

London Health Sciences Centre Strategic Directions 2005-2009





Mission Statement

London Health Sciences Centre, a university teaching hospital, is committed to improving health. Building on our tradition of leadership and partnership, we champion patient-centred care, a spirit of inquiry and discovery, and a commitment to life-long learning.

To fulfill our mission we make the following commitments:

To those who entrust us with the stewardship of resources:

We will operate within our means.

We will use our resources responsibly and ethically to provide cost-effective services.

We will use external objective standards to measure our overall performance.

To our researchers:

We will, with our research partners, promote leadership, encourage innovation, advance scientific knowledge and its dissemination, and seek solutions to health issues through the provision of facilities and resources.

To our patients and their families:

We will work with you to improve your health and provide compassionate and high quality care.

To our health care partners and referring physicians:

We will work with you, sharing expertise, information, and assistance, so that patients can be cared for in their own communities.

To our students, trainees, and their teachers:

We will, in collaboration with our educational partners, foster learning and development opportunities through expert teaching and optimal resources and facilities.

To our employees, physicians, and volunteers:

We will attract and retain the best people.

We will provide a safe and healthy environment that inspires teamwork, respect for the individual, collaboration, and professional development.

To the people of London and Middlesex:

We will, in partnership, facilitate the provision of quality health care services for all age groups.

To the people of Southwestern Ontario and beyond:

We will offer quality health services for those conditions or circumstances requiring our specialized care.

Strategic Directions

1. Achieve excellence in patient-centred care through the use of best available evidence in everything we do.
 2. Distinguish ourselves through integrated research, patient care and education.
 3. Be a progressive workplace that lives its vision, mission and values.
 4. Together with our community and partners, strengthen our role in the evolving integrated health care system.
 5. Compete restructuring/renewal directives.
 6. Establish priorities and align the pursuit and allocation of resources with priorities.
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Cliff Nordal, BSc, MBA, FCHSE

President and Chief Executive Officer

Before starting out on a journey, we usually consult a map, choosing the most direct routes and best roads. That way, we know which way to go at each intersection and get where we're going without any wrong turns.

In the increasingly complex world of health care, we need “maps” to help us focus on our goals and achieve the best possible results. At London Health Sciences Centre, we have created a new strategic plan that clearly outlines where we are going, and what it will take to get there. For each broad goal, several specific initiatives were identified. For each initiative detailed action plans and performance measures were developed. This is not simply an academic exercise: it is the route we will follow for the next five years.

The plan was developed through a thorough, thoughtful and interactive process that began in October 2004. Like the symbol chosen to represent London Health Sciences Centre — a partial double helix DNA strand with a stylized human figure — the plan takes into account both the scientific and human elements of our mission.

This document begins by providing a context for the plan - a clear understanding of where we have been and where we are today, the environment that surrounds us and the significant trends ahead. It then outlines the hospital's Strategic Directions and Initiatives, and brings them to life through stories taken from our current experience.

Among the many exciting initiatives identified within the plan is a project to update the hospital's vision and values. When complete, they will become part of the plan. The map is ready. The journey is about to begin. Join us as we set out on the road to our future.



The Big Picture

For more than 130 years, London Health Sciences Centre has been providing skilled and compassionate care to the people of London and region. As the world around us has changed, we have responded, evolving creatively to address new needs and opportunities.

Change, it is often said, is the only constant in health care. In the past decade, Ontario's health system has undergone transformative change, and there is more to come. Among the factors that will shape our environment over the next five years:

The ageing population

- Fifty years ago, the average life expectancy was under 70. By 2010, it will be 86. People are living longer, often with chronic disease and intermittent periods of acute complex illness.
- At the same time, the birth rate is declining. The fastest growing cohort in Ontario today is people over the age of 80.
- As part of the general demographic trend, many senior health professionals are due to retire in the next five to ten years, creating potential shortages in some professions.

New expectations of health care

- People who are reaching their 50s and 60s today - the "Boomers" - have more knowledge about health and illness, and expect to be active participants in their own care.

Advances in medicine

- The sequencing of the human genome and other significant discoveries at the molecular level are changing the face of biomedical science and ultimately, of patient care.
- Many powerful new drugs are coming on the market.
- Medical technology, including non-invasive diagnostic and treatment approaches such as robotic surgery, is also evolving quickly.
- Information technology is creating exciting possibilities in areas such as telehealth.
- All these advances hold enormous promise. They also create new cost pressures for the system.

Funder priorities

- Current Ontario government priorities include reduced wait times, increased access to primary care, and more integration across the health continuum.
- Hospital funding consistently falls short of the rate of growth in our patient population.
- Governments are requiring more accountability for the money entrusted to hospitals — a trend that LHSC supports strongly.
- Governments also recognize that health care costs must be "controlled."
- After several major fundraising campaigns in our community and beyond, "donor fatigue" is setting in.

New threats to health

- Our experience with SARS and the threat of an influenza pandemic have significant implications for how we deliver care.



LHSC: Snapshot 2006

When you're planning a route, you must know where you're going, but also where you're starting from. LHSC is stepping forward from a place of strength and proven excellence.

FACTS AND FIGURES:

London Health Sciences Centre

- Employs close to 9,000 health professionals.
- Provided care for more than one million patient visits last year.
- Is located on three hospital sites and two family medical centres.
- Includes the London Regional Cancer Program, the Children's Hospital of Western Ontario, and Canadian Surgical Technologies & Advanced Robotics (CSTAR).
- Offers a full range of tertiary services from perinatology and pediatrics to cancer care and geriatrics.
- Attracts more than \$47 million in external research funding annually through partnership in the Lawson Health Research Institute.
- Trains more than 1800 future health care professionals each year.

SETTING THE STAGE:

Several issues and initiatives in recent years have brought the hospital to where it is, and continue to drive future directions.

- In response to the Ontario Health Services Restructuring Commission report of 1997, London Health Sciences Centre (LHSC) embarked on a redevelopment initiative in 1998. In 2005, “Milestone 1” was achieved — a major realignment of clinical services within the hospital and the transfer of acute services from St. Joseph’s Health Care, London (SJHC). Milestone 2, which includes the closing of South Street Hospital and consolidation of acute mental health, high risk obstetrics and neonatology, is scheduled for completion in 2009/2010.
- In 2000 LHSC created a new Mission Statement and confirmed the values established at the time of the merger of Victoria and University hospitals.
- The Integrated Strategic Alliances and Networks portfolio, established in 2002, has worked closely with partners across Southwestern Ontario to provide care as close to home as possible for the people of our region.
- In March 2002, the leadership structure of LHSC underwent a major reorganization. Clinical programs and services were organized under six units, each led by a Vice-President and Senior Medical Director. The goal was to foster collaboration and integration, and increase physicians’ role in decision-making.
- The hospital has faced chronic funding challenges in the face of inflationary pressures and increased demand for access.
- Since restructuring, LHSC and SJHC have developed innovative ways to share resources and work together. In 2006, Cliff Nordal became President and CEO of LHSC, in addition to his role as President and CEO at SJHC.
- Under Mr. Nordal’s leadership, several senior positions, both corporate and clinical, have been integrated on a city-wide basis.
- Under the “Connect the Continuum of Care” umbrella, LHSC is implementing two major health information projects – electronic patient records and regional digital imaging.



Shaping the Future Together

The Planning Process

- The Strategic Directions Steering Committee was launched in October 2004.
- Planning began with the establishment of six broad Strategic Directions or goals for the hospital, adapted from those developed earlier by St. Joseph's Health Care, London.
- In May 2005 the LHSC Board of Directors approved the draft Strategic Directions.
- LHSC then formed Task Teams for each Direction to identify the "Strategic Initiatives" — specific, measurable objectives to actualize the Strategic Directions.
- During a session in June 2005, physicians and other hospital leaders had an opportunity to provide input on the draft Directions and Initiatives.
- In October 2005 a Board retreat focused on the Directions and Initiatives.
- Comments and suggestions went back to the Task Teams, and the Initiatives were revised during the fall and early winter.
- In late winter and early spring, focus groups were held with staff to gather input on a proposed vision statement.
- At the same time, individual Clinical Services addressed the implications of the Initiatives for their own strategic plans.
- In May 2006, the senior leadership approved the final draft of the Strategic Directions and Initiatives.
- In August 2006, an internal website was created to share information and track the progress in implementing the Directions, Initiatives, and Work Plans.



Strategic Direction 1

Achieve excellence in patient-centred care through the use of best available evidence in everything we do.

STRATEGIC INITIATIVES:

1. Maximize access to care within available resources.
2. Achieve best possible patient outcomes while providing a safe patient care experience.

SUCCESS STORY:

Putting Pain in its Place

A group in Medicine implements the RNAO Best Practice Guideline for pain and assesses its results.

It sounds like an old Scottish clan, but McCRU actually stands for Medical Care Clinical Research Unit.

Launched by a group of Advanced Practice Nurses in the Medicine Service with strong support from the Service leadership, the group meets regularly to look at opportunities for clinically relevant research. Recently the group focused on the Pain Best Practice Guideline (BPG) developed by the Registered Nurses Association of Ontario (RNAO). “The RNAO has done a huge amount of work on these guidelines,” says Rosemary Kohr, a PhD-prepared nurse practitioner/clinical nurse specialist in Medicine Services. “And we had all identified that pain management was an area where we could, and should, look to improving the quality of life for our patients.”

Members of McCRU worked with clinical stakeholders to identify which parts of the Pain BPG to implement. An education package, posters, pain rating scales and education sessions were made available to all Medical Care in-patient staff. The project also included an evaluative component to test knowledge, attitudes and practices before and after the training.

The results of the project, presented at the Canadian Pain Society Conference in Edmonton in June, showed that implementing the Pain BPG increased nurses’ use of pain rating scales and increased the response time in changing orders to reflect the needs of patients for improved pain control.

Plans are underway for Phase 2 of the project, which will involve developing education for patients and their families around pain management. “Pain is a subjective, personal thing,” says Kohr. “Patients need to know that we are paying attention to what they have to say. Improving pain management is critical to providing excellent patient-centred care.”



Strategic Direction 2

Distinguish ourselves through integrated research, patient care and education.

STRATEGIC INITIATIVES:

1. Foster innovative approaches to translating and integrating research to patient care and education.
2. Create a successful and rewarding student experience.
3. Facilitate greater harmonization around the academic focus between Western, the teaching hospitals and the research institutes.
4. Strengthen and expand the infrastructure supporting clinical education and clinical research.

SUCCESS STORY:

Turning Tragedy into Hope

The Matthew Mailing Centre will expand the science of transplantation and translate new knowledge into patient care.

“He was a very caring person who worried more about other people than himself. He really connected with people.”

Carol Mailing is talking about her son Matthew, who died in 2003 at the age of 34 while undergoing a heart transplant at London Health Sciences Centre.

Matthew was a healthy and active 22-year-old - a former high school football player in training to be a police officer – when a doctor noticed his rapid heart rate during a

routine medical. He was diagnosed with mitral valve prolapse, and for many years his condition was regulated by medication. When he was 30 he began to suffer from heart failure and despite best efforts, became progressively more ill until a transplant was his only option.

Matthew truly connected with the dedicated health professionals who cared for him at London Health Sciences Centre. Without saying anything to his family, he decided to leave a third of his estate to the Multi-Organ Transplant Program. After his death, his parents and brother continued what he had started, making a gift of \$500,000 to create the Matthew Mailing Centre for Translational Transplant Studies. Says Carol: “We wanted to do something to help other people in Matthew’s name. If researchers discover something that helps transplant patients down the road, then his life will have had meaning.”

The Mailing Centre is a state-of-the-art research facility that will bring together investigators from across the city at a site close to the current transplantation patient care unit, and be home to the world’s most advanced microsurgery lab. “The Centre is poised to become an international leader in transplant research,” says Dr. William Wall, Director of the Multi-Organ Transplant Program. “Its focus is on accelerating the translation of transplant research to directly improve patient care.”

Despite remarkable advances in transplantation, there are many serious issues to resolve, including the effects of long-term immune suppression and the limited supply of donor organs. The solutions lie in research and education. Thanks to the generosity of a family touched by tragedy, there is new hope for transplant patients.



Strategic Direction 3

Be a progressive workplace that lives its vision, mission and values.

STRATEGIC INITIATIVES:

1. Develop leadership and leadership effectiveness, both as individuals and as teams.
2. Update and live our vision and values.
3. Establish the London hospitals as magnet academic health sciences centres.

SUCCESS STORY:

A Passion for Learning

LHSC supports Barb Watson and many others to grow professionally.

Barb Watson has never stopped going to school. Today, as Clinical Educator on LHSC's Acute Care for the Elderly and General Medicine Units, she has an opportunity to inspire others to continue learning.

After graduating with a BA from the University of Toronto, Watson became an RPN, and while working part-time at Parkwood and Victoria hospitals, completed the diploma nursing program at Fanshawe College. She was hired by LHSC on a full-time basis, and immediately started taking advantage of courses offered through the hospital. Four years ago, she went back to school to earn her BScN, and she is now doing her Masters.

"I love to learn," says Watson. "I am from Trinidad and my parents moved here for the sole purpose of education. They sacrificed a lot, and I think that is the main driver for all my brothers and sisters to pursue education."

It helped that throughout her years of formal education, she received strong support from her supervisors at the hospital. "Everyone tried to make it as easy as possible for me," she says. "They allowed me to take whatever shifts I could manage, and still raise my family and go to school."

Watson's academic credentials give her theoretical knowledge to complement her practical experience, more credibility with fellow professionals, and more confidence to demonstrate leadership.

As a Clinical Educator, she helps orient new nurses, and introduces new information and skills to all staff. She urges nurses to pursue the learning opportunities available to them, whether it's conferences and workshops or formal education through colleges and universities. "I tell them to ask about going to conferences, and I talk about the hospital's nursing education fund. In the nursing profession, you should always be learning."



Strategic Direction 4

Together with our community and partners, strengthen our role in the evolving integrated health care system.

STRATEGIC INITIATIVES:

1. Strengthen and clarify LHSC's role and identity.
2. Realise an integrated hospital system in London in partnership with St. Joseph's Health Care, London.
3. Work in partnership with the foundations to realize their goals in support of our programs.
4. Continue to collaborate with our community and regional partners in the integration of health systems beyond the London hospitals and in the evolution of the Local Health Integration Networks.
5. Proactively engage in the Ministry of Health and Long-Term Care's Transformation Plan.

SUCCESS STORY:

Partners for Life

LHSC works closely with the Community Care Access Centre to deliver better care and reduce pressures on the hospital.

Bernice McKinlay has Chronic Obstructive Pulmonary Disease (COPD), a progressive lung disease that makes breathing difficult. Recently her breathing got worse and she was hospitalized for 10 days.

Fortunately for McKinlay, she was put in touch with the Advanced Home Care Team (AHCT), an innovative partnership between LHSC, the London Inter-Community Health Centre, and the Community Care

Access Centre of London and Middlesex (CCACLM). The ACHT, a multidisciplinary team of nurse practitioners, doctors and other healthcare professionals, is designed to care for people with short-term acute or complex illness who might otherwise have to be hospitalized. Now Bernice can get the care she needs at home, where she is more comfortable.

The AHCT is just one example of a growing number of partnerships between LHSC and the CCACLM to provide patients with the right care in the right place. Other projects include in-home rehabilitation to allow for early discharge of patients who have had joint replacement surgery, CCACLM case management in the Emergency Departments to avoid hospitalizations and repeat visits, a collaborative end-of-life service model, a project to provide extra home support for patients on peritoneal dialysis, and a joint wound care education program.

Already, the joint projects have produced significant and measurable impacts, including a reduction in the length of stay for joint replacement patients, an increase in the number of patients using PD, and a reduction in hospitalizations and repeat visits in the EDs. To formalize the already very successful relationship, LHSC recently signed a Shared Accountability Agreement with the CCACLM, committing both partners to work collaboratively to provide coordinated, appropriate and timely care.

“Any hospital in the province might have two or three similar projects,” says Sandra Coleman, Executive Director of the CCACLM, “but with LHSC it’s the combined effect of so many initiatives. The hospital has welcomed this wholeheartedly, and they treat us as equal partners. It’s a truly collaborative partnership.”



Strategic Direction 5

Complete restructuring/renewal directives.

STRATEGIC INITIATIVES:

1. Complete Milestone 1.
2. Complete Milestones 2 and 3.
3. Reconcile gaps from restructuring opportunities and constraints.

SUCCESS STORY:

A Shared Passion for Family-Centred Care

London Health Sciences Centre's Maternal Newborn Care Program prepares to welcome colleagues from St. Joseph's Health Care, London.

Chocolate, it turns out, is a great way to bring health professionals together.

Six years ago, the staff at St. Joseph's Health Care, London Obstetrics and Newborn Health Program was interested in learning more about the concept of family-centred care. A group of them signed up for a conference in Hershey, Pennsylvania, known as "the sweetest place on earth."

Unbeknownst to them, nurses at LHSC's Maternal Newborn Care Program were thinking the same way and had chosen the same program. They met in London airport and spent time together during the

conference, which featured lots of delicious chocolate. Knowing that the two programs would eventually be merged through restructuring, the group decided to form a city-wide council to focus on implementing family-centred care.

Representatives from the two hospitals have been meeting regularly ever since. The Council is co-chaired by people from each hospital. The group planned a major conference for January 2001, and followed up with another in 2004.

Family-centred care has had an impact on both programs, leading to the introduction of new policies and procedures, a resource room for parents, Care-by-Parent rooms, cots for partners in hospital rooms, parents-supporting-parents groups, and the inclusion of parents on program councils. It has also driven design for the new facilities, which will open in 2009.

Just as important, working with a shared focus has helped to bring the two programs together. "The staffs have gotten to know one another," says Val Rousom, NICU Director, St. Joseph's. "We feel pretty comfortable bringing our ideas to the table, and know that we can work through issues. We're quite happy to write policies together and put two logos on them."

Adds Kathy Wodrich, Co-ordinator, Birthing Centre, LHSC: "It's all about working together, understanding each other's cultures, and taking the best from both."



Strategic Direction 6

Establish priorities and align the pursuit and allocation of resources with priorities.

STRATEGIC INITIATIVES:

1. Develop and implement a rational and transparent allocation process for human, financial and capital resources.
2. Foster an environment that promotes the appropriate and efficient use of resources.
3. Ensure fiscally responsible and accountable care and service delivery.
4. Balance our plans with appropriate infrastructure investment.

SUCCESS STORY:

Investing Wisely

The Health Technology Assessment Group assesses new drugs and other technologies.

“People assume that ‘new’ equals ‘better,’ but that’s not always the case. Sometimes a new drug is better on one dimension, but if you look at all dimensions, the balance may shift.”

Dr. Janet Martin, Coordinator of Pharmacy Services, is talking about the work of the hospital’s Health Technology Assessment Group (HTAG). Its mandate is to review the evidence relating to new drugs and determine whether they should be used in the hospital.

New drugs almost always cost more than established ones, and each one is touted as offering unique benefits. But as Martin points out, the hospital operates with a fixed budget. “We have to be sure we’re extracting the most benefit possible from the finite resources at our disposal.”

HTAG keeps an eye on upcoming drugs and also responds to review requests from clinicians and other hospital leaders. The group looks at all available evidence about each new drug, doing comprehensive literature searches in a wide range of databases, then compares the benefits and risks of the new product to the existing drug or procedure. “We’re looking for tangible clinical outcomes that really matter,” says Martin. “We’re also looking at the magnitude of the benefit.” If, for example, the beneficial effects of a new drug are seen in one in 100 patients, but the additional costs are high, it may not be worthwhile to introduce the drug.”

There are so many new drugs coming on the market HTAG can’t keep up with the demand for its service. Drugs with the potential to save or prolong lives are studied first.

Martin admits that some people have difficulty with the idea of limited resources for health care. “We would like to presume that health is priceless, but in reality, as soon as we commit our resources to one decision, we can’t commit them to another. And we can’t afford not to get all the benefits possible within our budget. We must be good stewards of our limited resources.”

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