London Health Sciences Centre

PRESIDENT AND CEO
REPORT TO THE BOARD AND COMMUNITY
APRIL 2017

PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT

GERIATRIC BEHAVIOURAL UNIT

The Geriatric Behavioural Unit (GBU) opened in early April on C6-100 at Victoria Hospital (VH). Staff and Physicians worked together to develop the model of care. The unit has twelve beds, six of which are additional beds. An additional benefit of the unit is that this may work to help decant patients from the Psychiatric Intensive Care Unit (PICU), making more PICU beds available which will lead to better flow of mental health patients requiring admission through the Emergency Department.

The GBU is designed to treat the complex problems related to individuals 65 years and older with geriatric behavioural conditions. Medical and clinical professionals provide a team approach to develop individualized treatment plans based on patient needs. Once treatment plan has been identified, the team then works with the patient and family to address the patient's care needs and transition the patient back to the community setting. LHSC's goal is to provide high quality care in a safe environment that enables the patient to transition back to the community in a seamless manner. The GBU model of care supports this goal for the geriatric patient population.

SOUTHWESTERN ONTARIO STROKE NETWORK

The South West Stroke Project Phase I Implementation of the Future State of Stroke Care recommendations came to a close on March 31, 2017. This work resulted in the realignment of in-hospital stroke care across the South West Local Health Integration Network (LHIN) from 28 hospitals to 7 designated stroke centres, of which LHSC is one. This realignment is complete with the exception of Woodstock Hospital. An additional initiative to be finalized is the plan for Emergency Medical Systems (EMS) to bypass local hospitals regardless of symptom onset time and go directly to a designated stroke centre.(EMS) The shift to this approach is targeted for completion in spring 2017 once new Ambulance Destination Policies are signed.

This transformation included the update of best practices and a robust education plan for staff in designated stroke centres, non-designated hospitals and paramedic services along with the development of an evaluation framework. With the support of the South West LHIN, this significant system transformation will significantly improve outcomes for stroke patients in the region and the work will now transition to the sustainability phase from April 1, 2017 to September 30, 2017 ensuring ongoing evaluations and process improvements.

LEARNING ABOUT YOU NEW TO CHRONIC HEMODIALYSIS

The LAUNCH (Learning about You New to Chronic Hemodialysis) program was initiated this month to expand care management and education support for new hemodialysis patients. This program involves the development of consistent, comprehensive practices and education for people new to hemodialysis who need to make decisions about their care such as dialysis options, vascular access, transplant and approaches to self-management. Historically, patient education has been limited to the physical location of the patient; the LAUNCH program will enable this same education to be delivered at any location.

VIOLENCE RISK ASSESSMENT TOOL

The Emergency Department at Victoria Hospital now has an additional security guard that will focus attention on the Triage area as well as the waiting room 24 hours a day. This resource was implemented at the end of March which was a result of collaborative work with the Joint Health and Safety Committee. The Emergency Department has also developed a Violence Risk Assessment tool which will also be completed at Triage. The purpose of this assessment is to identify potentially aggressive and violent patients early on in their patient journey in order to flag appropriately and apply the necessary violence prevention interventions. This tool is part of the electronic documentation project. All Emergency Department staff safety policies and guidelines are currently being reviewed and evaluated in preparation for a presentation at May's Joint Health and Safety Committee meeting. Patients will be asked to place their belongings in new, secure lockers that have been purchased in order to decrease the likelihood of weapons and harmful substances being brought into the ED.

OPERATING ROOM (OR) PILOT PROJECTS SUCCESSFULLY COMPLETED

A key component of LHSC's Transition Plan is a continued focus on improving patient access and flow. As a tertiary/quaternary centre serving those most acutely ill across South West Ontario and beyond, LHSC's ORs are equipped to handle the most challenging of surgeries, resulting in complexity and resources not necessarily required for less complicated procedures.

Working in partnership with hospital leaders, physicians and care teams looked to streamline the way some surgeries are delivered. The approach adopted was to essentially 'batch' lower acuity surgical procedures in dedicated time blocks, with equipment and resourcing scaled to the needs of the patient and providers for that specific surgical procedure.

Pilots were successfully conducted for lower acuity surgeries, in each case resulting in substantial benefits for patients (less time in hospital), providers (more streamlined process enabling more surgeries per day) – all at a lower cost point.

Results are being quantified and these successful pilots will be used as proof of concept with the intent of implementing this model on a larger scale.

INVESTING IN NEW EQUIPMENT

LHSC is in the process of procuring new, state-of-the-art diagnostic equipment to help meet growing population health needs with the very latest in available technology. Requests for proposals have been issued for 2 new Computed Tomography (CT) scanners as well as a new 3T Magnetic Resonance Imaging (MRI) scanner. Supplier proposals are now under review, with purchases likely being finalized in the coming months and installation commencing later this year.

EXEMPLARY COMMUNITY PARTNERSHIPS

PATIENT'S FIRST-- ORGANIZATIONS COLLABORATING IN TIME OF NEED

The LHSC Renal biomedical team responded to an urgent request from the Windsor Regional Renal Program for assistance as their satellite dialysis centre in Leamington experienced a critical central water system failure.. Dialysis is a life sustaining treatment and patients rely on a consistent and large supply of highly purified water for treatment. LHSC's renal biomedical team immediately responded by installing two portable water systems in order to allow for patient treatment to continue without any disruption. This temporary solution allowed the Windsor Regional Renal Program time to have their system repaired without impacting any patients.

ABORIGINAL CANCER STRATEGY

Cancer Care Ontario as part of its development of the Ontario cancer control system, has developed its third Aboriginal Cancer Strategy. This is a companion plan to the Ontario Cancer Plan IV. The plan includes six focus areas: Building productive relationships, Research and surveillance, Prevention, Screening, Palliative and end-of-life care and Education. This plan is supported by staff at Cancer Care Ontario, as well as staff within each regional program such as the South West Regional Cancer Program (SWRCP). The SWRCP employs an Aboriginal Patient Navigator who works with indigenous patients and each of the First Nations communities in our region as well as an Aboriginal Clinical Lead who bring medical expertise to issues facing indigenous peoples.

The SWRCP has developed its own regional plan in alignment with the provincial plan. The key part of that initial work has been to develop relationships with each of the five First Nations Communities in our region. SWRCP leadership along with Cancer Care Ontario staff have visited four of five communities to develop relationships, gather input into the plan and to explore practical improvement initiatives that will improve cancer screening, prevention and treatment in a manner that reflects the needs and values of their communities. As part of that the SWRCP staff have been active in many areas as documented below.

Oneida Health Fair: Joshua Tobias, Partnership Liaison Officer with the Aboriginal Cancer Control Unit at Cancer Care Ontario attended the Oneida Community Health Fair on March 8, along with Alicia Topp, Lead of the Tobacco Wise program. Josh works for CCO but is based in SWRCP's offices. Approximately 43 people visited the CCO and SWRCP booth, including several children from Standing Stone School in Oneida. There was high interest in smoking

cessation, healthy eating, and the role of Chantel Antone, South West Aboriginal Patient Navigator.

Smoking Cessation: In partnership with the Chippewa of the Thames First Nation Health Centre, Chantel Antone (Aboriginal Patient Navigator) and Lisa Beedie (Aboriginal Tobacco Wise Lead) hosted two "lunch and learn" smoking cessation workshops in March 2017. A total of eight participants attended the two-day sessions; one has been successful in quitting smoking, The South West Regional Cancer Program provided free Nicotine Replacement Therapy for these sessions. Three additional lunch and learn sessions are scheduled for April 2017.

Indigenous Artist to Build New Water Fountain for the London Regional Cancer Program (LRCP): The South West Regional Cancer Program put out a call to indigenous artists across the South West region to gauge interest in designing a new water fountain for the Healing Garden at the London Regional Cancer Program. Angela Fisher, an Indigenous artist and cancer survivor from the Chippewa of the Thames First Nation will be completing this work, and a new fountain will be built with an Indigenous focus. The unveiling of the fountain is scheduled for June 21, 2017 – National Aboriginal Solidarity Day.

Indigenous Cultural Awareness & Safety: Staff of the program participated and / or assisted in the following events

- On March 3, 2017, "Improving Health Care for Indigenous Peoples" with the Hamilton Niagara Haldimand Brant Aboriginal Patient Navigator in Brantford.
- Western University hosted an Indigenous Awareness Week March 20-25, 2017. The Masters of Public Health program requested assistance in the development of resources for Learning through Actions: Case-based Role Play.
- In partnership with the Aboriginal Lead at the South West LHIN, Chantel Antone attended Ontario Indigenous Cultural Safety training with the Toronto Public Health Unit on March 22, 2017. The theme of the training was "Creating Transformation in Service Settings: Getting to the Roots of Tolerance

HEALTHCARE SYSTEM REGIONAL UPDATES

CCAC/LHIN MERGERS

On December 7, 2016, Ontario passed Bill 41, the *Patients First Act 2016*. The approval of this legislation marked a significant step in transformation of the health system. As part of this transformation, Bill 41 called for Community Care Access Centres (CCACs) to be integrated into the Local Health Integration networks (LHINs) beginning as early as May 1, 2017.

It was recently announced by the Chair of the Board of the South West LHIN that the merger of LHIN 2 and the South West CCAC will occur on May 24, 2017, building on a strong history of collaboration. The South West LHIN has also implemented a new leadership structure to support this important work and will.

LHSC, the South West CCAC and LHIN have a history of close and successful collaboration and, with the merger, all parties place the foremost priority on leveraging this collaboration to maintain the continuity of patient care. This is an area of particular importance for LHSC to

ensure the flow of patients from hospital to other appropriate care settings when acute care is no longer required.

CHANGES TO THE QUALITY OF CARE INFORMATION PROTECTION ACT (QCIPA)

The prior provincial legislation (QCIPA 2004) has been changed following the recommendations of the QCIPA Review Committee in an effort to facilitate greater transparency with respect to quality of care reviews and engage in patient participation in the reviews. The changes are reflected in the new QCIPA 2016 Act which comes into force on July 1, 2017

QCIPA 2016 sets expectations with respect to the need for transparency as well as the importance of conducting confidential reviews in particular circumstances. On transparency, the preamable states: "The people of Ontario and their Government believe that quality health care and patient safety is best achieved in a manner that supports openness and transparency to patients and their authorized representatives regarding patient health care". Regarding confidential reviews, the Act states

"Recognize that health care providers and other staff in health facilities sometimes need to hold confidential discussions to identify and analyze errors affecting patients, systemic problems and opportunities for quality improvement in patient health care."

Notable amendments include:

- Critical incidents are now defined in QCIPA 2016, and include any unintended event that occurs when a patient receives health care from a health facility that results in death, or serious disability, injury or harm to the patient, and does not result primarily from the patient's underlying medical condition or from a known risk inherent in providing the health care. This is in line with the definition of a critical incident already in the Hospital Management Regulation of the Public Hospital's Act. The definition of a 'health facility' has been expanded and includes long term care homes and laboratory or specimen collection centres. Information collected or prepared, as well as discussions and deliberations by a quality of care committee for the sole or primary purpose of carrying out its functions remain protected by the QCIPA 2016.
- However, the definition of quality of care information specifically excludes the following information, which is not protected by the QCIPA 2016:
  1. Information contained in a patient record.
  2. Information contained in a record that is required by law to be created or to be maintained.
  3. Information relating to a patient in respect of a critical incident that describes,
     i. facts of what occurred with respect to the incident,
     ii. what the quality of care committee or health facility has identified, if anything, as the cause or causes of the incident,
     iii. the consequences of the critical incident for the patient, as they become known,
     iv. the actions taken and recommended to be taken to address the consequences of the critical incident for the patient, including any health care or treatment that is advisable, or

v. the systemic steps, if any, that a health facility is taking or has taken in order to avoid or reduce the risk of further similar incidents.

4. Information that consists of facts contained in a record of an incident involving the provision of health care to a patient.

5. Information that a regulation specifies is not quality of care information and that a quality of care committee collects or prepares after the day on which that regulation comes into force.

Aligned amendments have also been made to the Hospital Management Regulation made under the Public Hospitals Act with Ontario regulation 484/16. The amendments require that, within the system for reviewing critical incidents in hospitals, a designated patient relations person must participate in each critical incident review and a person acting on behalf of the hospital must offer to interview the affected patient, the patient's estate or the person who has authority to make decisions if the patient is incapable as part of the critical incident review.

Currently, the hospital must disclose to patients affected by critical incidents the material facts of what occurred with respect to the critical incident, the consequences for the patient of the critical incident, and the actions taken and recommended to be taken to address the consequences to the patient of the critical incident, including any health care or treatment that is advisable. Pursuant to the amendment to the Hospital Management Regulation, hospitals will also be required to disclose a description of the cause(s) of the critical incident.

The new legislation and regulations attempt to strike a balance between protecting quality of care information from disclosure in litigation while affording patients and their families greater participation in the process and transparency with respect to the results. Hospitals and other health facilities should review their policies and protocols with respect to critical incidents and QCIPA to ensure compliance with the new legislation.

LHSC IN THE NEWS

MEDIA MONITORING REPORT: MARCH 11 – APRIL 10, 2017

SUMMARY

- **1** media advisory and **1** media release issued.
- **13** stories posted on the public website.
- **38** media stories referenced LHSC and our partners (29 positive, 9 neutral, 0 negative)

HIGHLIGHTS

1. LHSC first in Ontario to implant leadless pacemaker

London Health Sciences Centre's Cardiac Care Program is the first in Ontario to use a leadless pacemaker. This improved technology benefits patients by reducing the risk of infection. Positive coverage from Global News, CTV News and CBC Windsor.

2. LHSC kicks off Talk Trauma with extrication demonstration
London Health Sciences Centre kicked off its annual Talk Trauma conference with an extrication demonstration by the London Fire Department using the Jaws of Life. Positive coverage from CTV News and Global News.

Respectfully Submitted,

Murray Glendining,
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.