Welcome to the 2012/13 Board of Director’s term. It is exciting to have new members on the Board, complementing the strengths of those returning to collectively lead our organization forward. On behalf of the leadership team, I want to thank the 2011-2012 board members for their outstanding service to London Health Sciences Centre and, indeed, the city, region and province. Together, we can look back proudly on the progress made toward our strategic organizational directions. With the diversity and depth of our new board and the leadership team, I am confident that we can build further upon the momentum now well established.

The health care system is transitioning into a major transformation. LHSC embraces the opportunities and challenges required in order for the system to achieve efficiencies, with improved patient outcomes and enhanced patient experiences across the entire system. As a system partner, LHSC will provide leadership to contribute to successful system wide solutions.

The cultural/leadership transformational journey, which is well underway at LHSC to become a learning organization, aligns with our intent to expand patient, community and stakeholder engagement. One example is the new publication launched at the Community meeting this past June entitled “Inside”.

This new publication, to be published a few times each year, replaced our Annual Report to our community and various other initiatives in order to reach many more homes in London and the region. The online version includes additional content, videos, and links to our many programs and services. If you haven’t had an opportunity, please take a few minutes to review it at http://inside.lhsc.on.ca/articles. You will see other engagement activities, including a revitalized Community Advisory Committee and a new Patient Experience Design initiative, to be implemented beginning this fall. Both initiatives are undergoing robust planning and design now, to ensure they launch effectively and become sustainable, routine components of LHSC’s ongoing operational activities.

1.0 PERFORMANCE EXCELLENCE

LHSC Chosen to Lead “Ontario Nurses Working Alliance”

Following the submission of a proposal to the Ministry of Health and Long-Term Care (MOHLTC) Nursing Secretariat by Nursing Professional Scholarly Practice leadership, LHSC has been selected as the Provincial Coordinating Hub of the Ontario Nursing Workforce Alliance (ONWA), with funding to support the initiative ($490,000 over 3 years).

Across Ontario, there are long-term nursing vacancies that exist in rural and remote areas, hard to recruit communities, small community hospitals, and in particular sectors and specialty areas
of practice. Long-standing nursing vacancies have resulted in a lack of access to nursing care for patients across the province. London Health Sciences Centre will provide special nursing resources at the request of hospitals to support the region. LHSC will take the lead in advancing the Ontario Nursing Workforce Alliance initiative, and contribute to the creation of an improved patient-centred system of care, through the enhanced integration of nursing services across the province.

**LHSC Transplant Program Celebrates 25 years of Success**
Over the last 25 years, the medical team in transplantation has created a program of excellence. Over this time, 600 heart transplants have been performed, the most heart transplants in any transplantation program in Canada, 2000 liver transplants and over 3000 kidney transplants. We are very proud of this success and value this program as part of our academic centre specialization to enhance the lives of thousands of patients.

**International Mentorship Program developed for Multi-Organ Transplant Leadership**-- The Multi Organ Transplant Program (MOTP) has developed an International Transplant Mentorship Program. Faisal Al Harthi, a transplant nurse coordinator from King Abdulaziz Medical City in Saudi Arabia, is the first participant enrolled for mentorship, from September-November 2012. The goal of the program is to provide intensive education and training to organ donor and recipient coordinators. The training will be 12 weeks in length consisting of a two-week classroom component and a ten-week clinical component. The classroom curriculum will address all aspects of organ donation and transplantation. Specialized programming includes both classroom and preceptor-guided experiences and the intensive training is customized to meet the learning needs of applicants.

**LHSC Making Progress combatting Clostridium Difficile infections**
The Toronto Star recently reported on an Institute of Clinical Evaluative Studies (ICES) study on patient safety. The ICES study indicates that rates of Clostridium Difficile (C. Difficile) have dropped by more than one quarter in Ontario since the province and hospitals began to publicly report cases of the hospital-acquired infection. LHSC, both Victoria and University Hospital, have been working hard to reduce the incidence of C. Difficile. For example, in a recent C. Difficile outbreak in paediatrics, processes were in place to prevent transmission and reduce recurrences. This included enhanced cleaning, restricting visitors to the inpatient unit, and diligent infection control precautions. To help in the identification and management of patients who show symptoms of C.difficile, LHSC is now using molecular testing in the laboratory. This new method will provide quicker results, confirming the disease within two to three hours, compared to the one to three days required using traditional lab testing. While this new method helps infection control practitioners identify the bacteria earlier, the sensitivity of the test may also identify a higher number of patients with the potential for C.difficile (carriers) who never go on to develop the disease. Earlier identification of C.difficile in symptomatic patients will ensure patients are placed on special precautions earlier, thus reducing spread to other patients. Another key strategic action is the recent hiring of an infectious diseases pharmacist, who will specifically focus on antibiotic stewardship. This new role is important in the prevention of C.Difficile as patients who undergo prolonged or unnecessary antibiotics are more vulnerable to acquiring C. Difficile. It is through this focused
attention on the prevention and management of C. Difficile that LHSC’s rates over the first quarter of this year, are trending below quality improvement targets.

**LHSC Implements Another Initiative to Improve Access for Southwest Region Critical Care Patients.**

South West LHIN and hospital partners have been working together to improve access and quality of care for the sickest patients across the South West through a number of projects. A new program is the Critical Care Response Team project currently being piloted at London Health Sciences Centre. With service delivered by LHSC’s CCRT physicians, the project provides for an adult intensivist to be on call for physician consultation on a 24/7 basis. Accessed through the CritiCallOntario call centre, this consultation service provides support to all regional physicians caring for critically ill patients. It is designed to:

1. Prompt and support the initiation of appropriate therapy sooner;
2. Determine the closest, most appropriate referral centre; and
3. Expedite the decision making process and decrease the time for transfer to another facility if required.

The critical care MD on call acts as a triage to maximize the efficient utilization and coordination of the available resources across the South West LHIN to ensure the timeliest access to care. This added level of service complements the current CritiCall ‘Life or Limb” patient identification process.

Now several weeks into implementation, the pilot has received excellent feedback from referring physicians and hospitals in the SW LHIN.

**Call to Action - Patient Access - Continuous Improvement Continues**

Last month, Laurie Gould, Executive Vice President, Patient Centred Care announced the second phase of the organization’s Call to Action, which continues to remains a top priority to reducing infection rates and improving patient access and flow. The several infection safety initiatives currently under way will continue through completion and become standard operating practice thereafter. For patient access and flow, six key projects have been identified as leveraged actions to accelerate results. These priority projects will address hospital-wide and system-wide challenges and will engage each of our sites and regional partners. Continued efforts to repatriate patients to their home or a more appropriate health care service based on their care requirements, have been very successful and will continue to improve patient access at LHSC.

Over the past year, several successful Call to Action initiatives have been implemented to address our infection safety rates and patient access challenges. For example, hand hygiene improvements and significant decreases in the number of alternate level of care patients occupying acute care beds, have made significant progress on our Call to Action priorities.

The improvements achieved to date are due to the contributions of many people across the organization and in other organizations who dedicated significant time and effort. This includes critical input from frontline staff and physicians who have been actively involved in reviewing
what we do, how we do it and determining if we are using the best and most efficient methods. Their continued contributions are recognized and greatly appreciated, and demonstrate how we can work together to create and sustain meaningful changes to provide safe and timely patient care.

**LHSC Remains open to the region every day in July 2012—a first in 3 years**

In 2011/12 fiscal year LHSC was “closed to the region” a total of 126 days. This means that LHSC has no beds for patients to be received from the region. From April to July 2012, LHSC has been closed to the region only 1 day in total, ensuring access to regional partners. This accomplishment has been achieved through a variety of initiatives including Home First in partnership with CCAC to assist ALC patients, or those requiring non-acute care homes with additional supports at home. Other initiatives include enhanced daily discharge rounds, bed huddles, and review of admitting processes. Congratulations to all!

**Partnering with Middlesex Hospitals Alliance Sustains Laboratory Services in Region**

London Laboratory Services Group (LLSG), a joint venture of London Health Sciences Centre and St. Joseph’s Health Care, London and Middlesex Hospitals Alliance (MHA), an alliance of Strathroy Middlesex General Hospital and Four Counties Health Services partnered to look for options to sustain pathology and laboratory services for patients in this region upon retirement of the MHA laboratory physician at the end of 2011. MHA recognized that the environment for pathology services is changing rapidly including emerging digital picture technology and therefore initiated a partnership with the local academic health services centre.

A purchased services agreement was signed December 2011 whereby LLSG provides MHA with laboratory physician diagnostics and professional administration to satisfy the operating requirements of the Ontario Laboratory and Specimen Collection Centre License owned by the Strathroy Middlesex General Hospital. The Strathroy pathology specimens are now being transported to London.

Enabled by the existing Cerner integrated laboratory information system, the LLSG/MHA partnership has enjoyed a positive beginning and momentum. This initiative is the beginning of centrally coordinated pathology service which provides standardized care for patients and overcomes the community hospital challenges of both recruiting pathologists and maintaining quality standards. It has the potential to grow as human resource challenges emerge at other community hospitals.

### 2.0 ACADEMIC AND RESEARCH

**Lawson Health Research Institute and Western University studying cancer stem cells**

Canadian Breast Cancer Foundation has provided over $440,000 in funding to study a rare subpopulation of tumour cells in the hopes of uncovering the mystery behind metastases. To read the article on Dr. Allan’s work, please see the following link:

3.0 HEALTHCARE REGIONAL NEWS

Clinical Expert Advisory Groups Convened by Government for Year 2 of Funding Reform
As part of its ongoing efforts to position Ontario as a leader in accelerating improvements in the quality of patient care, the Ministry of Health and Long Term Care has established Clinical Expert Advisory Groups (the Advisory Groups) to guide the development of evidence-informed practices for the Quality-Based Procedures (QBPs) fiscal year 2013/14 (year 2) of the Health System Funding Reform.

Fiscal 2013-14 QBPs include:
- Coronary Artery Disease with Surgical Intervention
- Congestive Heart Failure
- Phase 2 Orthopaedics
- Chronic Obstructive Pulmonary Disease
- Stroke
- Cardiovascular Surgery
- Colonoscopy
- Caesarean Section
- Kidney Disease
- Chemotherapy – Systemic Treatment

These QBPs will be in addition to the four QRPs for fiscal 2012/13. To establish these Advisory Groups, a roster of potential nominations from the Council of Academic Hospitals of Ontario (CAHO) was submitted for consideration by the Ministry of Health and Long Term Care. LHSC has submitted multiple names of physicians and hospital leaders for consideration in all advisory groups. Many LHSC physicians and administrative staff have been invited to participate.

Council of the Federation Premiers presents ideas for health-care innovation for across Canada
In January of 2012, Premiers met as the Council of the Federation to discuss a range of healthcare issues facing Canadians. At that meeting, Premiers agreed on the necessity of embracing innovation in order to improve care. The work of the last six months by a Council of the Federation working group was summarized in a report released July 26, 2012 entitled “From Innovation to Action” at a forum of Canada’s provincial and territorial premiers.

The Working Group was guided in developing its framework by three objectives:
- Improve the health of the population.
- Enhance the patient experience of care (including quality, access and reliability) and
- Reduce or at least control the per capita cost of care.

The report presents 12 recommendations for best practices for provinces and territories to follow in three priority areas: clinical practice guidelines, team-based health care delivery models, and health human resource management initiatives. As well opportunities in generic drugs were identified as an opportunity.
Each province intends to implement the recommendations as they deem appropriate to their respective healthcare system.

The report can be found at www.councilofthefederation.ca/pdfs/Health%20Innovation%

**Ontario Hospital’s Association’s (OHA) new President and CEO takes the helm**

On June 10th, Pat Campbell was appointed as the new President and CEO of the OHA. Pat has worked in Ontario’s health care system for more than 30 years, most recently as the first CEO of Echo: Improving Women’s Health In Ontario, an agency of the Ministry of Health and Long-Term Care. Prior to that, she served as President and CEO of Grey Bruce Health Services and of Women’s College Hospital in Toronto. She also served for a number of years as the chair of the OHA’s e-Health Leadership Council, and as a member of the OHA team that negotiated the first H-SAA agreement template with the Government of Ontario. This experience will serve OHA well in its dual mandate as health system leader and member service association, especially in the current challenging environment for all health centres across Ontario.

**Council of Academic Hospitals of Ontario (CAHO) completes second year of five year strategic plan.**

CAHO is the non-profit association of Ontario’s 24 academic hospitals and their research institutes, providing a focal point for strategic initiatives on behalf of member hospitals.

At its June 1, 2012 Annual General Meeting, CAHO marked the completion of the second year of its five-year strategic plan.

Some highlights of CAHO accomplishments over the past year include:

- A funding commitment from the Ministry of Health and Long-Term Care of $6.3 million over three years to CAHO’s Adopting Research to Improve Care (ARTIC) Program.
- The completion of the *Fueling the Innovation Engine* Report by CAHO’s Research and Resources Committees. This report resulted in eight recommendations that the CAHO community will act on over the next three years to help stabilize the health research enterprise in Ontario.
- The development and launch of two new CAHO ARTIC Projects – the CAHO Mobilization of Vulnerable Elders in Ontario (MOVE ON) ARTIC Project and the CAHO Antimicrobial Stewardship Program (ASP) in Intensive Care Units (ICU) ARTIC Project.
- Supporting the establishment of Clinical Trials Ontario and MaRS Excellence in Clinical Innovation and Technology Evaluation (EXCITE). Both of these initiatives will strengthen Ontario’s role as a leader in health research and innovation.
- Launched the implementation of the Physician Quality Improvement Initiative (PQII). This physician-led, collaborative initiative aims to create consistency and provide a comprehensive approach to focused and practical quality improvement in physicians’ practice.

The CAHO Council also elected a new Executive Committee. The following are the officers and members of the Executive Committee:
Chair: Barry McLellan (Sunnybrook Health Sciences Centre)
Vice-Chair and Kingston Representative: Leslee Thompson (Kingston General Hospital)
Secretary-Treasurer: Bob Bell (University Health Network)
Past-Chair: Mary Jo Haddad (The Hospital for Sick Children)
London Representative: Bonnie Adamson (London Health Sciences Centre)
Hamilton Representative: Kevin Smith (St. Joseph’s Health System)
Ottawa Representative: Jack Kitts (The Ottawa Hospital)
Northern Representative: Andree Robichaud (Thunder Bay Regional Health Sciences Centre)
TAHSN Representative: Catherine Zahn (CAMH)

For additional information please see CAHO’s annual report at the following link:


Respectfully Submitted,

Bonnie Adamson