10-Report to MAC-Credentials
	Draft Motion: To move into the in-camera session at XX:XXam.				
8.2	Move out of In-Camera	Chair			
	Draft recommendation made to move back into open session at XX:XXam.				
8.3	Motions made based on In-Camera discussion	Chair	Acceptance Recommendation		
	Draft Motion: To accept the Credentialing Report of October 30, 2025 as presented, and recommend to the Board for Final Approval.				
9	**Next Meeting & Adjournment**				
	Date	**Time**		**Location**	
	November 27, 2025	8:00am-9:00am		Boardroom B110 / MS Teams	

MINUTES

Committee:	**Medical Advisory Committee**		
Date:	September 25, 2025	Time:	8:06am-9:32am
Chair:	Dr. Sean Ryan, Chief of Staff	Recorder:	Alana Ross
Present:	Dr. Bueno, Dr. Joseph, Dr. Kluz, Dr. Kluz, Dr. McLean, Dr. Patel, Dr. Ryan, Heather Klopp, Robert Lovecky, Jimmy Trieu, Adriana Walker		
Guests:	Shari Sherwood, Christie MacGregor (Board Representative), Katie Howard (Manager, DI)		

1	**Call to Order / Welcome**

1.1	• Dr. Ryan welcomed everyone and called the meeting to order at 8:06am
	  ○ 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**

2.1	Diagnostic Imaging:
	• G11-048 Release of Critical Value ECG Messages for Outpatients, circulated and reviewed
	  ○ Above policy was updated to be more specific on directions for MRTs when there is a critical value message, i.e., complete heart block, acute MI or ischemia
	  ○ Accountability of ECG interpretation by MRTs has been removed, as they are not trained to interpret ECGs
	  ○ MRTs do attempt to contact ordering physicians 2x in a 15min period (no change)
	  ○ MRTs will now fax all ECG printouts to the ordering physician or care team for development of a care plan (new)

3	**Approvals and Updates**
3.1	Previous Minutes • Approval / Changes ○ None ***MOVED AND DULY SECONDED*** ***MOTION: To accept the June 12, 2025 MAC minutes. CARRIED.***
4	**Business Arising from Minutes**
5	**Medical Staff Reports**
5.1	Chart Audit Review: • Dr. McLean is completing the Chart Audit reviews
5.2	Infection Control: • No discussion
5.3	Antimicrobial Stewardship: • Group has been working on making care pathways visible • Care Pathways are now available in folders in the ED physician computer and on the desktop • Looking for a physician to join the committee as Dr. Nelham steps down due to retirement; quarterly 1hr meetings, virtual
	Action: • Contact Adriana.walker@shha.on.ca if interested in joining the ASP committee ***By whom / when:*** • All; Ongoing

5.4	Pharmacy & Therapeutics:
	• No meetings held over the summer
	• Pyxis Medication Dispensing Cabinet system is being implemented Sep 30
	  ○ ED between 730-800 / Inpatients 830-900, plans are being developed
	  ○ Nurses have been trained

5.5	Lab Liaison:
	• Meeting held in Jun
	  ○ Troponin algorithm was shared at last MAC, posted at both units, and communication was sent to all physicians
	  ○ Concern noted regarding putting in a stop date when ordering labs; looking for improvement
	  ▪ The field cannot be made mandatory; Shawna Nelemans, Manager Lab, is putting together some information
	  ▪ Depends on length of admission and acuity of patient, i.e., ALC patients do not require weekly lab work

5.6	Recruitment and Retention Committee:
	• Town of Goderich has agreed to provide $50K forgivable loans for any new physician who joins AMGH; CEO will be providing the same presentation and ask to the Municipality of South Huron Council
	  ○ HHS does not have the capacity to compete in incentivising physicians to come to our communities, so we must rely on our Town Councils and donors for assistance
	  ○ For AMGH, physicians will be required to provide a 5-year minimum return of service (includes Hospital and MVMC) in order to acquire the loan; if they leave prior to completion, they will have to pay it back; MVMC is owned by the Town

	Action: • Review presentation with CEO ***By whom / when:*** • Ryan; Sep

5.7	Quality Assurance Committee:
	• Next meeting scheduled for Oct
	  ○ Reviewed ED metric updates
	  ▪ Ambulance off-load time - doing very well considering the number of ambulances has increased by 50 per month over the last two months
	  – July 191 / average off-load time 40min
	  – Aug 212 ambulances / average off-load time 52min
	  – Patient visits, compared to last May/Jun/Jul/Aug increased from 4,439 to 5,838
	  ▪ Physician Initial Assessment Time – average is 2.9 to 3hrs; shout out to the SHH team for managing the increased volumes
	  ▪ Left Without Being Seen (LWBS) – dropped to 4.9% in Aug, despite having the heaviest volume

	MOVED AND DULY SECONDED ***MOTION: To approve the Medical Staff Reports as presented for the September 25, 2025 MAC Meeting. CARRIED.***
6	**Other Reports**

6.1	Lead Hospitalist:
	• Welcome to Drs. Agnes and Andrzej Kluz, and congratulations on their successful practice start up
	• Summer has been very busy; barely avoided closures
	  ○ There are a number of gaps in the Hospitalist schedule, i.e., 7 consecutive days in Oct and 14 consecutive days in Nov, and more in Dec
	  ○ The increase to Hospitalist pay has barely helped fill the shifts with our current complement of physicians, and has not encouraged recruitment
	  ○ No new information available regarding AFA for Hospitalists, which was expected last Dec according to Ministry and OMA
	  ○ Factors involved in deterring physicians includes:
	  ▪ Other hospital offers where physicians can make the same or more for less work
	  ▪ Physicians starting at the hospital and realizing the extent of the workload that comes working in a small rural hospital
	  ▪ The Hospitalist is the backup physician for the ED and there are a number of family physicians that could cover the hospitalist shifts, but are not comfortable providing ED backup
	  – Compared SHH / AMGH Hospitalist programs (SHH 19 beds / AMGH 22 beds)
	  – SHH is considering development of a separate backup system, however, this would increase ED physician on-call hours in an already small pool who have

	other healthcare commitments, i.e., SHMC, and decrease Hospitalist payments; other considerations include increased expense and Board approval – Incentives are based on physicians working full time practices or full time at the hospital – Ministry, through the HFO program, has paid for physicians to fly in and stay for a week at a time and provide services to Seaforth Hospital; includes accommodations	
	Action:	***By whom / when:***
	• All physicians encourage to review the Hospitalist schedule and pick up shifts if able	• All; Oct / Nov / Dec
	• Forward details Hospitalist to Dr. Agnes Kluz for posting in physician social media group	• Patel; Today
	• Submit application for privileges	• Agnes Kluz; Oct / Nov
6.2	Emergency: • Appreciation extended to the physicians for picking up shifts and avoiding closures over the summer o ED schedule has some open shifts over the next few months • Lead HPHA Radiologist, Dr. Nguyen, notified SHH that they are short on Radiologist On-Call and suggested that CT scan orders determined between midnight and 6am, be deferred until 6am if not emergent, i.e., diverticulitis, colitis, appendicitis, etc.; or refer the CTs to AMGH o Shipping patients for a CT scan requires a nurse to assist, which is easier at night than in day time o AMGH utilizes LXA Radiologists, who require all CT scans to be approved first, which is an extra step o Based on the minimal number of CT scans ordered during the night, SHH physicians agreed the it would be better to wait til 6am and refer to HPHA, cost-wise; ED can prep the patients	
	Action:	***By whom / when:***
	• Communicate CT scan information to ED	• McLean; Today
6.3	Chief of Staff: • Internal Medicine clinic starting up at SHH after Nov 1; tour scheduled for Oct • New Recruiting Specialist starting in Nov; looking forward to a more structured plan for attracting physicians to SHH • Collaborative Leadership Roundtable Committee has been started for the purpose of better communication between all groups o Includes Chiefs of Staff, Presidents of Medical Staff, Board Chair, Board Director / MAC Rep, and CEO o Suggestion was made to have Chiefs of Staff attend each other's MAC meetings to better understand what is going on at each hospital from a medical staff point of view and keeping informed about issues, i.e., burnout, staffing issues ▪ Opportunity for collaboration o Suggestion was made that AMGH may be able to provide coverage of ED and Hospitalist shifts for SHH; opportunity to alleviate some staffing issues ▪ Challenges include difficulty in ability to reciprocate, and the difference in HIS systems – AMGH is working on a plan to migrate from MediTech to Oracle; provides a good transition opportunity for AMGH physicians o Dr. Natuik will forward same discussion to AMGH MAC • SHH MAC is bringing back privacy education; to be presented by Heather Klopp o Provides up-to-date knowledge on privacy guidelines	
	Action:	***By whom / when:***
	• Communication re Internal Medicine Clinic	• Ryan / Walker; Oct
6.4	President & CEO: • 2025-09-Monthly Report-CEO, circulated o Ministry requires all hospitals to submit a balanced budget within 3yrs; Healthcare Sector Stabilization Plan (HSSP) ▪ HHS has developed a plan; details will be presented at the Board Advance on Oct 17 ▪ Chiefs of Staff and Presidents of Medical Staff are part of this group and are invited to attend o CT Scanner business proposal is being reviewed by the Capital Branch of the MOH	

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CEO spoke with Lisa Thompson, MPP regarding the proposal submission in Jul
South Huron Council attended AMO delegation in Aug; Councillor Oak reported that they met with the Parliamentary Assistant to MOH to discuss the need for a CT Scanner in SH
HHS is expecting a meeting with the MOH Capital Branch; waiting for a date

HHS Recruiter is Gwen Devereaux; new Talent Specialist will begin in Nov, as Ms. Devereaux retires
Mayor Finch and Joanne Bowen (Patient Relations Committee Rep and Community Recruiter) attended a recent job fair/recruiting event; received interest in SHH from 6 or 7 residents

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<tr><td></td><td><u>Action:</u>
• Follow up recruiting potential with interested residents</td><td><u>By whom / when:</u>
• CEO; Sep / Oct</td></tr>
<tr><td>6.5</td><td colspan="2"><u>CNE:</u>
• 2025-09-Monthly Report-CNE, circulated and reviewed
○ Concern brought forward that staff, particularly nursing, are requesting and receiving doctors notes to prohibit them from working what is normally expected as a requirement of their position acceptance, i.e., very specific shifts such as nights, 3 in a row, etc.
▪ This is now trending and creating extreme challenges in staffing the hospital</td></tr>
<tr><td>6.6</td><td colspan="2"><u>CFO:</u>
• 2025-09-Monthly Report-CFO, circulated and reviewed
○ CT Scanner business proposal review and discussion by OH/MOH is underway; CFO receiving positive feedback
▪ Proposal was submitted in Jul with a four month timeline; half way there and OH continue to push for results
▪ Waiting for the endorsement letter from OH, and will then be able to schedule the planned meeting with the MOH Capital Branch
○ Will be meeting with OH in regards to the balanced budget and HIS strategies
○ Regarding the HSSP, after the preliminary plan has been presented to the Board, HHS will be looking for physician input and consideration for any decisions that affect patient care and services to the community
▪ High level plan to be presented at Board level Sep 25, and in more detail on Oct 17
▪ Any changes to the plan can be resubmitted to OH and MOH by end of Oct
○ Board meetings have been moved to the end of the month to provide Leadership and Board Committees more appropriate time for processing and presenting the most up-to-date information, i.e., financial results and risk management
○ HHS is currently in a deficit position of approximately $900K, which is better than budgeted; positive variance is due to one time funding and an increase in base funding
▪ Base funding was forecasted at 2%, however, the Ministry has provided 3%, and we may reach 4% by the end of the year
▪ Some pressures include CT referred out costs (includes CT and patient transfer costs) higher than expected by approximately $29K, sick time over budget re long term LOAs, and Lab overtime
▪ Continually having more expenses than revenues create a drain on our cash position, which is a significant concern; the Ministry is aware of our position and sees us as doing well when compared to other hospitals our size
○ HIS
▪ Working on a replacement for the SHH scheduling system; vendors demos provided; partial quote received of $120K+
▪ Working with London HMMS on RFP / ERP strategy for replacement of AMGH & SHH back office systems
○ Lab has completed audits to ensure chemistry analyzers continue to provide reliable results, and are reviewing policies and procedures for the January accreditation process
○ Manager, DI is working to fill SHH Ultrasound vacancies to avoid closure of the service
○ SHH Health Records has implemented One Chart Phase II, efaxing and ereferrals; working well
▪ After two weeks, we are seeing the value of investment in electronics with savings on transcription and paper charting costs, space, efficiency and the positive morale of the staff</td></tr>
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	Action:	***By whom / when:***
	• Determine CT cost per patient • Determine hospital contribution to daily top up rates; physicians looking for performance data	• Lovecky; Sep • Lovecky; Sep

6.7	Patient Relations:
	• 2025-09-Patient Experience Story, circulated and reviewed
	  ○ Shout out highlighted Dr. Pereira and Dr. Henderson for positive patient feedback at SH
	• Privacy Policy (19-001) / MAC Privacy Education, circulated and reviewed
	  ○ Incident at Windsor Regional Hospital (WRH) where a physician accessed the EMR to determine births of male babies and contacted the families to offer circumcisions at a private clinic
	  ▪ WRH reported this information to the Privacy Commissioner of Ontario
	  ▪ Led to improvement of training for agents responsible for the information
	  ▪ WRH was not given an Administrative Monetary Penalty (AMP), but were given strict instructions for improvement
	  ▪ Physician and physician's practice were fined; private practice had no policies or procedures in place to protect their patients
	  – Fines will encourage private practices to take responsibility for their physicians, nurses and staff, and put privacy training and policies in place
	  ○ SHH has a robust internal training and tracking system for its employees, however the same system is not in place for the physicians at this time
	  ▪ Agents are tasked with prohibiting unauthorized access / use of PHI	

6.8	Patient Care Manager:
	• Central Line kits are now in circulation
	• Second Continuous Temp Monitoring attachment for rectals has been ordered; a plus during hypothermia season
	• Monitoring use of Med Admission Orders, which has improved along with the overall ordering of VTE prophylaxis, however, it was discovered that it is possible to click through the VTE prophylaxis field without making choices; this error follows the patient throughout their visit, creating issues; auditing in place
	  ○ Physicians must chose a 'VTE' drug, or 'not required'
	  ○ Module is embedded in the ED Admit to Service for repatriations
	  ○ Be wary of duplications and the need to change the anticoagulants coming from LHSC
	• OH has mandated the Home First Approach; hospitals are obligated to send patients with no acute medical issues home with supports, rather than having them wait for LTC as an inpatient
	  ○ This cannot always be avoided, but it is making related discharges more difficult for Hospitalists and Discharge Planning staff
	  ○ In the case of admissions, Hospitalists are asking ED physicians to notify patients on admission that the goal will be to get them home as soon as possible
	  ○ Homecare documents are available
	• 12-8 ED nursing shifts have been working well; overtime is down
	  ○ Implementation of a CT Scanner could change this as nurse transfers will be reduced
	• Appreciation extended to the physicians for filling the ED shifts and keeping the ED open, as our numbers continue to rise	

	Action:	***By whom / when:***
	• Review Med Admission Orders process re VTE with physicians • Research anticoagulants and auto subs • Forward admissions / homecare issue to Patient Experience Panel	• Walker / Sherwood; Sep • Walker; Sep • Klopp; Dec

6.9	Clinical Informatics:
	• With the implementation of electronic documentation, transcription rates are being tracked; seeing very positive changes
	  ○ Down to $35 or less per month in transcription fees as compared to $1K/month prior to electronic documentation; thank you to all for your participation
	  ○ Consistent 90% usage of Dynamic documentation over the last six months	

	○ New auto text and additional functionality available for Hospitalists, i.e., ambulatory view available for the walk-in clinic • Working on possible AI functionality in regards of Lab ordering in the walk-in Clinic ○ Oracle Health has an AI functionality in practice in Canada, and is working on figuring out how to make it cost effective prior to making it available ○ Ensure any AI usage is OMA approved • Communications to be circulated re: ○ Oracle upgrade Oct 1, 5pm-11:30pm ○ Annual downtime, covers new functionalities, variances, DynDoc updates, etc. • First bundle of charts related to the Physician Return Visits Quality Program have been received and reviewed and will be forwarded to the Clinical Audit committee
	Action: • Work with Dr. Patel on Dynamic Documentation module for Hospitalists ***By whom / when:*** • Sherwood; Sep
	MOVED AND DULY SECONDED ***MOTION: To approve the Other Reports as presented for the September 25, 2025 MAC Meeting. CARRIED.***
7	**New Business**
7.1	Physician Application: • HHS Application for Privileges-SHH Related Policies & Forms, circulated for review ○ Based on feedback from physicians applying for positions at both AMGH & SHH, EA developed a combined version, so the applying physicians only have to fill out one base package, which will provide consistent information to both hospitals ○ The EA will now start using the new package
	Action: • Please review package and forward feedback to EA ***By whom / when:*** • All; As needed
7.2	Discovery Week:  VID_20250703_085842.mp4
8	**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
8.1	Move into In-Camera • Credentialing and Reappointment List, circulated ***MOVED AND DULY SECONDED*** ***MOTION: To move into In-Camera at 9:31am. CARRIED.***
8.2	Move out of In-Camera ****Draft recommendation made to move back into open session at 9:32am.***
8.3	Motions Moved Out of In-Camera ***MOVED AND DULY SECONDED*** ***MOTION: To accept the Credentialing Report of September 25, 2025 as presented, and recommend to the Board for Final Approval. CARRIED.***
	Action: • Forward to Board for final approval ***By whom / when:*** • EA; Today
9	**Adjournment / Next Meeting** Regrets to alana.ross@amgh.ca

	Date	Time	Location
	October 30, 2025	8:00am	Boardroom B110 / MS Teams
	Motion to Adjourn Meeting ***MOVED AND DULY SECONDED*** ***MOTION: To adjourn the September 25, 2025 meeting at 9:32am. CARRIED.***		
Signature			
_____ Dr. Sean Ryan, Committee Chair			

Huron Health System

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Medical Directive: Seasonal Influenza Vaccine	
Approval	AMGH and SHHA Chief of Staff
Date Originated	October 23, 2012
Review/Revision Date	October 10, 2025

Refer to the Medical Directive Policy

Authorizing Physicians: AMGH and SHHA's Chief of Staff

Authorized To: Registered Nurses/Registered Practical Nurses working in Occupational Health/Infection Control Department who are authorized by the Regulated Health Professions Act to perform an Intramuscular Injection, Registered Nurses/Registered Practical Nurses working at HHS that are assigned by Occupational Health/Infection Control to assist in the Occupational Health influenza vaccination campaign and are trained and authorized to administer influenza vaccine.

Recipient Patients: All Team Members listed below will have access to and are strongly encouraged to receive the Influenza Vaccination:

- HHS employees
- HSS Physicians and Midwives
- Students in placement with HHS
- HHS Volunteers

Influenza Vaccination may also be given to the following individuals:

- Auxiliary members
- HSS Board Members
- Contract employees that have office space at HSS

Description of Procedure: Each year, the World Health Organization (WHO) makes a recommendation on the strains to be included in the influenza vaccine for the northern hemisphere based on the characteristics of the current circulating and emerging influenza virus strains.

Recommendations for the 2025-2026 Seasonal Influenza vaccine are as follows:

- Trivalent Inactivated Vaccine (TIV) - Egg-Based Vaccines (Fluviral, Fluzone, IIV3-adj)
  - A/Victoria/4897/2022 (H1N1)pdm09-like virus;
  - A/Croatia/10136RV/2023 (H3N2)-like virus;
  - B/Austria/1359417/2021 (B/Victoria lineage)-like virus

- Trivalent Vaccines (high-dose TIV)- Egg-Based Vaccines: For those over 65 years of age (Fluad)
  - A/Victoria/4897/2022 (H1N1)pdm09-like virus;
  - A/Croatia/10136RV/2023 (H3N2)-like virus;
  - B/Austria/1359417/2021-like virus

Please Note: NACI recommends administration of COVID-19 Vaccines may occur at the same time as, or at anytime before or after Influenza Immunization, including all seasonal Influenza Vaccines or LAIV (Live Attenuated Vaccine) for those aged 12 years and older as of September 21, 2022.

Specific Conditions/Circumstances That Must Be Met before the Directive can be Implemented

- Provide the recipient with information regarding influenza immunization (Influenza Fact Sheet)
- Consideration prior to administering vaccine: Previous Vasovagal Syncope (Fainting) upon receipt of needle/vaccine
- Review the Declaration Form to ensure that it has been read, understood and signed
- Perform a brief assessment of relevant allergy status
- Explain the procedure
- Ensure there are no contraindications to vaccination
- Administer the seasonal influenza vaccine 0.5 ml (NEW: 0.5 ml for Fluzone High Dose also) by intramuscular injection in the deltoid
- Advise the recipient to remain in the vicinity for 15 minutes post injection to ensure a serious reaction does not occur
- Advise the recipient to notify Occupational Health of significant side effects

Contraindications to the Implementation of the Directive

- Allergy to substance(s) found in the influenza vaccine
  - Severe allergic/adverse reaction to a previous dose of influenza vaccine - NACI indicates that egg allergy is not a contraindication for influenza vaccination and that egg-allergic individuals may be vaccinated against influenza using the full dose of any age appropriate product. (NACI, Statement on Seasonal Influenza Vaccine 2025-2026)
- Previous Guillain-Barre Syndrome (GBS) occurring within 6 - 8 weeks of a prior influenza vaccination.
- Fever or active infection at present.
- Contraindication to the multi-dose version, should only receive the Fluzone/Influvac pre-filled syringe vaccine

Recipients Who Should Consult With Their Physician Prior to Receiving Influenza Vaccine

- Individuals who experienced Oculorespiratory Syndrome with severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of a previous influenza vaccine should seek expert medical advice before being immunized again with influenza vaccine
- Anyone with an active neurological disorder not under control.

Individuals who are immune suppressed may not achieve the optimal immune response, but may still be immunized with flu vaccine.

Reasons to Seek Immediate Medical Consultation/Discontinue Vaccine Administration

- Anaphylaxis or an Allergic Reaction to the Vaccine (Usually evident within 15 - 30 minutes following an immunization)
- Vasovagal Syncope (Fainting)

Adverse Reactions

Common Adverse Reactions

- Soreness or redness at the injection site lasting 1-2 days is common but rarely interferes with daily living
- Fever, fatigue and muscle aches can also occur 6-12 hours post immunization and may last 1-2 days.

This is not an extensive list of the side effects that may happen following an immunization. If someone is to experience more than what is listed here, they should be assessed by a physician.

Serious Adverse Reaction (SAEs)

- Serious adverse events (SAEs) are rare following influenza vaccination (NACI, Statement on Seasonal Influenza Vaccine 2025-2026).

If SAE occurs following influenza vaccination this must be reported to the local Medical Officer of Health within 7 days.

Consent/Documentation:

Consent: Recipient will sign the Influenza Declaration Form after reading the screening questions and influenza fact sheet.

Documentation: The Infection Control Nurse/designated Regulated Healthcare Professional will sign for the administration of the vaccine on the declaration form including the date, vaccine type, lot#, dose, site, route. Administration of the vaccine is charted accordingly in the recipients' health file.

Dosage and Administration:

Please Note: NACI recommends Administration of COVID-19 Vaccines may occur at the same time as, or at any time before or after Influenza Immunization, including all seasonal Influenza Vaccines or LAIV (Live Attenuated Vaccine) for those aged 12 years and older as of September 21, 2022.

- Fluzone ® Influenza Virus Vaccine Trivalent Types A and B (Split Virion) - Distributed by: Sanofi Pasteur Limited
  - 6 months and older
  - Clear to slightly Opalescent suspension
  - Shake vial vigorously each time before withdrawing
  - Single-dose pre-filled Syringe and Multi-dose vial, should be discarded as indicated on vial label or after 28 days and contains thimerosol in multi-dose vial only
  - Multi-dose vial and prefilled syringe contains egg proteins and formaldehyde

- Fluzone ® High Dose Trivalent Typies A and B (Split Virion)- Distributed by: Sanofi Pasteur Limited
  - 65 years and older
  - Clear to slightly Opalescent suspension
  - 0.5ml pre-filled syringe
  - Shake pre filled syringe well to uniformly distribute suspension
  - Contains egg protein and formaldehyde
  - Does not contain latex

Precautions:

- 9 years and older - 0.5 ml one dose only
- Site - Deltoid is the required site
- Needle length - it is recommended by the Ministry of Health to use a 1" needle when administering an IM injection to ensure the vaccine is deposited deep into the muscle and to avoid sterile abscess in subcutaneous tissue
- Check products for expiry date, label, amount and appearance
- Influenza vaccine may be given at the same time as other vaccines, different site
- Protect from light
- Always keep vaccine refrigerated at +2° C to +8° C and monitor fridge temperatures twice daily
- Call the local Public Health Unit to report vaccine that has been exposed to temperatures outside the recommended range

Review and Quality Monitoring Guidelines

This medical directive and the Influenza Declaration Form will be reviewed annually by Occupational Health Staff and Infection Control Nurse, and approved by the Chief Nursing Executive.
Any issues arising from the implementation of this directive will be addressed immediately, and prior to renewal, and changes made as deemed necessary.

Dr. Shannon Natuik			October 15, 2025
Physician Name	(AMGH)	Physician Signature	Date
Dr. Sean Ryan			October 15, 2025
Physician Name	(SHH)	Physician Signature	Date

Reference(s):

Ontario Vaccine Storage and Handling Guidelines January 2018
National Advisory Committee on Immunization (NACI): Statement on Influenza Vaccination for 2025-2026
Ministry of Health -2025/2026 Universal Influenza Immunization: Canadian Immunization Guide

Piperacillin-tazobactam

- a combination product consisting of an extended spectrum antipseudomonal penicillin: **piperacillin**
- and **tazobactam** – a potent ß-lactamase inhibitor

Mode of Action

- Piperacillin inhibits bacterial cell wall synthesis by binding to penicillin-binding proteins leading to inhibition of cell wall biosynthesis
- This leads to lysis of the bacterial cell wall
- Tazobactam inhibits many ß-lactamases thereby preventing the bacteria from inactivating the piperacillin

Pharmacokinetics

- Administered parenterally: IV
- Piperacillin: tazobactam available as an 8:1 ratio
- Rapid distribution in 30 minutes
- Good concentration in the lungs, GI tissue, GU tissue, muscle/fat tissue
- Minimally protein bound
- Renally excreted

Spectrum of Activity

Active against:

- Streptococci
- Most strains of *Staphylococcus aureus (excluding MRSA)*
- *Enterococcus faecalis*
- *Haemophilus influenzae*
- Most strains of *E.Coli, Klebsiella* spp., *P. Mirabilis, Citrobacter koseri*
- Most strains of *Pseudomonas aeruginosa*
- Many organisms that are of low risk for AmpC beta-lactamase production (*Serratia marcescens*. *Providencia* spp, *Morganella morganii*)
- Most anaerobes, including: *Bacteroides*, *Clostridium* spp., *Peptostreptococcus*, *Peptococcus*, *Fusobacterium*

NOT active against:

- MRSA
- *Enterococcus faecium*
- Extended-spectrum beta-lactamase (ESBL) producing organisms
- Organisms that are of high risk for AmpC beta-lactamase production (*Enterobacter*, *Citrobacter freundii*, *Klebsiella aerogenes*)
- Atypical organisms (*Mycoplasma pneumoniae, Chlamydophila pneumoniae, and Legionella pneumophila)*

Clinical Use

Appropriate Uses:

- Necrotizing skin and soft tissue infections
- Febrile Neutropenia
- History of *Pseudomonas aeruginosa* infection in the last year
- Diabetic ulcers with *Pseudomonas aeruginosa*
- Osteomyelitis

Inappropriate Uses:

- CNS infections due to decreased penetration of tazobactam
- Treatment of infections caused by organisms susceptible to more narrow spectrum options (e.g., intra-abdominal, skin and soft tissue)

Precautions

- Avoid in patient with documented **allergic** reaction to penicillin or a cross-reactive cephalosporin
- Increased risk of nephrotoxicity when administered concomitantly with vancomycin
- May increase serum concentrations of methotrexate. With higher doses of methotrexate, another antibiotic should be used

Dosage

Usual dose:

3.375g IV q6h

Dose for Pseudomonal infections:

4.5g IV q6h

Must dose adjust for renal insufficiency

Note: Q8H dosing is only used in patients with a decreased creatinine clearance, interval should be q6h otherwise

SHHA data

- Data has been collected on the patients receiving piperacillin-tazobactam since December 23, 2024.
- As of **Sept 3, 2025**, there have been **40** patients who have received the medication
- Of those, it has been determined that **23** patients may not fit into an appropriate indication as determined by the upcoming flowchart and based on information that I was able to gather from the chart

Case Report #1

- 75 year old male with diabetes admitted from home with known osteomyelitis and cellulitis
- Was supposed to be on chronic amox/clav at home but this was stopped for unknown reasons
- started on ceftriaxone and oral Septra in hospital to cover for MRSA
- Upon reassessment later on day of admission, there was copious drainage so antibiotics were changed to piperacillin-tazobactam
- Refusing amputation
- Appropriate use of piperacillin-tazobactam

Case Report #2

- 91 year old female in ER with chest pain, SOB, tachypnea, hypotension and some confusion
- No fever
- Decreased air entry to bases with some crackles
- Some RUQ pain
- BP increased with some fluid, tachypnea improved and able to stop oxygen
- Admitted on basis of pneumosepsis, questioning cholecystitis and /or pyelonephritis – will get ultrasound
- Started on piperacillin-tazobactam

- CXR showed pleural effusions
- Developed a. fib
- Developed left arm cellulitis

Alternate Antibiotic choices could have been:

- **Ceftriaxone +/- azithromycin** when treating for pneumosepsis
- Would have also covered for cholecystitis and pyelonephritis until ruled out
- Coverage for cellulitis as well

Empiric Antibiotics for Sepsis SYndromes **CHOICES**
(EASY CHOICES)

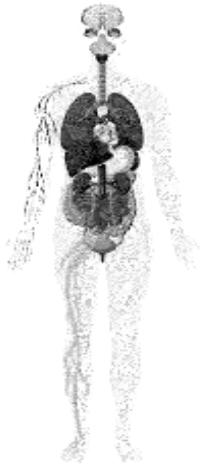
Applies to GIM-bound patient with sepsis syndrome within 72 hours of hospitalization (excluding those with known hospitalization or surgery within 30 days)

Thinking of ordering Piperacillin-tazobactam?

- Febrile **neutropenia**?
- **Necrotizing fasciitis**?
- History of **Pseudomonas** infection in the last year, susceptible to Piperacillin-tazobactam?
- Severe **diabetic foot** infection highly concerning for contiguous osteomyelitis or septic arthritis?
- **None of these**

- **Piperacillin-tazobactam** should be a component of treatment regimen
- Consider **Piperacillin-tazobactam** for treatment regimen
- No indication for **Piperacillin-tazobactam**

What antibiotic should be used instead?



Meningitis	Ceftriaxone + Vancomycin +/- Ampicillin
Pneumonia	Ceftriaxone + Azithromycin
Acute cholangitis	Ceftriaxone
Pyelonephritis (sepsis from urinary source)	Ceftriaxone +/- Ampicillin
Cellulitis	Non-suppurative: Cefazolin Suppurative: TMP/SMX or Doxycycline or Vancomycin
Unknown source	Ceftriaxone

Visit **https://sunnybrook.ca/antimicrobialstewardship** for treatment guidelines

- Thank you for reviewing this teaching module.
- The guideline will be kept in the Clinical Guideline Folder along with other Clinical Guidelines as they are developed and approved by MAC.

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October 2025 South Huron Hospital Chief of Staff Report

Our ED and Hospitalist schedules are made until the end of the year. There remains three weeks of unfilled Hospitalist shifts in December and a scattering of open ED shifts. As previously discussed at the MAC and Board level, our physicians feel strongly about the need for a focused and aggressive recruitment strategy to improve our local workforce.

The main goal of our medical staff for the coming months is to continue to move forward with the CT scanner application. We continue to await a decision from the Ministry.

Along with our CEO, CFO and CNE, I attended the Huron Perth Regional Clinical Planning session this month in Mitchell. These meetings with leadership from all the Huron Perth hospitals will continue over the next 16 weeks with the goal of making recommendations for improving the efficiency and quality of care in our region.

Please contact me with any questions or concerns.

Sean Ryan MD CCFP(EM) FCFP
ryanse7@gmail.com

Huron Health System

CEO Monthly Dashboard

Reporting Period: **October 2025**

Metric	Prior Month	YTD	Target	Status
AMGH ED Visits	1452	5738	16833	⚠ Behind
SHH ED Visits	1277	5338	12695	⚠ Behind
AMGH Inpatient Days	677	2406	8098	⚠ Behind
SHH Inpatient Days	389	2219	4943	⚠ Behind
Surgeries	145	556	1583	⚠ Behind
AMGH Occupancy Rate	103%	30%	85%	✓ On Track
SHH Occupancy Rate	94%	30%	85%	✓ On Track
AMGH Average LOS	6.9	5.5	5.7	✓ On Track
SHH Average LOS	10	9.2	9	✓ On Track
Telestroke	11	45	104	⚠ Behind
AMGH Expenses	$15,936,215	$19,047,513	$35,481,536	⚠ Behind
SHH Expenses	$7,347,699	$8,842,025	$14,810,132	⚠ Behind
AMGH Current Ratio	1.42	1.46	1	✓ On Track
SHH Current Ration	1.82	1.82	0.49	✓ On Track
AMGH Operating Margin	-2.30%	-0.56%	-6.62%	✓ On Track
SHH Operating Margin	-8.42%	-8.24%	-12.33%	✓ On Track

Organizational Risks	Mitigation Strategy	Status
Balanced Budgets	HHS is working through plans for a balanced budget within 3 yrs. Plans have been submitted to OH and MoH for review and comments.	
Scheduling and Payroll System	Working with LHSC IT and Supply Ontario on identifying a solution	
Hospitalist Model	Both hospitals use a hospitalist model which has been very beneficial for both physicians and patients. Provides consistent patient care and better patient management. However, the model is costly. Both use a top up incentive structure. AMGH results in a deficit while SHH is cost neutral and generates a surplus due to efficiency of billing practices.	Working with AMGH physicians to improve billing practices.

Strategic Projects	Impact	Status
AMGH MRI project	Capital Campaign has kicked off and donations are doing very well. RFP for MRI closes at the end of the month and a vendor will be awarded.	
SHH CT Scanner	Application is on track. OHW is reviewing and SHH is waiting for a meeting with MoH Capital Branch.	

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VP Clinical Services/ CNE
Monthly Board Report

Date: October 2025

FOCUS ON SAFE QUALITY PATIENT CARE

Special recognition to Amber Brodie for celebrating infection control week for the first time across both sites. Influenza vaccine clinics are well underway at both sites. AMGH currently has approximately 80 staff immunized and SHH has approximately 32 staff immunized so far this season. November clinics will continue for all staff. Respiratory illnesses in Ontario remain low at this time. Discussions occurring regionally to determine if masking to patient care areas will be made mandatory. RSV vaccine is now available at local pharmacies. Noted that HPHA has lifted the Covid-19 vaccine mandate for employees, however continues to encourage and recommend the vaccine. (Rationale being most individuals already contracted Covid or have been immunized.)
Recent data would indicate that we will NOT be seeing as much of a surge that we experienced last fall/winter.

I would also like to recognize the maintenance department for all their hard work and assistance their work may often happen behind the scenes, but its impact is front and center every signal day.

We also celebrated pharmacy technicians' day. They also deserve the spotlight as their work is vital. Celebrating their day isn't just about gratitude it's about acknowledging respecting and recognizing the contribution to patient care.

We continue to provide our staff opportunities for education, specifically addressing areas that are needed. A recent update has taken place for our crash carts, including a review of best practice for medication infusions protocols and updated supply list. Crash carts are now fully standardized across all areas. In doing this, we also did a recent update related to our auditing templates, forms and processes, according to accreditation guidelines and making sure we are completing audits effectively and completely hospital-wide.

Ongoing meetings with the Regional partners regarding Telestroke, and identifying costs associated with telestroke. This has been escalated regionally, and looking into opportunities to assist with pressures of emergency. Ie A nurse not always accompanying EMS.

The Cancer Care Ontario 2025 Colonoscopy Quality Facility survey was completed by Dr. Kittmer and Brenda Perriam. A few quality improvement items were identified – 1)question about the patient's comfort during the procedure will be added to the patient satisfaction survey 2) will analyze stats about patient comfort levels during scopes, 3) standardize the prep for flexible sigmoidoscopies and develop an information handout for patients.

FOCUS ON OUR PEOPLE AND WORKPLACE

We continue to work on improving our culture to have a positive experience for our new recruits and to maintain current staff as well.

We have had several union negotiations recently with positive results.

Thanks to the Human Resources department for their assistance: Marybeth Alexander, Danielle Beacom and Madison Blacklock, who recently attended a job fair and reported the following:

Career Fair Summary – Western University, London
The HHS HR Team had a successful presence at the Western University Career Fair, engaging with over a hundred students and faculty members to share information about diverse opportunities available across our hospitals.

Key Highlights:

- Strong student engagement: we met with nursing students who expressed interest in the Clinical Nurse Extern position at both AMGH and SHH. The last time we attended Western we had successful hires at both SHH and AMGH.
- We spoke with interested first year students about BSCN placements at rural hospitals, nutrition placements for students in the Food and Nutrition Program and we met with Psychology students who were interested in learning about placements within the community mental health sites (they found the PSR role very intriguing!).
- Positive feedback on HHS onboarding approach: students appreciated HHS's personalized and supportive onboarding, which tailors training to individual needs. They also valued having direct access to HR to call or email us directly with any questions when applying and the ability to apply for nursing roles before receiving their CNO number, unlike other large hospitals in the region which do not allow access until after the CNO has processed their registration number. Students also viewed rural nursing as a strong career start, offering lots of experience and pathways into specialties such as Emergency and Mental Health.
- Another highlight was meeting a Western faculty physician who invited HHS to participate in a recruitment fair and conference called International Medical Graduate Conference & Expo (IMGCE) next June.
- We met with some Western School of Nursing placement coordinators and professors who visited our booth to express appreciation for the BScN and NP placement opportunities HHS provides. Our ongoing collaboration continues to produce great success, with several former placement students hired into permanent RN roles across our hospitals.

The event was a success, strengthening HHS's visibility as an employer of choice, reinforcing academic partnerships, and generating strong candidate interest across multiple disciplines.

Job Fair at the comfort Inn is October 28th 2025

Additionally, AMGH currently has 4 high school co-op students from both GDCI in Goderich and CHSS in Clinton for the 2025-26 school semester. Co-op placements at our hospital allows for student to explore career paths and gain experience first hand in various departments throughout the hospital. Students are able to work with staff to build working relationships, gain knowledge in desired fields, and promotes post-secondary options in healthcare.

FOCUS ON INCREASING THE VALUE OF OUR HEALTHCARE SYSTEM

A HUGE THANK YOU to all my managers for navigating through all the challenges and all their dedication. , Becky for keeping us staffed, Chelsea Ribey for keeping us organized, Jenn Y and Jenn J for all their assistance in anything and everything and to all the staff we simply wouldn't be a hospital without you.

The Clinical Team has been working hard on policies and has set aside time to review and update policies to ensure they align with best practices. Additionally, we continue to work on our accreditation process to prepare for our next accreditation to address RSP's (required safety practices).

Thank you to Nicole Kucan who has been an integral part of moving forward initiatives to meet accreditation standards.

BD Pyxis project is almost complete at South Huron a very special THANK YOU to JESS and Adriana.

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

We are currently working on Mental Health and Addiction initiatives in Huron Perth. This initiative from Dairy Cares across Huron Perth has funding opportunities and in collaboration with HPHA our goal will be to address gaps in both counties.

Mental Health renos continue at AMGH. The Nurses station is now complete, and in use. It is very nice, bright spacious - staff feedback has been positive!

Respectfully submitted by,

Lynn Higgs

Huron Health System

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OCTOBER PATIENT EXPERIENCE STORY

Submitted by Heather Klopp

A patient contacted the Patient Relations Dept at SHH to say they wanted to put forth an apology. They asked that it also to be relayed to the Doctors and Nurses at AMGH.

They said that they wanted staff to know that they were very sorry for their uncontrollable actions when they were a patient the previous week. They had been brought by the police to SHH ER and were then taken to AMGH to be admitted.

They realized that they were very rude to nurses who were trying to be thoughtful and helpful. They are very sorry for that.

They stated they want change for themselves and are working it. They especially do not want anyone to feel harmed from their actions.

The promise was made by Patient Relations that the apology would be passed on to our Doctors and Nurses.

This is being done via RL6 and this submission to both MACs.

Huron Health SYSTEM South Huron Hospital	☒ Policy ☒ Procedure ☐ Protocol ☐ Terms of Reference	Section Privacy	Number 19-002

Confidentiality

Date Issued: December 2004
Date Review/Revised: October 28, 2025
Next Review: October 28, 2028

Owner:	**Reviewer(s):**	**Approver:**
Manager Patient Relations, Patient Registration, Privacy and Health Records	Manager Patient Relations, Patient Registration, Privacy and Health Records	Corporate Leadership

Cross Reference: 19-001 Privacy Policy, 20-010 E-Mail Policy, 18-007 Release of Information Policy, 32-003 Receiving and Tracking Freedom of Information Requests

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the document (titled as above) on the file server prior to use.

Policy

South Huron Hospital (SHH; the Hospital) has a legal and ethical responsibility to protect the privacy of patients/residents/clients, their families, and staff/affiliates, and ensure confidentiality is maintained.

SHH considers the following types of information to be confidential:

- Personal information and personal health information regarding patients/residents/clients (hereafter referred to as "patients") and their families;
- Personal information, personal health information, employment information, and compensation information regarding staff and affiliates; and,
- Information regarding the confidential business information of the organization's operations, which is not publicly disclosed by the organization (e.g., unpublished financial statements, legal matters).

This policy applies whether this information is verbal, written, electronic, or in any other format. Audits are performed to determine compliance.
In addition to standards of confidentiality, which govern Regulated Health Professionals, staff and affiliates are bound by the organization's responsibility to maintain confidentiality. The organization expects staff/affiliates to keep information, which they may learn or have access to because of their employment/affiliation, in the strictest confidence. It is the responsibility of every staff/affiliate:

- To become familiar with and follow the organization's policies and procedures regarding the collection, use, disclosure, storage and destruction of confidential information (See References).
- To collect, access, and use confidential information only as authorized and required to provide care or perform their assigned duties.

- To use, view, divulge, copy, transmit, or release confidential information only as authorized and needed to provide care or perform their duties. (See Release of Information Policy)

- To safeguard passwords and/or any other user codes that access computer systems and programs.

- To identify confidential information as such when sending E-mails or fax transmissions and to provide direction to the recipient if they receive a transmission in error. (See E-Mail Policy)

- To discuss confidential information only with those who require this information to provide care or perform their duties and make every effort to discuss confidential information out of range of others who should not have access to this information.

- To continue to respect and maintain the terms of the Confidentiality Agreement after an individual's employment/affiliation with the organization ends.

- To participate in the organization's Privacy and Confidentiality education program, review this policy, and sign a Confidentiality Agreement before beginning assigned duties at the organization. These activities are a mandatory condition of employment/privileging contract/association for staff/affiliates at SHH. Annual privacy training is mandatory for all employees, students, physicians, nurse practitioners and volunteers, as well as signing a yearly Confidentiality agreement.

- To report to their Manager (Leader) or the Privacy Officer suspected breaches of confidentiality, or practices within the organization that compromise confidential information. If the Manager is the individual suspected of the breach, staff/affiliates may contact Human Resources or the Privacy Office.

Misuse, failure to safeguard, to use or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment/contract or loss of privileges or affiliation with the organization.
("use" of PHI is to view, handle or otherwise deal with the information)

All employees/affiliates that are no longer employed by or are affiliated with SHH are still legally bound by this agreement/policy and will be held accountable up to and including legal action in the event of a breach of this agreement/policy.

Procedure

A General

- Manager must review any department-specific information or procedures related to confidentiality with new staff and affiliates.

- Staff/affiliates may consult their Manager, professional Practice Director, Human Resources, Risk Management, or the Privacy Office regarding confidentiality issues or inquiries.

B Confidentiality Agreement

- Confirmation of the successful completion of the educational program and the signed Confidentiality Agreement will be kept on the individual's file in:
  - Human Resources for staff and volunteers,

- Health Records/Privacy Office for vendors, or consultants (i.e. any individual employed by third-party organizations who are performing work in the organization on a temporary basis)
- Medical Affairs Office for Physicians, Residents, Medical Students, Dentists, and Midwives, secretaries who are privately employed by physicians

- It is the responsibility of Signing Directors to stipulate in Education Affiliation Agreements with education institutions, the obligation to ensure that students and faculty abide by the organization's standards of confidentiality.

C Investigating Alleged Breaches of Confidentiality

- It is the responsibility of managers, in conjunction with Human Resources, and the Manager Patient Relations, Patient Registration, Privacy and Health Records, to investigate alleged breaches of confidentiality.

References

Legislation:

Personal Information Protection and Electronic Documents Act, (PIPEDA) (2004)
Personal Health Information Protection Act (PHIPA) (2004)
Public Hospitals Act (1990)
Regulated Health Professional act, 1991 (as amended)
Freedom of Information and Protection of Privacy Act, (FIPPA) (2008)

Standards:

College of Nurses of Ontario, Standards of Practice – Confidentiality
http://www.cno.org/nursing/standard/confidentiality.html

College of Physicians and Surgeons of Ontario – Confidentiality and Access to Patient Information
http://www.cpso.on.ca/Policies/confidentiality.htm

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2025 SHH MAC Privacy Education "Confidentiality"

H Klopp **Oct 2025**

What is the difference between Confidentiality and Privacy?

- Confidentiality – Information is intended for or restricted to use by a particular person, group or class.
- Privacy – The right to have control over how your information is collected and used.

Key Highlights of the SHH 19-002 Confidentiality Policy:

Purpose:
To ensure the protection of confidential information within the organization, including patient data, employee records, and proprietary business information.

Scope:
Applies to all staff, contractors, volunteers, physicians, Nurse Practitioners and affiliates of SHH who have access to confidential information.

Definitions:
Clarifies what constitutes confidential information, including personal health information (PHI), financial data, and internal communications.

Responsibilities:

- Employees must safeguard confidential information at all times.
- Access should be limited to those who need it for their role.
- Any breach must be reported immediately to the appropriate authority.

Security Measures:
Recommends password protection, secure storage, and proper disposal of sensitive documents.

Consequences of Breach:
Notifies that alleged breaches of confidentiality will be investigated.

Training & Acknowledgement:
Staff are required to undergo annual confidentiality training and sign an acknowledgment form yearly.

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APPENDIX A

CONFIDENTIALITY AGREEMENT

All residents/patients/clients under the care of South Huron Hospital Association (SHH) and all staff and affiliates have a fundamental right to have their health/medical/personal information treated in confidence.

This statement confirms that I have read and understand the Confidentiality Policy for SHH, Exeter, Ontario

I commit to hold in confidence all information about patients, residents, clients, and their families, staff and affiliates, as well as the confidential business information of the organization, which comes to my attention while carrying out my duties as agreed within the organization.

I commit to continue to respect and maintain the confidentiality of patients, residents, clients and their families, and staff and affiliates of the organization, as well as the confidential business information of the organization even after my employment/affiliation with the organization ends.

I understand that I may consult my Director, Human Resources, Risk Management, or the Privacy Office for details regarding this and related policies.

I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment/contract or loss of appointment or affiliation with SHH.

I have completed the (please check which applies to you) module of the Privacy and Confidentiality education program.

- ☐ Professional
- ☐ Regulated health Professional
- ☐ Clinical Support
- ☐ Non-Clinical Support
- ☐ Volunteer/Student

Printed Full Name _____

Department/
Title (if applicable) _____

Signature _____

Date (dd/mm/yy) _____

Stratford Medical Centre 444 Douro Street Suite 107 Stratford N5A 0E6

Huron Perth Internal Medicine Associates
Tel (519) 273-0100/ (519) 273-1990
Fax (519) 273-0675
stratfordinternalmedicine@gmail.com

The Internal Medicine group in Stratford (aka Huron Perth Internal Medicine Associates) would like to announce the beginning of Internal Medicine Outpatient Clinics at South Huron Hospital. Dr. Michael Peirce and Dr. Martin Vergara will be starting to offer these clinics as of November and are now accepting referrals.

We would appreciate you using the referral form (attached but also available for e-referral on Ocean) as there are many other outdated referral forms are floating around and do not have up-to-date information on physicians in our group.

Of note, the referral form provides an option for the patient to be seen by 1st available or specific location or by a specific physician. Please be mindful of marking referrals as "semi-urgent" unless the patient truly needs to be seen within 2 weeks, as these referrals will in some cases result in cancelling other patients in order to accommodate. With the expansion of our group most "routine" referrals are anticipated to be seen in less than 3 months and acute chest pain referrals are typically seen within 2 weeks. Patients may be seen in Stratford to expedite their appointments.

We look forward to working with you,

Dr. Michael Peirce

Dr. Martin Vergara

Stratford Medical Centre 444 Douro Street Suite 107 Stratford N5A 0E6

Huron Perth Internal Medicine Associates

Tel (519) 273-0100/ (519) 273-1990
Fax (519) 273-0675

Referral date:
Patient: Date of birth (DD/MM/YY):
Phone: Health card & VC:
Address: Primary provider (if different than referring):

Email address:
Referring provider: Billing #:
Referring phone #: Referring fax #:

In cases where a specific physician has assessed the patient in the past few years, we will do our best to continue with continuity of care.

Routine Referrals:
Patients will generally be seen within 3 months depending on wait lists.
Please choose **ONE** option:

☐ **First Available**
Referral will be sent to the general referral pool at Huron Perth Internal Medicine Associates. Patients will typically be seen at our Stratford office.

☐ **Specific Provider**
If a specific physician is requested, there may be a longer wait time for consultation.

Requested Physician:

_____

☐ **Location Preference**
If a location preference is chosen, we will try and book the patient to the location nearest them. There may be a longer wait time for consultation.

Requested Location:

_____

Priority Referrals:
Please choose **ONE** option:

☐ **Urgent (within 48-72hrs)**
Please **speak with the physician on-call** to facilitate urgent investigations and consultation. Otherwise, the patient will be triaged as per the usual process. The patient will be seen at the Stratford office.

☐ **Semi-urgent (within 2 weeks)**
Referral to be sent to the first available physician and will be seen at the Stratford office.

Specific Provider
If a specific physician is requested, there may be a longer wait time for consultation. Please consider contacting to discuss.

Requested Physician:

_____

Reason for referral:

Due to the high volume of patients we care for, we are unable to guarantee local access to care for patients with no Primary Care Provider. As such, patients with no Primary Care Provider will generally be seen at our Stratford office.

Relevant investigations (i.e. EKG, blood work, chest x-ray) must be sent in order for referral to appropriately be triaged.

Stratford Medical Centre 444 Douro Street Suite 107 Stratford N5A 0E6

Huron Perth Internal Medicine Associates

Tel (519) 273-0100/ (519) 273-1990
Fax (519) 273-0675

Referral date:
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☐ **Urgent (within 48-72hrs)**

Please **speak with the physician on-call** to facilitate urgent investigations and consultation. Otherwise, the patient will be triaged as per the usual process. The patient will be seen at the Stratford office.

☐ **Semi-urgent (within 2 weeks)**

Referral to be sent to the first available physician and will be seen at the Stratford office.

Specific Provider

If a specific physician is requested, there may be a longer wait time for consultation. Please consider contacting to discuss.

Requested Physician:

_____

Reason for referral:

Please only choose ONE section (routine vs priority)

Due to the high volume of patients we care for, we are unable to guarantee local access to care for patients with no Primary Care Provider. As such, patients with no Primary Care Provider will generally be seen at our Stratford office.

Relevant investigations (i.e. EKG, blood work, chest x-ray) must be sent in order for referral to appropriately be triaged.

Huron Health SYSTEM

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

INTER-OFFICE MEMORANDUM

TO: SHH MAC / HHS Common Board

FROM: Dr. Sean Ryan, Dr. Craig McLean

DATE: October 30, 2025

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, 2026 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
ANDRAOUS, Dr. Maisa	NEW	Consulting-RAD
BACH, Dr. David	NEW	Consulting-RAD
BERLINER, Dr. Yaniv	NEW	Locum-EDLP
ESHAGHIAN, Dr. Farhang	NEW	Locum-ED
LIEN, Dr. Kelly	RETURNING	Locum-EDLP
VERGARA, Dr. Martin	NEW	Courtesy-Internal Medicine

6.6	CFO	CFO	Information	5min	
6.7	Patient Relations	Klopp	Information	5min	• 2025-10-Monthly Report-Patient Experience
6.8	Patient Care Manager	Walker	Information	5min	
6.9	Clinical Informatics	Sherwood	Information	5min	
	Draft Motion: To accept the October 30, 2025 Other Reports to the MAC.				
7	**New and Other Business**				
8	**In-Camera Session** o In-camera session is not recorded or transcribed, and no minutes will be created. o All Directors remain for any in-camera session, and guests will be invited by the Chair, as required. o Any Director and/or guest with a conflict or other concern may be recused, as needed. o All participants must ensure their surroundings are secure from unauthorized participants.				
8.1	Move into In-Camera • Credentialing Report	Chair	Motion, if needed		• 2025-10-Report to MAC-Credentials
	Draft Motion: To move into the in-camera session at XX:XXam.				
8.2	Move out of In-Camera	Chair			
	Draft recommendation made to move back into open session at XX:XXam.				
8.3	Motions made based on In-Camera discussion	Chair	Acceptance Recommendation		
	Draft Motion: To accept the Credentialing Report of October 30, 2025 as presented, and recommend to the Board for Final Approval.				
9	**Next Meeting & Adjournment**				
	Date	**Time**		**Location**	
	November 27, 2025	8:00am-9:00am		Boardroom B110 / MS Teams	