London Health Sciences Centre

PRESIDENT AND CEO
REPORT TO THE BOARD AND COMMUNITY
JANUARY 2018

PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT

EMERGENCY SERVICES

The Emergency Department (ED) leadership team has led collaborative work with the Canadian Mental Health Association Middlesex's Crisis Centre to establish a diversion plan for lower acuity Mental Health (MH) patients that could go to the Crisis Centre instead of coming to the Victoria Hospital ED. This work has brought together our Middlesex- London Emergency Medical Services Authority (MLEMS) partners, Crisis Centre leadership, the Local Health Integration Network (LHIN), as well as involvement from the Ministry of Long term Care (MOHLTC). The agreed course of action to meet this MOHLTC requirement, while awaiting legislation changes, was to establish a Crisis Centre satellite unit out of the front of the ED. At the present time, the Crisis Centre has been functioning well.

Therefore, the ED leadership has been working closely with Canadian Mental Health Association (CMHA) to successfully devise an internal referral process for other Mental Health patients that attend the department. This new referral process which includes an expansion of the current roles in the satellite Crisis Centre to provide support for higher acuity patients is helping to maximize these additional Mental Health resources. There has also been a slight adjustment in the Crisis Centre satellite hours based on an operational evaluation.

ADOPTING RESEARCH TO IMPROVE CARE

In 2012, 14 Council of Academic Hospitals of Ontario (CAHO) member hospitals were selected to participate in the Program Mobilization of Vulnerable Elderly in Ontario (MOVE ON) project. LHSC was one of the 14 hospitals involved in this project which falls under CAHO's Adopting Research to Improve Care (ARTIC) work. The aim of this project was to improve in-hospital mobilization of elderly patients through implementation of an education intervention. The LHSC leads in this quality improvement project included Dr. Margaret Taabazuing, Dr. Monidipa Dasgupta and Trish Fitzpatrick, Manager, VH Medicine and Family Medicine. The recently published article "Outcomes of Mobilization of Vulnerable Elders in Ontario (MOVE ON): a multisite interrupted time series evaluation of an implementation intervention to increase patient mobilization" is now available in print (hard copy) in Age and Ageing, Volume 47, Issue 1, 1 January 2018, Pages 112–119.

The January 2018 Age and Ageing issue can be found at the following link: https://academic.oup.com/ageing/issue/47/1.

EXEMPLARY COMMUNITY PARTNERSHIPS

SOUTH WEST REGIONAL CANCER PLANNING DAY

On December 5th, partners from across the region gathered in London to recognize and celebrate achievements related to the Ontario Cancer Plan IV and the corresponding South West Regional Cancer Plan. To kick off the meeting, Neil Johnson, Regional Vice President South West Regional Cancer Program of Cancer Care Ontario provided an overview of what has changed in the healthcare landscape since the plan was drafted, and identified the impacts of these changes. Leadership at the South West Regional Cancer Program looked to regional stakeholders to seek advice on mid-point adjustments or changes that may be required to the strategic directions and tactics, and secure commitment and engagement in future improvements and actions. Specifically, attendees shared insight and feedback related to the following five strategic priorities:

1. Improving Outcomes for Skin Cancer Patients
2. Enabling Technology
3. Prioritizing Patient Wellness
4. Ensuring Equity in Patient Engagement
5. Supporting Patients & Providers Beyond Cancer (Survivorship)

The team at the South West Regional Cancer Program is currently analyzing the information gathered at the event, and will be modifying and/or developing work plans to address outcomes and implement strategic actions for 2018-2019.

IMAGING WISELY: COMMUNICATING AND COLLABORATING TO IMPROVE IMAGING SERVICES

The South West Local Integrated Health Integration Network (SWLHIN) funded the Medical Imaging Integrated Care Project, which is composed of partners from Grey Bruce Health Services, Woodstock Hospital, Stratford General Hospital, London Health Sciences Centre and St. Joseph's Health Care London who came together in 2016 to address long wait times in imaging services in the region. The project has engaged a multi-disciplinary team representing imaging services from across the SW LHIN (Hospitals and Referring Clinicians) with the goal of improving access and minimizing the number of inappropriate MRI and CT exams.

The project began with ensuring MRI scans ordered were all medically necessary. With limited resources in MRI and CT equipment, ensuring the right patient has access to the right service at an appropriate time is a key goal for those involved in the project.

The project is delivering a standard regional MRI/CT requisition and standard spine/knee exam protocols - both launched in late November 2017. These initiatives will improve access for patients. The CT portion of the project has now launched with similar objectives.

MRI Requisition Form And Appropriateness Checklists
SWLHIN is the first LHIN to implement a standard MRI requisition form that can be used at any hospital site in the region. Supporting the MRI requisition forms are two appropriateness checklists for knee and spine. The checklists allow physicians to determine if an MRI is necessary and which conditions may not benefit from a scan. Completing the form also provides referring physicians with a tool to educate and counsel patients on the appropriateness of MRIs based on their specific symptoms.

MENTAL HEALTH SERVICE ADDITIONAL BEDS

Over the past two months, organizational leaders from the Mental Health Care Program, Decision Support and Facilities Management initiated a review of the current floor plans to identify potential physical bed space at Victoria Hospital in anticipation of the receipt of funding for the 24 new mental health beds.

During this process there have been several locations under consideration across both the C and D zones, as well as select locations in the E zone. Areas considered were those that might be able to house the 24 beds in groupings of 12 – 14 patients per unit to enable the best care model for these patients. A consultative process has been undertaken with any clinical teams that could be impacted by the proposed moves and, after thorough review, a final location has been selected in the D zone, units D4-300 and D4-400 to house the new mental health beds. This follows pre-construction risk assessments and requires thorough post-construction assessments to ensure that appropriate care requirements are provided for all patient populations and is done so in an environment that is safe for patients, families, and care providers. In addition, Phase 1 construction includes a redesign of the C4-300 space from office space back to patient care space. The Mental Health beds will be opened in two phases with the first 12 beds estimated to be opened week of February 26th, 2018 and the second cohort of 12 beds estimated to be opened week of March 26th, 2018.

HEALTHCARE SYSTEM REGIONAL UPDATES

ONTARIO HEALTH INSURANCE PLAN+ CHILDREN AND YOUTH PHARMACARE

On January 1, 2018, the expanded program for the Ontario Health Insurance Program (OHIP) called 'OHIP+ Children and Youth Pharmacare' came into effect. All Ontarians aged 24 years and under who have OHIP coverage are automatically covered by this new program. Currently Ontario provides pharmacare coverage to a limited portion of the population. This includes seniors, those on social assistance and a variety of specialized programs. The extension to the provincial pharmacare program will provide children with insurance to obtain a set formulary of medications. This will impact our hospital as an employer as it will change the utilization patterns of our drug benefits. It will also impact those that we serve. Retail pharmacy staff members in partnership with the pediatric clinics, drug access facilitators, external claims specialists and other healthcare professionals have been preparing for this transition to ensure that patients continue to have access to key medications including those not routinely provided as a general benefit in OHIP+.

WAIT TIMES: A METRIC TO WATCH

In December 2017, Health Quality Ontario announced the revamping of its public reporting on wait times to make it more user-friendly. Health Quality Ontario further added a wait time measure to track the wait between a specialist receiving a referral from a patient's family doctor, to the patient's first surgical or specialist appointment, to gain a better picture of the patient's experience.

Health Quality Ontario has also added wait time information for diagnostic imaging and time to see a physician in the emergency department. The latter is additional information that is supporting already reported data on total time spent in the emergency department, as well as length of stay for admitted and non-admitted patients. Both of these have long been identified by the Ontario government as key wait time areas to monitor and, if required, address. It was also noted that cancer surgery times were reduced and the hip and knee replacement time surgery increased.

Health Quality Ontario's report on emergency departments in 2017 spoke to these wait times as well, and just a few weeks ago the Canadian Institute for Health Information released its latest report on emergency department wait times.

The provincial framework for health care quality (Quality Matters) considers timeliness one of the six key dimensions of quality. Similarly, over 15 years, federal and provincial/territorial government as well as numerous policy and research bodies across the country have identified wait times as a key measure to be addressed.

Public reporting of wait times supports a commitment to transparency and provides necessary information to the public, health care providers and policy-makers alike. It helps us understand where we are performing well and where there are gaps in care and outcomes.
To read more on topic, please follow the link below:
http://www.hqontario.ca/Blog/ArtMID/30956/ArticleID/94/Wait-Times-A-Metric-to-Watch

LEGISLATIVE UPDATES

The *Strengthening Quality and Accountability For Patients Act, 2017* (The "**Act**") became law on December 12, 2017, bringing some significant changes to many areas of the health industry. While some discrete portions of the Act came into force on the date of Royal Assent, most of the Act, along with supporting regulations, will come into force on a day to be named by proclamation of the Lieutenant Governor. While the legislation affects seven separate acts a couple of the significant amendments include:

The ***Health Sector Payment Transparency Act, 2017*** legislation has been written to strengthen transparency and increase patient trust in the health care system. As stated in the Act is purpose is to "*require the reporting of information about financial relationships that exist within Ontario's health care system, including within health care research and education, and to enable the collection, analysis and publication of that information in order to,*

A. *strengthen transparency in order to sustain and enhance the trust that patients have in their health care providers and in the health care system;*
B. *provide patients with access to information that may assist them in making informed decisions about their health care;*
C. *provide the Minister and others with information for the purposes of health system research and evaluation, planning and policy analysis; and*
D. *provide for the collection, use and disclosure of personal information for these purposes. "*

The Act makes Ontario the first Canadian province or territory to require the reporting of certain transfers of value by the pharmaceutical and medical device industry to recipients such as health professionals and hospitals. This type of disclosure has been in place in the United States for some time (https://openpaymentsdata.cms.gov/) Pharmaceutical and medical device manufacturers, wholesalers as well as education and marketing companies who work for such companies will be required to disclose any and all payments made to individuals, businesses or intermediaries. This will include personal information business information, the dollar value of the payment, the date of transfer and the purpose of the payment. The government has the power to publish any and all information disclosed in a public fashion such as a web site. For LHSC, this means that payments from pharmaceutical or medical device companies to physicians, staff and the organization will be disclosed. This may provide broader transparency in decision making and purchasing decisions within the organization. Depending on the specifics of regulations and definitions, payments made to LHSC, Lawson, CHF and LHSF may be disclosed. The exact mechanism and timing of public disclosure is unknown at this time.

The ***Ambulance Act*** has been amended to give wide scope to the Minister to issue operational and/or policy directives wherever it is in the public interest to do so. Among other things, these directives will allow paramedics to transport individuals by ambulance to destinations other than hospitals, and provide on-scene care, as required. Further, the legislation broadens inspectors' and investigators' powers of investigation to include examination and inspection of ambulances, vehicles, supplies, equipment, workplaces or records; and making inquiries of any person

For the Southwest Ontario Regional Base Hospital Program the proposed Ambulance Act amendments could result in an additional workload through the development of protocols and standards related to treat and release, and alternate destinations including the need for enhanced medical oversight (through our Medical Directors), training and quality assurance to ensure compliance with the delegation policy of the College of Physicians and Surgeons of Ontario. It was suggested that the changes to the Act consider allowing the sharing of outcome data with Paramedic Services and Base Hospitals to allow for the improvement of protocols to further enhance patient care and patient safety throughout the province. This sharing does not currently exist. Should a Paramedic-Firefighter pilot occur within our region, there would be a need for medical oversight and associated resources from the MOHLTC to provide it from the Base Hospital program. Further, from an Emergency Program and LHSC perspective, treat and release, treat and refer and alternate destinations could impact ED visit volumes as ambulances may be able to transport lower acuity patients to non-designated hospital sites i.e. Urgent Care Centres, CMHA Crisis Center.

Amendments to the ***Long-Term Care Homes Act, 2007, Retirement Homes Act, 2010***, and ***Health Care Consent Act, 1996*** will address new amendments to set out the circumstances in which it is permissible for a resident or patient to be restrained or confined, and address a consent-based system. In addition, s.70 of the Retirement Homes Act, 2010 regarding permitted confinement (which currently has not been proclaimed) has been amended to clarify a licensee's obligations with respect to resident rights.

LHSC IN THE NEWS

MEDIA MONITORING REPORT: NOVEMBER 11 – JANUARY 10, 2018

Summary

- **3** media advisory and **3** media releases issued
- **34** stories were posted on the public website
- **66** media stories referenced LHSC and our partners (40 positive, 10 neutral and 16 negative)

Highlights

Book launch held at Victoria Hospital
London Health Sciences Centre issued a media release in support of a new book entitled *So Long South Street – A Photographic History of Victoria Hospital* by Ryan Craven with photos by Matthew Trueman. The story received positive coverage on CTV So long South Street.

27 Minutes: Death and rebirth along the 401
The story of Ashlyn Krell, who drowned in a car crash and was brought back to life, is told from many perspectives including first responders and the team at LHSC who saved her life, in a seven-part London Free Press series.

LHSC welcomes New Year's baby
The first baby born in London in 2018 was a girl born at LHSC to Esther Varfee and Ian Hare at 12:20 a.m. Positive coverage from London Free Press, CTV News, Global News, and Blackburn News.

LHSC announces end of patient referrals to Cardiac Fitness Institute
LHSC announced the end of patient referrals to the Cardiac Fitness Institute as of March 2018. A full rationale for the decision was provided on the LHSC website. CFI Medical Director, Dr. Larry Patrick spoke out against the decision as did a number of CFI patients. Negative coverage from London Free Press, Global News, CBC London, and Windsor Star.

LHSC plans for mental health beds during continued high wait times
Coverage consisted of local MPPs criticizing the government for not providing adequate funding for mental health beds. In addition, there was media attention regarding the possible location of new mental health beds at LHSC, specifically placing some beds on the same floor as maternity ward. Negative coverage from London Free Press, LFP again, and CBC London.

Respectfully Submitted,

Paul Woods,
President and CEO

Our Mission
An academic hospital, committed to improving health and delivering value for citizens of London, the South West Region and beyond. Building on our tradition of leadership, stewardship and partnership, we champion patient-centred care, with a spirit of inquiry and discovery, and a commitment to life-long learning.