

# AGENDA

Committee:	Medical Advisory Committee				
Date:	September 14 <sup>th</sup> , 2023		Time:	8:00am-9:00am	
Location:	Boardroom B110 / WebEx				
Chair:	Dr. Mark Nelham		Recorder:	Alana Ross	
Members:	All SHH Active / Associate, CEO & VPs				
Guests: <i>(Open Session Only)</i>	Heather Zrini, Shari Sherwood				
	Agenda Item	Presenter	Anticipated Actions	Time Allotted	Related Attachments
1	Call to Order / Welcome				
2	Guest Discussion				
3	Approvals and Updates				
3.1	Previous Minutes	Nelham	Decision	1min	• 2023-06-08-MAC Minutes
	<i><b>*Draft Motion: To accept the June 8<sup>th</sup>, 2023 MAC Minutes.</b></i>				
4	Business Arising from Minutes				
4.1	CT Scanner	Trovato	Update	1min	
4.2	HyperCare	Klopp	Update	1min	
4.3	Electronic Medical Record • OneChart	Nelham / Sherwood	Update  Update	1min	
5	Medical Staff Reports				
5.1	Chart Audit Review	McLean	Process Review	15min	
5.2	Death Audit Review	Patel	Information	2min	
5.3	Infection Control	Kelly	Information	5min	
5.4	Antimicrobial Stewardship	Nelham	Information	5min	
5.5	Pharmacy & Therapeutics	Patel	Information	5min	
5.6	Lab Liaison	Bueno	Information	5min	
5.7	Community Engagement Committee	Ondrejicka	Information	5min	
5.8	Recruitment and Retention	Ryan	Information	5min	
5.9	Quality Assurance Committee		Information	5min	
	<i><b>*Draft Motion: To accept the September 14<sup>th</sup>, 2023 Medical Staff Reports to the MAC.</b></i>				
6	Other Reports				
6.1	Lead Hospitalist	Patel	Information	5min	
6.2	Emergency	Ryan	Information / Discussion	10min	
6.3	Chief of Staff • Transition of CofS	Nelham	Information / Discussion	10min	
6.4	President & CEO	Trieu	Information	5min	• 2023-09-Report to Board-CEO

6.5	CNE	Wick	Information	5min	
6.6	COO • P4R	Trovato	Information	5min	
6.7	Patient Experience Story	Klopp	Information	5min	• 2023-08-03-Patient Story
	<b><i>*Draft Motion: To accept the September 14<sup>th</sup>, 2023 Other Reports to the MAC.</i></b>				
<b>7</b>	<b>New and Other Business</b>				
7.1	Physician Committees & Assignments	Nelham	Information Discussion	5min	• 2023-09-Physician Committees & Assignments
7.2	Urgent Palliative Follow-Up Clinic	Kelly	Information Discussion	5min	• Urgent Palliative Follow-Up Clinic
7.3	Credentialing Report	Nelham	Acceptance Recommendation	1min	• 2023-09-14-Report to MAC-Credentials
	<b><i>*Draft Motion: To accept the Credentialing Report of September 14<sup>th</sup>, 2023 as presented, and recommend to the Board for Final Approval.</i></b>				
<b>8</b>	<b>Education / FYI</b>				
8.1	Sessions Available	Walker	Information	1min	
<b>9</b>	<b>Next Meeting &amp; Adjournment</b>				
	<b>Date</b>	<b>Time</b>		<b>Location</b>	
	October 12 <sup>th</sup> , 2023	8:00am-9:00am		Boardroom B110 / WebEx	

# MINUTES

Committee:	Medical Advisory Committee				
Date:	June 8 <sup>th</sup> , 2023	Time:	8:08am-9:12am		
Chair:	Dr. Mark Nelham	Recorder:	Alana Ross		
Present:	Dr. Bueno, Dr. Chan, Dr. Joseph, Dr. Kelly, Dr. Lam, Dr. Nelham, Dr. Patel, Dr. Ondrejicka, Dr. Ryan, Heather Klopp, Jimmy Trieu, Matt Trovato, Adrianna Walker, Michelle Wick, Dr. Hammond				
Regrets:	Heather Zrini, Dr. McLean				
Absent:					
Guests:	Shari Sherwood				
1	Call to Order / Welcome				
1.1	<ul style="list-style-type: none"><li>Dr. Nelham welcomed everyone and called the meeting to order at 8:08am</li></ul>				
2	Guest Discussion				
3	Approvals and Updates				
3.1	<u>Previous Minutes</u> <ul style="list-style-type: none"><li>Approval / Changes<ul style="list-style-type: none"><li>None</li></ul></li></ul> <p><b><u>MOVED AND DULY SECONDED</u></b> <b><u>MOTION: To accept the May 11<sup>th</sup>, 2023 MAC minutes. CARRIED.</u></b></p>				
4	Business Arising from Minutes				
4.1	<u>CT Scanner:</u> <ul style="list-style-type: none"><li>Waiting to hear from Foundation re funding letter</li></ul>				
4.2	<u>HyperCare:</u> <ul style="list-style-type: none"><li>Report circulated; team in place to develop onboarding processes, etc.; comprised of primary care, hospital and physician champions and advisor<ul style="list-style-type: none"><li>Migration has been completed and guidelines have been developed for cross-sector communication</li><li>Interested Physicians will be sent packages including agreements from the HyperCare Service Provider (HINP); agreements must be completed and returned to the OHT to receive licensing</li><li>Contact is <a href="mailto:ohr@hpaohr.ca">ohr@hpaohr.ca</a></li></ul></li></ul>				
4.3	<u>Electronic Medical Record:</u> <ul style="list-style-type: none"><li>OneChart<ul style="list-style-type: none"><li>A number of departments are now utilizing electronic documentation, i.e., nursing, social work, physiotherapy, etc., which can be found in the Document section; changes include that availability of more specific information about the patients</li><li>Reviewed details of how charts will look; it is a big change in the way staff document, however, it is moving along well</li><li>Discussed Phase II, eta unknown; cost of licensing</li></ul></li></ul> <table><tr><td><b><u>Action:</u></b><ul style="list-style-type: none"><li>Arrange review of documentation with physicians</li></ul></td><td><b><u>By whom / when:</u></b><ul style="list-style-type: none"><li>Sherwood; June</li></ul></td></tr></table>			<b><u>Action:</u></b> <ul style="list-style-type: none"><li>Arrange review of documentation with physicians</li></ul>	<b><u>By whom / when:</u></b> <ul style="list-style-type: none"><li>Sherwood; June</li></ul>
<b><u>Action:</u></b> <ul style="list-style-type: none"><li>Arrange review of documentation with physicians</li></ul>	<b><u>By whom / when:</u></b> <ul style="list-style-type: none"><li>Sherwood; June</li></ul>				
4.4	<u>Dedicated US for US Guided IV Starts:</u> <ul style="list-style-type: none"><li>No new information</li></ul>				
5	Medical Staff Reports				
5.1	<u>Chart Audit Review:</u> <ul style="list-style-type: none"><li>Changing process<ul style="list-style-type: none"><li>Auditing process is becoming obsolete, as it is being taken into account in the EMR; restructuring of the reporting process to MAC will be made for the Fall</li></ul></li></ul>				

5.2	<u>Death Audit Review:</u> <ul style="list-style-type: none"> <li>No discussion</li> </ul>	
5.3	<u>Infection Control:</u> <ul style="list-style-type: none"> <li>Discussed recent change to masking requirements; patients continue to be required to wear a mask with respiratory infection and in the ER area               <ul style="list-style-type: none"> <li>Respiratory virus reporting continues</li> </ul> </li> </ul>	
5.4	<u>Antimicrobial Stewardship:</u> <ul style="list-style-type: none"> <li>This committee is pending establishment at SHHA</li> </ul>	
5.5	<u>Pharmacy &amp; Therapeutics:</u> <ul style="list-style-type: none"> <li>New Pharmacy Tech on board at SHHA - Catherine</li> </ul>	
5.6	<u>Lab Liaison:</u> <ul style="list-style-type: none"> <li>Dr. Nicola McLean is stepping back from the Lab Liaison, however it is important to remain engaged in this committee in order to protect SHHA from having the Lab downgraded               <ul style="list-style-type: none"> <li>There is a new machine coming; looking at expanding services</li> </ul> </li> </ul>	
5.7	<u>Board Risk, Utilization and Quality Committee:</u> <ul style="list-style-type: none"> <li>Looking for physician assignment to each portfolio, and to have meeting schedules in place six months prior so physicians can arrange attendance; current Ad Hoc process for committee meetings makes it difficult for physicians to commit               <ul style="list-style-type: none"> <li>Must establish proper reporting requirements to and from committees</li> </ul> </li> </ul>	
	<u>Action:</u> <ul style="list-style-type: none"> <li>Committees to establish regular meeting schedules</li> <li>Physicians to schedule committee commitments</li> <li>Review ROP targets</li> </ul>	<u>By whom / when:</u> <ul style="list-style-type: none"> <li>Committee Leads; To be established by Sep</li> <li>Physicians; ongoing</li> <li>Nelham; Jun/Jul</li> </ul>
<b><u>MOVED AND DULY SECONDED</u></b> <b><u>MOTION: To approve the Medical Staff Reports as presented for the June 8<sup>th</sup>, 2023 MAC Meeting. CARRIED.</u></b>		
6	<b>Other Reports</b>	
6.1	<u>Lead Hospitalist:</u> <ul style="list-style-type: none"> <li>Staffing is good for June, however, gaps remain for the summer; SHHA physicians will 'divide and conquer' to fill the shifts               <ul style="list-style-type: none"> <li>Currently no hospital top ups on the funding payments</li> <li>There continues to be a lot of turnover</li> </ul> </li> <li>Appreciation extended to Dr. Chan for being the 'unofficial' recruiter               <ul style="list-style-type: none"> <li>Competition is high in regards to recruiting and what other hospitals can pay</li> <li>Many hospitals are looking for coverage in a number of areas, and physicians continue to cover too many areas and are being spread too thin</li> </ul> </li> <li>AMGH is in the process of establishing a Hospitalist model</li> </ul>	
	<u>Action:</u> <ul style="list-style-type: none"> <li>Looking for coverage of Walk In Clinic shifts; Dr. Ryan to discuss with Dr. Lam</li> </ul>	<u>By whom / when:</u> <ul style="list-style-type: none"> <li>Dr. Ryan / Dr. Lam; Today</li> </ul>
6.2	<u>Emergency:</u> <ul style="list-style-type: none"> <li>Looking for continued funding of ER Locum Program</li> <li>Discussed length of time patients are remaining in ER</li> <li>Discussed current inpatient and orphan coverage process in place at AMGH; responsibility rotates through the physicians (ROTA)</li> <li>Reviewed use and support of AIRVO               <ul style="list-style-type: none"> <li>Requires intense resources, i.e., ICU Level 2 and increased nursing care, which is currently not available at SHHA, or at AMGH; these patients must be transferred out via CitiCall to higher level acuity facilities</li> <li>CEO is in the process of setting up a meeting with Emily Christoffersen at OH to discuss establishment of 2 ICU beds at SHHA                   <ul style="list-style-type: none"> <li>Funding would come with the beds, however, concern remains for night shifts, weekends and current resources; may consider capital request to support this</li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>▪ Looking for Administrative support in this process</li> <li>○ There is a noted surge of ICU patients within Huron County due to continue closures; concern for availability of resources</li> <li>○ Dr. Nelham will escalate discussion around cost of keeping patients outside of scope that is available at the hospital to the HHS Common Board in June <ul style="list-style-type: none"> <li>▪ It was suggested not to admit these patients if expected for more than a 24hr stay, as it is easier to transfer out patients that are not admitted; this process will change when ICU bed are established</li> </ul> </li> <li>○ Dr. Nelham will be discussing development of an ongoing, uniform transfer process with AMGH in order to support Airvo patients in the ICU; new vent can be moved with the patient <ul style="list-style-type: none"> <li>▪ Relationship development; Dr. Nelham has reciprocated that AMGH can call on SHHA for assistance when needed</li> </ul> </li> <li>• CEO and CNE are in the process of establishing another meeting with OHW to discuss the continued decline of the ED situation in Huron County; OHW is aware of the rapid decline</li> <li>• COO clarified that there is language stated in the HSAA that hospitals must maintain their designated levels of service or funding must be reallocated; he is working with the Ministry on reallocation of funding to our EDs which have remained open</li> <li>• EMS <ul style="list-style-type: none"> <li>○ Any issues with EMS must be documented and forward to Ms. Walker for follow up in order to prevent situations from recurring</li> </ul> </li> <li>• Dynamic Simulation <ul style="list-style-type: none"> <li>○ Company can provide ½ or whole day presentation; limited interest shown at this time, expects to revisit in the Fall; looking for an ACLS equivalent</li> </ul> </li> </ul>	
	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• Follow up with Criti-Call around transference of Airvo patients</li> <li>• Discuss Airvo, ICU bed situation with Board</li> <li>• Discuss establishment of transfer process of Airvo patients to AMGH ICU</li> <li>• Add Airvo discussion to next Agenda</li> <li>• Circulate another survey re interest in Dynamic Simulation and determine associated costs and details</li> </ul>	<p><b><u>By whom / when:</u></b></p> <ul style="list-style-type: none"> <li>• Wick; This week</li> <li>• Nelham; Jun</li> <li>• Nelham; Jun</li> <li>• EA; Sep</li> <li>• Dr. Ryan; Jun</li> </ul>
6.3	<p><b><u>Chief of Staff Report:</u></b></p> <ul style="list-style-type: none"> <li>• Gala was wonderful and a great success; Dr. Nelham encouraged all physicians to submit their share of the \$10K commitment to the SHHF</li> <li>• MSA is scheduled for June 30<sup>th</sup> at Dr. Ryan's house; will have a short meeting and then social time</li> </ul>	
	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• Determine and communicate details of MSA meeting on June 30<sup>th</sup></li> </ul>	<p><b><u>By whom / when:</u></b></p> <ul style="list-style-type: none"> <li>• Dr. Ryan; This week</li> </ul>
6.4	<p><b><u>President &amp; CEO Report:</u></b></p> <ul style="list-style-type: none"> <li>• Summer locum funding has been extended to end of September</li> <li>• Province commitment of \$1.1B to healthcare; shares unknown at this time</li> <li>• There is an additional \$200M that is currently being determined for distribution, possibly to the Small, Rural and Northern Hospital Network and Diagnostic Imaging</li> </ul>	
6.5	<p><b><u>CNE Report:</u></b></p> <ul style="list-style-type: none"> <li>• Discussed Regional Repatriation Agreements; hospitals are to take patients back within 24hrs</li> <li>• Nursing staff is tight over the summer, however, there are a few programs available that are being established over the next couple of weeks, i.e., Clinical Scholar Program, which is almost completely funded <ul style="list-style-type: none"> <li>○ Hoping to provide a break for senior nurses, but have them continue mentoring and sharing their valuable information with the younger nurses</li> </ul> </li> <li>• Expect to see nursing students pop up over next few weeks</li> </ul>	
	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• Email Ms. Walker re EMS issues for follow up</li> </ul>	<p><b><u>By whom / when:</u></b></p> <ul style="list-style-type: none"> <li>• All; Ongoing</li> </ul>

	<ul style="list-style-type: none"> <li>Forward change in clinic hours to papers and social media</li> </ul>	<ul style="list-style-type: none"> <li>EA; This week</li> </ul>						
6.6	<p><u>Patient Experience Story:</u></p> <ul style="list-style-type: none"> <li><a href="#">Discover Week Student Video</a></li> <li>Patient story re non-invasive ventilation circulated; also shared at the Gala</li> <li>Noted great support of clinical staff</li> <li>Meeting routinely with Wingham and HPHA to discuss vulnerability of departments and staffing; July 1<sup>st</sup> weekend has been noted to be critical in Huron County               <ul style="list-style-type: none"> <li>Escalation of process can be made to OH in crisis situations</li> </ul> </li> </ul>							
	<p><b><u>MOVED AND DULY SECONDED</u></b>  <b><u>MOTION: To approve the Other Reports as presented for the June 8<sup>th</sup>, 2023 MAC Meeting. CARRIED.</u></b></p>							
7	<b>New Business</b>							
7.1	<p><u>Credentialing: New Appointments &amp; Reapplications:</u></p> <ul style="list-style-type: none"> <li>Credentialing and Reappointment list circulated</li> </ul> <p><b><u>MOVED AND DULY SECONDED</u></b>  <b><u>MOTION: To approve the credentialing and reappointments list, as circulated on June 8<sup>th</sup>, 2023. CARRIED.</u></b></p>							
8	<b>Education / FYI</b>							
9	<p><b>Adjournment / Next Meeting</b> <span style="float: right;">Regrets to <a href="mailto:alana.ross@amgh.ca">alana.ross@amgh.ca</a></span></p> <table border="1"> <thead> <tr> <th>Date</th><th>Time</th><th>Location</th></tr> </thead> <tbody> <tr> <td>September 14<sup>th</sup>, 2023</td><td>8:00am</td><td>WebEx</td></tr> </tbody> </table> <p><u>Motion to Adjourn Meeting</u></p> <p><b><u>MOVED AND DULY SECONDED</u></b>  <b><u>MOTION: To adjourn the June 8<sup>th</sup>, 2023 meeting at 9:12am. CARRIED.</u></b></p>		Date	Time	Location	September 14 <sup>th</sup> , 2023	8:00am	WebEx
Date	Time	Location						
September 14 <sup>th</sup> , 2023	8:00am	WebEx						
<b>Signature</b>								
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <p>Dr. Nelham, Committee Chair</p>								

# PRESIDENT & CEO REPORT

September 2023

## METRICS

Area	AMGH	SHHA	Comment
Health Human Resources			ONA, CUPE and SEIU have been arbitrated and awarded. Unifor – still outstanding Ministry has indicated they will fund pressures due to the repeal of Bill 124. Still waiting on how much funding will be provided
Master Plan and Functional Plan			Funding grant has been submitted to Ministry Capital Branch for continuation of Master Planning
Finance			Finance remains on budget. Pressures continue from the cost of staying open. HHS is in constant communication with OHW/OH about our operations and our contribution to maintaining system capacity.

## TOP OF MIND

### ED Summer Pressures

- A meeting was held with OHW/OH to discuss pressures that HHS is facing from continued closures or service reductions from regional ED partners
  - Waiting on the announcement of funding for 2 acute care beds at AMGH (\$2M)
  - OHW will provide one-time funding of \$150K to support ED operations
  - HHS sees almost 47% of ED patients in Huron County
  - Increase of 8% daily average in ED visits at HHS, attributed to ED closures

## BIG WINS | LEARNING

- HHS survived the summer without any ED closures!!! A very, very, very big thank you to all physicians and staff for their commitment to the organization
- HHS provided free meals to all staff and physicians in the months of July and August to show our appreciation for their dedication
- Articles of amendment have been sent to the Ministry of Health for the approval of the name change from South Huron Hospital Association to South Huron Hospital
- HSS has received HIRF funding in the following amounts (\$35,407 for AMGH and \$162,678 for SHH).
- AMGH received \$150,000 in one-time funding to support ED services
- Appreciating the unknowns at this time and the different circumstances each hospital may have, Ontario Health is not expecting hospitals to immediately begin work on a plan to balance and will work with hospitals to execute a further extension to March 31, 2024

## PRESIDENT & CEO SUMMARY

On July 24, 2023, Schedule 2 of Bill 60: *Your Health Act, 2023* (Bill 60) was proclaimed into force, which introduces “as of right” rules for certain interjurisdictional practitioners (IJP). These “as of right” rules are intended to expedite the mobility of healthcare professionals from other provinces into Ontario. Regulatory amendments simultaneously came into force to enable IJPs who meet certain criteria to practice in Ontario, requiring that these IJPs register with their applicable regulatory college within 6 months of coming to the province. The Ministry of Health has developed a guidance document to assist IJPs and potential IJP employers in understanding and implementing these new “as of right” rules. HHS has not gone down this path to hire healthcare workers. Our HR department will review to understand this process in case we need to use this for future recruitment purposes.

As the fall season approaches, the Ontario Hospital Association (OHA) is working with the Ministry of Health and Ontario Health to provide a system-level briefing on several interrelated issues, including fall/winter preparedness in anticipation of the respiratory illness season.

Hospitalizations due to COVID-19 increased by 19% in 2022–2023, while emergency department (ED) visits due to the virus decreased in the same time period, according to the latest data released by the Canadian Institute for Health Information (CIHI).

From April 2022 to March 2023, there were more than 120,000 hospital stays in Canada for patients with a COVID-19 diagnosis, an increase from 101,000 the previous year. During the same period, more than 222,000 ED visits for COVID-19 were reported by participating jurisdictions, a decrease from 262,000 visits due to the virus in 2021–2022.

From April 2022 to March 2023, there were more than 120,000 hospital stays in Canada for patients with a COVID-19 diagnosis, an increase from 101,000 the previous year. During the same period, more than 222,000 ED visits for COVID-19 were reported by participating jurisdictions, a decrease from 262,000 visits due to the virus in 2021–2022.

Key findings from the CIHI data:

- Patients who were hospitalized more recently with COVID-19 (April 2022 to March 2023) were older (median age of 75 compared with 63 the previous year).
- 90% of ED visits were completed within 25 hours, an increase from 15 hours the year before.
- The majority of patients (69%) who went to the ED were discharged home, while 26% were admitted to hospital.
- More than half (62%) of patients admitted to hospital were discharged home, while 10% died in the facility. The average length of stay in hospital increased to 20 days from 13 the previous year.
- 13% of hospital stays included an ICU admission. Among those patients with ICU stays, 39% received ventilation and 23% died in the facility.

### COVID-19 Update

There are early signals that Canada is already entering a fall COVID-19 wave, while updated booster shots likely remain weeks away. The percentage of COVID tests coming back positive had been gradually declining since the spring, but started going up again over the last month — most recently hitting nearly 9% up from 5.2% in July. Hospitalizations increased in August as well, jumping roughly 11% in a week, as the number of hospital beds occupied by COVID patients hit more than 1,700 by Aug. 15.

Two new variants of COVID-19 (i.e. BA.2.26 and EG.5) are currently being monitored as new cases emerge. Health Canada is in the process of reviewing 3 new vaccines that will better target the virus and has recommended that those who want a vaccine wait for the updated vaccine. As of June 18, 2023, about 6% of the population has had a COVID-19 shot in the last six months.



By March 2023, after 16 months dominated by the Omicron variant, three-quarters of people in Canada had immunity due to infection against COVID-19.

As we head into autumn, pressures in the system and capacity challenges still remain and hospitals will be monitoring respiratory viruses closely. Lines of communication with Ontario Health, Public Health and the OHA remain open as planning is underway for autumn activity.

Respectfully,

Jimmy Trieu  
President & CEO

**From:** HEATHER.KLOPP  
**Sent:** August 3, 2023 3:09 PM  
**To:** ALANA.ROSS  
**Subject:** for Sept Board meeting and MACs

*Submitted by Heather Klopp, Manager Patient relations.*

This Patient Experience story is about a patient who was hesitant and skeptical about receiving care in a rural hospital. They ended up sending a compliment to AMGH. They had moved from the city of Edmonton and were concerned that they would not have a family doctor and would have to use the Emergency Room to acquire Primary Care.

They soon came to see that, "When we did need attention for really serious issues, the care and attention at AMGH was outstanding. The entire staff has been professional, competent and knowledgeable. My husband and I appreciate being treated as a person, not as just another patient. I have never encountered a cranky, rude or patronizing staff member, whether medical or support. This is truly remarkable in any facility, let alone a hospital."

As a follow up to this email, the Patient Relations Manager (HK) contacted the writer of the compliment. It turns out that she was an Emergency Room Unit Clerk in a large Alberta Hospital for 25 years. She has agreed to be part of our Patient Experience Panel (PEP) and is eager to learn about ways that she can support the hospital.

The final paragraph of the compliment reads, "I do not hesitate to say that I am supremely confident in the abilities of the medical staff. The standards and quality of care at AMGH are such that other health care facilities should aspire to. Goderich is indeed fortunate to have a hospital of this caliber."

## ALANA.ROSS

---

**To:** Alana Ross  
**Subject:** Chairs and Dates of Committee Assignments for MAC

Committee	Chair	Contact	Physician Assigned	Dates
Antimicrobial Stewardship	Heather Zrini	<a href="mailto:heather.zrini@shha.on.ca">heather.zrini@shha.on.ca</a>	unknown	<ul style="list-style-type: none"><li>• Sep 27, 2023</li><li>• Dec 13, 2023</li><li>• Mar 20, 2024</li><li>• Jun 26, 2024</li></ul>
Audit and Tissue	AUDIT	<a href="mailto:cmclean7@uwo.ca">cmclean7@uwo.ca</a>	Dr. C. McLean	
Quality Assurance (Joint AMGH & SHH) (was Board Risk, Utilization) <ul style="list-style-type: none"><li>• Q1234; 3<sup>rd</sup> Wed, 4pm</li></ul>			Dr. M. Bueno, (SHH)	<ul style="list-style-type: none"><li>• Oct 18, 2023</li><li>• Jan 17, 2024</li><li>• Apr 17, 2024</li></ul>
Community Engagement Committee (Joint AMGH & SHH) <ul style="list-style-type: none"><li>• Q1234; 3<sup>rd</sup> Thu, 5pm</li></ul>	David Greer	<a href="mailto:greedavs@gmail.com">greedavs@gmail.com</a>	Dr. M. Ondrejicka	<ul style="list-style-type: none"><li>• Sep 21, 2023</li><li>• Dec 21, 2023</li><li>• Mar 21, 2024</li><li>• Jun 20, 2024</li></ul>
Health Records - Death Audit	AUDIT	<a href="mailto:neerajpatel4@gmail.com">neerajpatel4@gmail.com</a>	Dr. N. Patel	
Infection Prevention & Control (Joint AMGH & SHH) <ul style="list-style-type: none"><li>• Q1234; 2<sup>nd</sup> Tue, 1pm</li></ul>	Jaime Murray	<a href="mailto:jaime.murray@amgh.ca">jaime.murray@amgh.ca</a>	Dr. E. Kelly (SHH)	<ul style="list-style-type: none"><li>• Sep 12, 2023</li><li>• Dec 12, 2023</li></ul>
Lab Liaison Committee (Joint AMGH & SHH) <ul style="list-style-type: none"><li>• Q1234; 9am</li></ul>	Tim Brown	<a href="mailto:timothy.brown@amgh.ca">timothy.brown@amgh.ca</a>	Dr. M. Bueno, (SHH)	<ul style="list-style-type: none"><li>• Sep 20, 2023</li></ul>
Pharmacy and Therapeutics	Brittany Beauchamp	<a href="mailto:brittany.beauchamp@shha.on.ca">brittany.beauchamp@shha.on.ca</a>	Dr. N. Patel	
Recruitment & Retention (Joint AMGH & SHH) <ul style="list-style-type: none"><li>• BiMonthly , 1<sup>st</sup> Tue, 815am</li></ul>	Jimmy Trieu	<a href="mailto:jimmy.trieu@amgh.ca">jimmy.trieu@amgh.ca</a>	Dr. S. Ryan	<ul style="list-style-type: none"><li>• Sep 5, 2023</li><li>• Nov 7, 2023</li><li>• Jan 2, 2024</li><li>• Mar 5, 2024</li><li>• May 7, 2024</li><li>• Jul 2, 2024</li></ul>

## Plan Do Study Act (PDSA) Worksheet for an Urgent Outpatient Palliative Care Clinic

Goal/ Test of Change		<ul style="list-style-type: none"> <li>Implement <b>outpatient palliative care clinic</b> at the Huron Health System- Exeter Site, with Dr. Emily Kelly as the consulting physician.</li> </ul>
Plan	Current State/ Why? Process Steps	<ul style="list-style-type: none"> <li>Patients with <b>no access/limited access to a family physician</b> often present to the emergency department in crisis. Ongoing care of these patients can be fragmented and often creates repeat ER visits or hospital admissions</li> <li>Urgent, high-quality palliative consultation could create and communicate a care plan to the patient's healthcare providers including home care, hospice and their family physician.</li> <li></li> <li>The goal is to complete a high-quality palliative consult on patients presenting to ER with a palliative crisis within ten days of their initial visit. Appropriate prescriptions and referrals will be made, a consultation note with plan will be dictated into Powerchart, and <b>wherever possible, the patient will be returned to their most responsible provider for ongoing care.</b></li> <li>This plan requires no office space and minimal clerical support to register each visit as an outpatient encounter. We may be able to measure a reduction in repeat ER visits. We could reasonably achieve a goal of completing 100% of consultations within 10 days.</li> </ul>
	Do	<ul style="list-style-type: none"> <li>Dr. Kelly will receive referrals from the ER and book <b>virtual or home visit consultations</b> as appropriate by contacting the patient or their substitute decision maker.</li> <li>When a date for the consultation is booked, Dr. Kelly will communicate this to the outpatient clinic booking staff so that an outpatient clinic visit can be recorded in Powerchart.</li> <li>The consultation note and care plan will be communicated to home care, hospice or the most responsible healthcare provider (MRP).</li> <li>In cases where no MRP can be obtained, Dr. Kelly can continue providing palliative care to a limited number of "orphan" patients.</li> </ul>
Study	When	<ul style="list-style-type: none"> <li>Fall 2023</li> </ul>
	Standard Roles/ Stakeholders	<ul style="list-style-type: none"> <li><b>Will this project impact access bonuses to local family physicians?</b> No. Neither the A945 or the K023 codes are in-basket for FHOs. The G512 ongoing palliative management fee would only be billed on orphan patients.</li> <li><b>Will making a referral be easy?</b> Referring physicians in the ER are already overburdened by administrative referral paperwork. The referral process needs to be very simple- ideally as simple as one text sent through Hypercare, or a demographic sticker set aside in the ER.</li> <li><b>Will the referrals be appropriate?</b> The ideal patient for this clinic is accepting of an approach to care where the primary focus is on symptom relief and functional improvement. The underlying diagnosis may be any chronic disease (ie, not just cancer), including frailty, provided that it is a survival-limiting diagnosis. Notably, the desire for ongoing chemotherapy, radiation or surgery should not exclude a patient from palliative care.</li> </ul>
Study	Measure/ Predictions	<ul style="list-style-type: none"> <li>Data will be captured on the quantity of these consultations and whether any impact is seen on reduced repeat ER visits or hospital admissions.</li> <li>Patient satisfaction with this clinic could also be captured. It is predicted that urgent palliative consultation following an ER visit would be a highly valued service to patients and their families.</li> <li>It may be possible to elicit feedback from local FHOs as to whether or not this clinic is valuable to them or needs some changes made.</li> </ul>
	Evaluation of results	<ul style="list-style-type: none"> <li>This could be accomplished at the 6 month mark after clinic implementation, again checking in with repeat ER visit/hospital admission data, patient satisfaction and feedback from community stakeholders and healthcare providers.</li> </ul>

Act	Pilot Continued or Adjusted?	
	Sustainability	<ul style="list-style-type: none"> <li>• <b>ADAPT:</b> Modifications to the referral or patient booking process may be needed. It is also important to ensure that the consultation note created on Powerchart gets communicated effectively to community stakeholders</li> <li>• <b>ADOPT or ABANDON:</b> Depending on feedback, the clinic could continue as a multi-year sustainable practice, or it could be abandoned if it is found to be redundant or otherwise not useful.</li> </ul>

## INTER-OFFICE MEMORANDUM

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

**FROM:** Dr. Mark Nelham, Dr. Sean Ryan

**DATE:** September 14<sup>th</sup>, 2023

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

It is the recommendation of the credentialing process to appoint or re-appoint the following named individuals to the SHH professional staff. Privileges will be extended to June 30, 2024 and then subject to the re-application process.

LOCUM	CHANGE / STATUS	COMMENTS
SELBY, Dr. Keegan	NEW-Emergency (EDLP)	
ALHARBI, Dr. Faiz	NEW-Emergency (EDLP)	
MAMMOLITI, Dr. Jessica	NEW-Emergency (Associate/Active Hospitalist)	
SEM, Dr. Francis	NEW-Emergency (EDLP)	