

**PRESIDENT AND CEO
REPORT TO THE BOARD AND COMMUNITY
MARCH 2018**

PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT

The CEO commissioned planning efforts to provide advice on the development of a sustainable plan to embed the Mission Vision and Values within the organization. A group of senior leaders has met and conducted a pre-mortem exercise. This exercise builds a plan that starts with an assessment that focuses on an unsuccessful implementation and how to prevent that from occurring. Planning with this mindset allows a different approach to solutions especially when considering an implementation with such strong cultural elements as the adoption of a new set of values. Sets of broad based recommendations have been developed which could include utilization of pre-existing communication cascades within programs, leader and staff engagement sessions, changing people practices within all areas of the organization, patient mediated interventions and functional implementation such as way finding and other recommendations and ideas that would be generated from a brief staff / physician survey.

LHSC VISION, MISSION AND VALUES: THE WAY FORWARD

Any strategic plan starts with a *Vision*, *Mission* and set of *Values*. The strategic planning process at LHSC started with the acknowledgement that these foundational elements needed to be refreshed to reflect the new realities facing the health system generally and LHSC specifically.

Supported by the inputs gathered through an extensive engagement process that included over 1,000 individuals, and robust discussions at three planning retreats, the following statements have been carefully chosen by the Board to set the overall direction of this Strategic Plan:

Our Vision

Working together to shape the future of health

Our Mission

LHSC is a leading academic health organization committed to collaborating with patients, families and system partners to:

- Deliver excellent care experiences and outcomes;
- Educate the health care providers of tomorrow; and
- Advance new discoveries and innovations that optimize the health and well-being of those we serve.

Our Primary Value

Patients are at the centre of everything we do

Our Values

Pursuit of the Vision and Mission will be guided by four core principles:

- *Compassion*: Engaging others with kindness, sensitivity and respect
- *Teamwork*: Working together to serve others
- *Curiosity*: Demonstrating a desire to gain knowledge through questioning and exploration
- *Accountability*: Adhering to the highest standards of personal, professional and corporate responsibility

PERSON-CENTERED CARE QUALITY IMPROVEMENT PILOT PROGRAM

Patient wellness is a key strategic priority of the South West Regional Cancer Program, anchored within the London Regional Cancer Program (LRCP) and within various other agencies in our regional catchment area. Patient feedback indicates that information gaps experienced before the first specialist appointment can result in increased anxiety and negatively impact patient wellness overall.

In February, LRCP's Patient and Family Advisory Council (PFAC) members were engaged to develop and execute an improvement plan, ensuring smoother transitions at this critical point in the patient care journey. Frequently these transitions occur from peripheral hospitals into LHSC or from primary care to a hospital environment. To date, a patient questionnaire and a data collection process have been developed which will see a total of 50 patients interviewed by telephone to inform future improvements. Future improvements will initially be targeted within the LHSC environment and as required, spread to other areas of the cancer system,

UNIVERSITY HOSPITAL PERIOPERATIVE CARE, SURGICAL CARE INPATIENT/AMBULATORY CARE, TRANSPLANT

In 2017, University Hospital received funding for a bariatric surgery program. Over the course of this year, an interdisciplinary core bariatric team was established and met weekly to plan all elements of the program including surgeon recruitment, capital requirements, clinical pathways, patient flow, educational needs and a communication strategy. Members of the core team participated in various hospital site visits to Hamilton, Windsor and Toronto bariatric surgery centres. The core team collaborated with the Ontario Bariatric Network leadership team and other centres in the development of the London program. The London bariatric program was fully developed by February, 2018 and the first patients underwent surgery on February 27. Going forward, 4 to 6 patients weekly will undergo the procedure and by the end of March, twenty patients will have received bariatric surgery at the London Health Sciences Centre. Next fiscal year, the funded volumes will increase to 120 or greater. The first few surgeries have gone extremely well and the team is already functioning as a high performing team and is excited about being able to offer this service to London and area residents.

In the next few years, the London program will only provide surgical care. During this time the Windsor program will continue to manage the full pre-operative assessment and post-operative management. However within 18-24 months, London plans to become a full "Bariatric Centre of Excellence" by managing the full continuum of care. London Health Sciences Centre will create a bariatric assessment centre and recruit a full interdisciplinary team. Prior to surgery, bariatric surgery candidates require multiple clinical visits over the course of a year prior to ensure appropriateness for bariatric surgery and post-surgery, patients are followed for 5 years. All general surgery residents are required to gain experience in bariatric surgery as part of their training program. Offering London and region patients surgery closer to home is also one of the goals of the Ontario Bariatric Network which oversees the performance of all centres providing care for bariatric patients.

MENTAL HEALTH SERVICES PROGRAM UPDATES

Training partnership with Fanshawe College

Mental Health Care Program Leadership and Nursing Professional Practice and have partnered with Fanshawe College to develop education and training sessions in order to support nursing staff

in delivering evidenced based care to mental health patients. The education session will be delivered in three sessions. The first session was delivered on five different dates in February with a total of 158 staff attending from both Adult and Child and Adolescent Mental Health Care Programs. This session included modules on Trauma Informed Care and therapeutic relationships. The second and third sessions will focus on the following: Mental Health Challenges in the Elderly, Recovery Model of Care, Mental Health Assessments, Mental Health Legislation and, Indigenous Mental Health.

Adult Inpatient Mental Health Beds Update

The construction of the first new, 12-bed Adult Inpatient Mental Health unit on D4-400 has been completed. Beginning March 7, select long stay patients were successfully transferred to this unit, which is now fully occupied. Construction is underway for the second new 12 bed unit on D4-300 and is scheduled to be complete by March 30, 2018.

EXEMPLARY COMMUNITY PARTNERSHIPS

ONTARIO RENAL PLAN III

The Ontario Renal Network (ORN) is currently developing the Ontario Renal Plan (ORP) III which will be launched in April 2019. Presently, the ORN is in the consultation phase of the development process during which they are soliciting feedback from all Regional Renal Programs across the fourteen LHINs in Ontario. The first of these consultations occurred with the South West Regional Renal Program and included Program leadership, nephrologists, front line staff, support workers and other stakeholders.

INTEGRATED DIALYSIS CARE

A final contract agreement was signed by Paramed to provide Personal Support Worker services to peritoneal dialysis patients in the home-based dialysis program. LHSC's Peritoneal Dialysis department was one of seven to be selected as an early adopter to participate in the Integrated Dialysis Care initiative to improve home patient rates and service supports to our home patients throughout the southwestern region. The Integrated Dialysis Care Initiative is one of the only six programs chosen by ORN to support the Ministry of Health and Long-Term Care's transformational goals to address gaps in home and community care for patients on peritoneal dialysis.

DIALYSIS UNIT OPENED AT PARKWOOD INSTITUTE

A new, five station dialysis unit located at Parkwood Institute opened February 21, 2018, eliminating the need for Parkwood-based patients to be transported to receive dialysis treatments at LHSC. The goal of this proof of concept service is to improve the care outcomes and the patient experience for complex care patients at Parkwood Institute requiring Hemo Dialysis treatments and rehabilitation programming, all delivered in a more cost-efficient care model, and quality of life with. A ribbon cutting ceremony celebrating the opening of the service was hosted with leadership from both St. Joseph's Health Care London and the LHSC Renal Program attending. An open house to the public was held March 20th. The unit is staffed with LHSC Renal program nurses supported by LHSC nephrologists, nurse practitioners and other health disciplines as needed.

HEALTHCARE SYSTEM REGIONAL UPDATES

OHA QUALITY AND PERFORMANCE FUNDING MODELS PILOT PROJECT

An Ontario Hospital Association (OHA) webcast on future quality-driven funding models highlighted a pilot beginning April 1st that will measure hospitals on the following indicators:

1. Did you feel that there was good communication about your care between doctors, nurses and other hospital staff?
2. Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay?
3. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?
4. Medication Reconciliation at discharge.
5. Readmission within 30 days for selected health-Based Allocation Model (HBAM) Inpatient Group (HIG)- Acute myocardial infarction, cardiac conditions (excluding heart attach), Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, pneumonia, diabetes, stroke, gastrointestinal disease.

Given the first three indicators are extracted from the NRC patient surveys, the Quality & Performance department is working with the Patient Experience Office and Decision Support to ensure that we are adequately sampling our patient populations in advance of this pilot. Indicator 4 (medication reconciliation at discharge) is on LHSC's current year Quality Improvement Plan (QIP) and on the proposed 2018/19QIP.

MICHAEL GUNNING SIMULATION CENTRE

In keeping with LHSC's teaching mandate as an academic health sciences centre, the Michael Gunning Simulation Centre was opened in June 2017 to serve both LHSC and regional care providers. This state-of-the-art facility located at Victoria Hospital provides LHSC physicians and nurses with on-site simulation training needed to enhance their ability to resuscitate, stabilize, and elevate the short and long-term care outcomes of paediatric patients. This centre also provides outreach education to other paediatric care providers in the region. Simulation uses a team approach, focusing not only on tasks and skills, but more importantly on team communication and dynamics, ultimately preparing our teams to better care for patients and their families.

When a patient is in a critical state, time is of the essence. The skills reinforced through this simulation training help ensure that timely interventions can occur in the home hospital environment, and LHSC's award-winning paediatric transport team is always at the ready when more complex critical care support is required for children and families all across Southwestern Ontario and parts of Northern Ontario.

LHSC IN THE NEWS

MEDIA MONITORING REPORT: FEBRUARY 11 – MARCH 10, 2018

SUMMARY

- 14 stories were posted on the public website
- 84 media stories referenced LHSC and our partners (41 positive, 14 neutral and 29 negative)
- 11 media inquiries were managed

HIGHLIGHTS:

1. LHSC announces end of patient referrals to Cardiac Fitness Institute
LHSC previously announced the end of patient referrals to the Cardiac Fitness Institute. An updated rationale for the decision was provided on the LHSC website. Continued negative coverage from London Free Press, LFP again, CFPL, CTV News London and CBC News London.
2. LHSC hiring five new psychiatrists amid MH access challenges.
Funding for new mental health beds was announced in October, and there was additional media coverage this month regarding LHSC's plan to hire five new psychiatrists. Neutral and negative coverage from CBC News, CBC again, and CFPL.
3. CKHA adds new dialysis chairs
The Chatham-Kent Health Alliance (CKHA) announced that three dialysis units will be added to the satellite service's current nine chairs thanks in part to LHSC's Regional Renal program. The expansion will support patients to receive treatment in their community, rather than travelling to London or Windsor. Positive coverage from Blackburn News, and Chatham Daily News.

Respectfully Submitted,

Paul Woods,
President and CEO