

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

DELIVER EXCELLENT CARE EXPERIENCES AND OUTCOMES

ONGOING CONTINUOUS IMPROVEMENT PROJECT FOR RENAL PATIENTS

On April 20th, 2018, representatives from the Ontario Renal Network (ORN) conducted a site visit at the Kidney Care Centre in Westmount. The ORN has been conducting site visits across the 26 Chronic Kidney Disease programs to better understand and address local barriers in growing the proportion of patients benefitting from dialysis in the home setting. Research evidence and patient feedback show that dialysis in the home provides a number of benefits over in-facility hemodialysis. These benefits include a better quality of life for patients as they are able to do dialysis on their own time schedule and maintain work and social schedules. They are able to do dialysis more frequently and thus replicate a closer to natural kidney function resulting in better blood levels and improved disease management. Home therapies also save the health care system as they are less expensive than delivering in-facility hemodialysis. The ORN visits provide an opportunity for programs to identify the type of support ORN can provide and to develop recommendations that the program may be able to implement to increase home-based dialysis rates. The ORN met with staff, physicians, and leadership across the Renal Program to discuss successes, barriers, and understand firsthand how home dialysis teams operate. The recommendations from ORN will help to formulate our Renal improvement action plan to address falling home rates.

STEM CELL TRANSPLANT PROJECT UPDATE

Significant work continues across the cancer program as part of its capital planning for the combined Stem Cell Transplant and LRCP renovation projects. Throughout March and April the program team completed a majority of phase 1 (functional programming exercise) as well as initiated phase 2 (space design work). Additional work ahead includes development of plans surrounding centralized registration and pharmacy requirements.

DIAGNOSTIC SERVICES – PATHOLOGY AND LABORATORY MEDICINE

The Laboratory Medicine Transformation has completed further major milestones. The new Chemistry, Hematology and Coagulation platforms are now live city-wide, doubling the core lab test menu size to improve access within emergency/stat areas and provide advanced parameters for hematology to support clinical decision making. Turnaround-times remain on target even while the automation is being replaced, and the amount of specimen movement across the city, and the associated risks, has already fallen by over 100,000 samples. The fulsomeness of the automation allows for a broader range of tests to be done locally at UH and VH sites, increasing the turnaround for results. Service interruptions have been kept to a minimum, and all milestones continue on track and on budget. Work now continues to implement additional new processing automation, through collaboration with the five vendors,

which will pave the way for significant improvements in productivity and timeliness of getting the diagnostic result to the clinical teams. The automation allows the staff to focus on critical results review and manage the overall laboratory operations in response to varying demands from key areas such as the Emergency Departments, Critical Care Units and the Surgical Suites.

INFORMATION TECHNOLOGY - CLINICAL INFORMATICS, APPLICATIONS AND SOLUTIONS/REGIONAL HIS

Cerner Upgrade Highlights

On April 7, London Health Sciences Centre (LHSC) was the first Cerner Hospital in Canada to implement a continuous system upgrade, meaning there was no scheduled downtime (typically 6 – 8 hours) for clinical users while the system upgrades were completed. This approach benefitted LHSC and the 9 other regional hospitals that are part the integrated Electronic Health Record system for our patients. System downtime for upgrades places considerable stress on clinical users and clinical work flow is impacted, often requiring addition staff resources as online information is unavailable and manual processes must be relied upon. This impact grows as more clinical services utilize the Electronic Health Record in the Cerner system. Thanks to the continuous upgrade, no additional clinical staff resources were required. Overall, the up-grade went very smoothly and positive feedback has been received from clinicians and leaders across our organization and the regional sites.

WORKING TOGETHER TO SERVE OTHERS

FIRST ANNUAL TRAUMA SURVIVOR NIGHT

On Tuesday, April 17th London Health Sciences Centre Trauma Program hosted the first Trauma Survivor Night, a celebration of survival, at the Lamplighter Inn. The evening was a special event where previous trauma patients, their families and trauma team members could reunite with each other. It was a wonderful opportunity for caregivers to see the patients' progress after discharge from their care. The evening featured an inspirational video, a short presentation about Post-Traumatic Stress Disorders and how to access help, a presentation on Celebrating the caregivers and Trauma Patient Sharing time for any patient who wanted to share their story with others. Four people spoke of their experience.

In addition to the celebration, this was an opportunity for quality improvement in the program and research information from patients, families and staff perspectives in efforts to understand the wellness impact of such an event. The plan is to share the experiences of the night with other large trauma centres and at the 2019 Trauma Associate of Canada event.

MENTAL HEALTH PROGRAM UPDATES

- A hospitalist model of care was implemented in the Adult Inpatient Mental Health Care Program for low acuity, stable psychiatry patients on April 6, 2018. For such patients, the hospitalists are available to assume care as the most responsible physician. This model has been working well with up to 12 psychiatry patients being transferred to a hospitalist, allowing for collaborative care and improved capacity for the Psychiatrists in the Adult Mental Health Care Program. We would like to acknowledge Dr. Jamie Gregor and Dr. Paul

Dulay, as well as Dr. Bill Sischek and Dr. Sarah Jarmain, who partnered with administrative leaders to successfully implement this new model of care.

HEALTHCARE SYSTEM REGIONAL UPDATES

PROVINCIAL COUNCIL FOR MATERNAL AND CHILD HEALTH

Jackie Schleifer Taylor, President of Children's Hospital, LHSC, has been appointed as the Co-Chair of the Provincial Council for Maternal and Child Health. This Council is mandated to provide government with evidenced-based and strategic leadership on maternal, newborn, child and youth health care services and policy support in Ontario. The overall goal of the Council is to support the development of a system of care that provides timely, equitable, accessible, high quality, evidence-based, family-centred care in an efficient and effective manner. The Council has operated under a chair model since its inception. This appointment is for the inaugural co-chair. The other Council co-chair is Dr. Mike Apkon, President and CEO, The Hospital for Sick Children.

EDUCATE THE HEALTHCARE PROVIDERS OF TOMORROW

MENTAL HEALTH EDUCATION UPDATES

- The Child and Adolescent Inpatient Program launched Improvement Huddle Boards in order to engage staff and physicians with the aim of generating ideas to continually improve performance related to quality, safety, cost, and patient and staff experience. Initial feedback from the team is positive and attendance at huddle represents their commitment to creating a culture of continuous improvement. Huddles are Coordinator-led with regular and ongoing attendance planned for the Director and Vice President.
- The Mental Health Care Program continues to partner with Fanshawe College to provide education for all nursing staff working in mental health. The first session for the second day of the program was held on April 17, 2018, and included:
 - Mental Health Challenges in the Elderly and the "Three D's" - Dementia, Delirium and Depression.
 - Indigenous Mental Health - an introduction to generational trauma and how that impacts the First Nation communities and the Call to Action from the Truth & Reconciliation Commission of Canada for the Indigenous population.

LHSC IN THE NEWS

MEDIA MONITORING REPORT: APRIL 11 – MAY 10, 2018

SUMMARY

- **3** media advisories and **2** media releases issued
- **19** stories were posted on the public website
- **117** media stories referenced LHSC and our partners (83 positive, 25 neutral and 9 negative)

HIGHLIGHTS

1. Grateful LHSC transplant patient now focused on recruiting donors

As part of April's Be a Donor month, Doug Ferguson spoke about his transplant experience and registering to be a donor. After his body rejected the first liver transplanted, he credited LHSC's Multi-Organ Transplant Program with helping him survive long enough to receive a second transplant. This led to positive coverage from [London Free Press](#), [Global News](#), and [CTV](#).

2. Overcrowding in Ontario hospitals

Ontario NDP leader Andrea Horwath put the spotlight on LHSC when speaking about overcrowding in Ontario hospitals, staff shortages and long wait times. Her speech, along with a rally held at Victoria Hospital about these concerns led to negative health system coverage from [CBC](#), [CTV](#), [Global](#), [AM980](#) and [London Free Press](#).

3. Superheroes scaled LHSC to bring joy to patients

Spider-Man, Batman and Thor were sent from Altitude Window Cleaning Inc. to clean the exterior windows at LHSC, and to put a smile on the faces of many patients, families and visitors. Positive coverage from [CBC](#), [CTV](#), [Global News](#) and [London Free Press](#).

Respectfully Submitted,

Paul Woods
President and CEO

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.