

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

**DELIVER EXCELLENT CARE EXPERIENCES AND OUTCOMES**

**LHSC IS RECRUITING PATIENT AND FAMILY ADVISORS**

At LHSC, patients and families are at the heart of everything we do. It is our commitment to work together to continuously improve care experiences. We are actively recruiting patient and family advisors to be part of making the patient experience at LHSC the best it can be. We encourage staff and physicians, in the process of care and at discharge, to invite patients and family members to become involved as advisors.

For more information, see [Patient Family Advisors Recruitment](#).

**MENTAL HEALTH ADULT TRANSITIONS OF CARE PROGRAM PROJECT**

The London Health Sciences Centre (LHSC) and Canadian Mental Health Association (CMHA) Transitions of Care Program project is complete as of March 30, 2018. This project was a South West Local Health Integration Network (SW LHIN) initiative that resulted from a successful proposal to the Ministry of Health and Long-Term Care (MOHLTC) for one-time funding from October 15, 2017 to March 31, 2018, to reduce the volume of complex, long stay patients waiting on the LHSC Adult Mental Health Inpatient Unit.

Key objectives of the project were:

- to develop a Transition Care team at the London Health Sciences Centre (LHSC) to coordinate patient transitions from acute mental health to the appropriate tertiary mental health (Parkwood Institute) or community settings;
- to create a new 5-bed short-term stay Transitional Supportive Housing Site in the community;
- to improve patient experiences for individuals with mental health needs and their families; and
- to evaluate the impact of the Program.

The LHSC Transitions Team assessed a total of 108 patients with complex discharge needs and discharged 60 of these patients to the community or the CMHA transitional beds. The most common barriers to discharge for the patients cared for by the LHSC Transitions Team were financial, housing and medical issues. The London Health Sciences Centre (LHSC) and Canadian Mental Health Association (CMHA) Transitions of Care Program project is complete as of March 30, 2018. This project was a South West Local Health Integration Network (SW LHIN) initiative that resulted from a successful proposal to the Ministry of Health and Long-Term Care (MOHLTC) for one-time funding from October 15, 2017 to March 31, 2018, to reduce the volume of complex, long stay patients waiting on the LHSC Adult Mental Health Inpatient Unit.

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### **MENTAL HEALTH BEDS UPDATE**

In March 2017, LHSC submitted a proposal to the South West Local Health Integration Network requesting base funding to increase mental health acute care capacity for the Adult Inpatient Mental Health Care Program. On October 23, 2017, the Ontario Ministry of Health and Long-Term Care announced that LHSC would receive funding for 24 dedicated Mental Health beds for Adult Inpatients at Victoria Hospital. Following the announcement, plans to renovate the physical space to accommodate the 24 beds were initiated, and construction began on the D4-300 and D4-400 units on January 2, 2018. The construction of 24 Mental Health Beds on D4-300 and D4-400 was completed in March 2018 with occupancy of the first 10 beds on D4-400 on March 12, 2018 with complex, long stay patients. The transfer of patients to the remaining beds began the week of April 2, 2018 with 100% occupancy planned for April 11. A Hospitalist was introduced in the Mental Health Care Program to support the long stay patients and provide additional manpower capacity to the Psychiatry team.

### **TRAUMA PROGRAM- ONE NUMBER CHANGE**

In efforts to reduce multiple calls, improve timely response and access to care and reduce transitions in communication, Trauma Program leadership has eliminated *ONE number* from the Trauma referral process. The steps outlined below were addressed prior to the “go-live” date of April 3<sup>rd</sup> to ensure a smooth and seamless transfer to the new process.

- Email communication was sent to CriticalCall (Criticall Ontario is a 24-hour-a-day emergency consultation and referral service for physicians based in acute care hospitals across the Province of Ontario, funded by the Ministry of Health and Long Term Care), notifying them of the change.
- LHSC Switchboard was provided with the new process and script if a regional MD calls switchboard instead of CriticalCall.
- Elimination of ONE number Trauma calls for LHSC was announced at the March 27<sup>th</sup> SW LHIN Regional Trauma Network meeting.
- ONE number machine message changed to include Trauma for diversion of call to CriticalCall.

## WORKING TOGETHER TO SERVE OTHERS

### **LONDON HEALTH SCIENCES CENTRE QUALITY IMPROVEMENT PLAN**

System-wide quality improvement is the vision that the Ministry of Health and Long-Term Care provides for all health care sectors, using the Quality Improvement Plan (QIP) as an enabler to support this goal.

A Quality Improvement Plan is a documented set of quality commitments made by a health care organization to its patients, clients, residents, staff and community on an annual basis. The goal is to improve quality through focused targets and actions. An organization must identify provincial priorities annually to support a focused and system-wide approach to improving health care quality. These priorities are reviewed annually and are developed in collaboration with patients and partners across the system.

The LHSC Quality & Performance team led the process to develop the 2018/19 Quality Improvement Plan (QIP), which was approved by the Board of Directors in March. With engagement of over 1,300 patients, staff, and community members, the 2018/19 QIP represents LHSC's commitment to safe, high quality patient care in an environment that is also safe for our staff and physicians.

The 5 indicator priorities that are part of the QIP are:

- Medication reconciliation at discharge
- Emergency department wait time for complex patients
- Discharge summaries completed within 48 hours of discharge
- Workplace violence incidents
- Patient satisfaction with information at discharge

To review the organization's 2018/19 work plan in depth or to review past results and plans of previous years, please click the link below:

[http://www.lhsc.on.ca/About\\_Us/Accountability/Governance\\_and\\_Management/index.htm](http://www.lhsc.on.ca/About_Us/Accountability/Governance_and_Management/index.htm)

### **SOLUTIONS FOR PATIENT SAFETY**

LHSC's Children's Hospital is in its first year of membership in *Solutions for Patient Safety* (SPS) which is a group of 130+ Children's Hospitals in North America working together to help each individual hospital make progress on a journey to zero harm. Their goal is for every child to receive safe care every time they enter our hospitals. Through the use of standard definitions, training in the Model for Improvement and Plan/Do/Study/Act cycles, the implementation of prevention bundles, and data analysis, member hospitals have seen a significant reduction in preventable harm. The Model for Improvement, developed by Associates in Process Improvement, is a simple, yet powerful tool for accelerating improvement. This model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement.

Current SPS goals include: 40% reduction in eleven hospital-acquired conditions (e.g. adverse drug events), 20% reduction in 7-day readmission rates and 50% reduction in critical incidents. The first year of membership involves selecting two hospital acquired conditions to focus on. LHSC's Children's Hospital has chosen adverse drug events and surgical site infections. Quality improvement methodology is utilized to implement the evidence-based SPS bundles. Members submit their monthly data which is tracked to analyze the impact. The other piece of SPS membership is culture wave training, which focuses on building a better patient safety culture and preventing critical incidents. Use of this approach has resulted in dramatic improvements for SPS member hospitals, with a 64% reduction in adverse drug events, 50% reduction in critical incidents, 83% reduction in falls etc.

### **LONDON REGIONAL CANCER PROGRAM INTEGRATE SERIOUS ILLNESS PROJECT**

Two Serious Illness Conversation (SIC) workshops have been launched for clinicians and providers at the London Regional Cancer Program (LRCP) in partnership with the South West Regional Cancer Program (SWRCP). A total of 46 healthcare providers, including physicians, nurse practitioners, nurses, social workers and radiation therapists attended the workshop in Fall 2017. The Spring 2018 workshop targeted LRCP physicians exclusively, with 16 in attendance. Pre-course, post-course, and 3-months post-course reflection evaluations are distributed to all attendees to determine the effectiveness and experiences with the training. Results are shared with the organizing committee for continued quality improvement. The SWRCP intends to roll-out the workshop to the region for both clinicians and nurses.

Conversations about serious illness and goals of care are key elements to providing high-quality patient-centered care. The Serious Illness Care Program, developed by Harvard University, is considered the gold standard in serious illness conversation training, equipping care providers with the appropriate tools to facilitate conversations with seriously ill patients and their families.

To help enhance the quality of serious illness conversations among care providers the LRCP, in partnership with the SWRCP, is hosting interactive workshops two times per year based on Harvard's training curriculum.

Through this workshop participants will receive the following:

- A system to identify appropriate patients
- Training and coaching for clinicians and health care providers
- A prompt for clinicians and health care providers to conduct serious illness conversations at the right time
- A short, simple Serious Illness Conversation Guide
- A system for documenting personalized patient goals and priorities in electronic patient records (i.e. Power Chart Oncology)
- Interactive training, complex case simulations, and practice "do's and don'ts"

Progress of the project continues to be reported on a monthly basis to operational and clinical leaders at LRCP. Bi-Weekly "huddles" are taking place to facilitate documentation of SI conversation, as well as referrals to the South West LHIN Home & Community Care team. A

meeting is scheduled in April with Regional Pain and Symptom Management and leaders from the South West LHIN to determine how best to roll-out the SI program across the region. The Oxford Hospice Palliative Care Collaborative is the first sub-LHIN site to be approached.

### **INDIGENOUS CANCER CARE UPDATES**

Indigenous Cancer Care - Prevention and Screening: On March 16, the South West Regional Cancer Program (SWRCP) together with the Oneida Nation of Thames hosted a prevention and screening event for the community to share information about the three organized cancer screening programs (breast, cervical and colon cancer) as well as the important topic of smoking cessation. The event also afforded the opportunity to introduce the SWRCP Aboriginal Cancer Patient Navigator (Chantel Antone) and the services that she provides. Other partners included the Oneida Social Services Department and Jordan's Principle Navigator Program. Dr. Samantha Boshart (Regional Aboriginal Cancer Lead) delivered the keynote address to approximately 50 community members.

Indigenous Palliative Care: On March 20 and 21 2018, Chantel Antone (Aboriginal Patient Navigator) attended the Ontario First Nations Palliative Care Exchange hosted by Six Nations of the Grand River. The event provided the opportunity for frontline providers to share and exchange knowledge about Indigenous palliative care practices. Navigators from the South West, Erie St. Clair, Hamilton Niagara Haldimand Brant, and South East regions facilitated breakout sessions to assist communities in developing their own palliative care programs. The event was attended by approximately 100 First Nations providers from across Ontario.

The South West Regional Cancer Program is responsible for implementing the Ontario Cancer Plan in this region across all hospital, primary care and non-hospital providers. This program is an extension of Cancer Care Ontario and the services are provided by London Health Sciences Centre as part of its contractual obligations as a lead cancer hospital in this region.

## **ADVANCEMENT OF NEW DISCOVERIES**

### **EARLY MOBILIZATION OF PATIENTS MAY LEAD TO BETTER OUTCOMES**

Frail seniors who are admitted to hospital often experience further declines in their functional abilities while hospitalized, leading to a worsening of their medical condition and increased length of stay. Evidence suggests early mobilization of elderly patients in hospital can have an impact on length of stay and prevent deconditioning. Supported by the LHIN, the Medicine Program at University Hospital has acquired additional Physiotherapy and Occupational Therapy resources as part of a two year pilot. The goal of the pilot is to mobilize patients early in their admission, to restore their abilities to manage their activities of daily living and facilitate timely discharge home. Anticipated outcomes include: decreased length of stay in acute care bed; decreased number of patients designated as Alternative Level of Care; and decreased number of patients requiring post-acute rehab care. These anticipated outcomes will have a positive impact on patient flow in both acute care and rehab care settings, as well as improvements in quality of care and patient/family experience.

**PROVIDING HEMODIALYSIS IN A REHABILITATION HOSPITAL: AN EVALUATION OF THE PATIENT EXPERIENCE AND OUTCOMES, COST EFFECTIVENESS AND STAFFS' PERSPECTIVE AND SUPPORT IN THE HOME FOR PERITONEAL DIALYSIS: AN EVALUATION OF INTEGRATED SERVICES.**

On March 19<sup>th</sup> two individuals within the Renal Program were informed that they were recipients of Cancer Care Ontario/Ontario Renal Network Research funding for 2018/2019. Dr. Lori Harwood, Nurse Practitioner, Adam Linton Unit, received \$18,727 for the Research Proposal *Providing Hemodialysis in a Rehabilitation Hospital: An Evaluation of the Patient Experience and Outcomes, Cost Effectiveness and Staffs' Perspective*.

Barb Wilson, Nurse Practitioner, Adam Linton Unit, received \$16,532 for the Research Proposal *Support in the Home for PD: An Evaluation of Integrated Services*.

A total of 100 applications were submitted with 16 recommended for funding. In the Renal category of awards, only 6 were given out across the province with 2 of these coming to the LHSC Renal Program. Overall, these awards represent an investment of \$1.1 million by CCO in priority cancer and renal research.

## HEALTHCARE SYSTEM REGIONAL UPDATES

**PROJECT ECHO® ONTARIO: EPILEPSY ACROSS THE LIFESPAN**

This is a technology-enabled, collaborative, Continuing Professional Development (CPD) accredited learning program that partners community health care providers and epilepsy specialists to enhance care for children, adolescents and adults living with epilepsy.

Recognizing limited access to neurology and other specialties, which support this often complex population, the provincial epilepsy interdisciplinary team connects with providers in communities across Ontario via one-to-many videoconferencing for 90-minute "TeleECHO® sessions", twice monthly.

Sessions can be accessed from a smart device or laptop from anywhere with an internet connection. This videoconferencing format leverages interactive case-based learning and actionable care plans for patients can be developed.

London Health Sciences Centre and the Children's Hospital has been designated as one of eight host sites (Hamilton, Kingston, Ottawa (x2), Thunder Bay, Toronto (x2)) and each team includes an epileptologist, nurse practitioner, pharmacist, social work and community agency representative connected with Ontario's regional Comprehensive Epilepsy Programs.

**REGIONAL RENAL MODELS OF CARE STANDARDIZES ROLE AND RELATIONSHIP OF SATELLITE DIALYSIS UNIT HOSTING CORPORATIONS**

Historically the relationship between LHSC and the Satellite Dialysis Unit Hosting Corporations (eight Community Hospitals across the South West and Erie St Clair LHINs) was governed by a Memorandum of Understanding, first developed over 15 years ago and periodically amended since that time. This agreement provided a framework for providing dialysis services in these communities in a shared care model with LHSC nephrologists acting as the Most Responsible

Physician. In 2016, the Ontario Renal Network (ORN) released a set of Standards (the Regional Renal Models of Care) that standardized the relationships and role expectations between hub hospitals, such as LHSC, and satellite hosting corporations across the province. A Template Service Level Agreement was provided by the ORN with these Standards which was to be used by each Renal Program in Ontario with their Satellite Hosting Corporations. The ORN Template was reviewed and revised by the LHSC Risk Management Department, Occupational Health and Safety Department and the LHSC Privacy Office, to meet LHSC requirements in these areas. It was then provided to each of the Satellite Hosting Corporations for review and signature. This new document along with Service Level Agreements now defines the relationship over the next five years between LHSC and each of the eight Regional host hospitals that house dialysis units in the South West and Erie St Clair LHINs. All eight documents have been executed collaboratively by the partner hospital and LHSC.

### **PHYSICIAN PARTNERSHIP UPDATE**

Recently, LHSC President and CEO, Dr. Paul Woods, appointed Dr. Jim Calvin as Interim Chief Medical Officer and at the same time asked Dr. Robin Walker to lead a working group to examine models for LHSC's physician leadership structure. The Physician Leadership working group has been meeting and Dr. Walker has already individually interviewed the majority of LHSC's Chair Chiefs on their views of the effectiveness of our leadership structure and their opinions on how it could be improved. The working group is planning a mini-retreat to which medical and other leaders will be invited. As there are leadership models in some Ontario hospitals similar to LHSC that appear to be effective, medical leaders from three other Ontario hospitals will present their medical leadership models together with their advantages and challenges at the mini-retreat. The retreat will then seek input on the best model/s for LHSC from our medical leaders.

The working group hopes to be able to present some potential models for a revised medical leadership structure to Dr. Woods before the summer. This will allow further work on choosing the best model for LHSC in the summer, with transition towards implementation of any changes to occur from the fall onwards.

## **LHSC IN THE NEWS**

### **MEDIA MONITORING REPORT: MARCH 11 – APRIL 10, 2018**

#### **SUMMARY**

- **12** stories were posted on the public website
- **83** media stories referenced LHSC and our partners (43 positive, 18 neutral and 22 negative)
- **15** media inquiries were managed



## HIGHLIGHTS

- 1. Cardiac Fitness Institute patients will have a place at Western University Facility**  
LHSC previously announced the end of patient referrals to the Cardiac Fitness Institute. Patients will now have a place at Western University's Canadian Centre of Activity and Aging (CCAA). This led to mixed coverage from [CBC News](#), [Global News](#), [London Free Press](#), [Blackburn News](#) and [CTV](#).
- 2. Next year's budget increases for London hospitals**  
MPP Deb Matthews announced that LHSC and St. Joseph's Health Care would be receiving \$35 million in additional funding, with \$24 million benefiting LHSC directly for the 2018-2019 fiscal year. Positive coverage from [Global](#) and [Blackburn News](#).
- 3. Policy changes assess risk of violence in patients towards LHSC staff**  
A new screening tool used at LHSC will allow staff to flag whether patients pose a risk for violent or aggressive behavior. The policy change was covered by [CBC](#) and the [London Free Press](#) with neutral and negative sentiments.

Respectfully Submitted,

Paul Woods  
President and CEO

### ***Our Primary Value***

Patients are at the centre of everything we do