Influenza Policy and Immunization Update
As of November 10, 2014, the LHSC Immunization participation rate for staff and physicians is currently at almost 60% and 62% respectively.

There has been a strong start to LHSC’s influenza immunization campaign and we expect immunization rates will continue to climb in advance of this year’s flu policy effective date of Dec. 1, 2014, after which all non-vaccinated staff and physicians will be required to wear a procedure mask in patient care areas such as clinical units, ambulatory care areas, and defined patient waiting areas.

Additionally, non-vaccinated visitors, patients attending ambulatory clinics and inpatients leaving their room will also be asked to wear a procedure mask. Masks will not need to be worn in places such as hallways, elevators, cafeterias, or the Tim Horton’s line-up. Proof of vaccination will not be required for our patients or visitors.

As usual, immunization clinics will be rotating throughout Victoria Hospital and University Hospital over the next two weeks to make vaccination as convenient as possible for staff and physicians.

Accreditation Canada Visit November 3-7, 2014
Earlier this month, LHSC hosted six surveyors from Accreditation Canada who toured our facilities and spoke to staff, leaders, physicians, students and patients. The Accreditation process provides LHSC with an opportunity to showcase the work that has been done to improve the quality and safety of care we provide to our patients and the level of engagement of staff and physicians at all levels across the organization with respect to LHSC’s commitment to patients.

All Accreditation teams worked tirelessly to prepare their staff and patients to speak to the surveyors. Feedback from the teams indicated that they had felt prepared to respond to the questions and show the surveyors how LHSC meets compliance with the Standards of Excellence and the Required Organizational Practices. The preliminary report was received, identifying that LHSC has met 2950 criteria (98% met) across four sites as well as 27 priority processes.

LHSC will review the report and provide feedback for Accreditation Canada. We expect to receive our final report and award by the end of the month.
**Ebola Preparedness**

As was reported at the October 29, 2014 Board meeting, LHSC has been designated one of 11 hospitals in the province as an Ebola Virus Disease referral centre. Substantial focus and resource prioritization was placed on responding to Ministry of Health (MOH) directive on Ebola Virus Disease received October 17 and further revisions to that directive made on October 30. The Ebola directive aligned well with the preparations of the Infection Prevention and Control team at London Health Sciences Centre.

As a result the organization was well prepared to respond. In keeping with the directive, an extensive training campaign was launched to train staff and physicians in high risk areas (emergency departments, critical care units, and obstetrics) on personal protection equipment (PPE) when caring for a suspect case. In the emergency departments, ambulatory care clinics and on admission, patients continue to be actively screened for travel history and fever while passive screening notices are set up at all public entrances. Locally the hospital continues to work with the MOH, the LHIN, Public Health and Emergency Management Service Providers on readiness planning in the event an Ebola case is suspected or confirmed in London and area.

On November 7, the Ministry of Health and Long-Term Care issued a new directive specific to paramedic services land and air ambulance and first responders. Although it is not intended for acute care hospitals, LHSC is actively engaged in a working group along with EMS to ensure clear and common understanding of process and seamless transitions in the event of suspected or confirmed ebola cases it will directly affect LHSC.

As of November 13, new electronic travel screening was implemented into the electronic health record.

Critical care units and Emergency Departments continue to prepare for receiving a suspect or confirmed Ebola case. Preparation includes readiness of negative pressure rooms as well as further training for critical care staff and physicians. In the event a case arrives at LHSC, care would be provided in critical care units in accordance with Ministry of Health Directives. Processes of care have been developed with Infectious Disease specialists.

**Institute of Healthcare Improvement (IHI) Annual Meeting**

For the second year, twenty-nine poster presentations from LHSC featuring Continuous Quality Improvement (CQI) initiatives were accepted for the Institute of Healthcare Improvement’s Annual Forum in Orlando, Florida scheduled for December 7 -11, 2014. Topics of the posters submitted range from a Bed Exit Alarm Education Strategy to reduce the incidence of patient falls, Ensuring Staff and Patient Safety through Standardizing a Drug Diversion Policy, to Improving Quality of Breast Cancer Care: the Impact of a Pathology Initiative. The CQI initiative at LHSC fosters innovative quality and patient-centred care improvement projects, increasing evidence-based practice throughout the organization. By identifying areas where processes could be improved, simple solutions are yielding tremendous benefits for both staff and patients.

Sam Hassan, Chair, Quality & Performance Monitoring Committee, and Ruthe Anne Conyngham, Chair, Board of Directors attended a recent gathering to highlight the posters. A
draw was held to choose four CQI participants to attend the IHI conference, through funding received by the London Health Sciences Foundation.

These front line staff members who attend the conference will present a summary of their learning experiences to the Quality & Performance Monitoring Committee in 2015.

**Commitment to Improving Patient Experience**

There are many initiatives ongoing across the hospital to improve the experience of patients while at LHSC. One example includes Patient Experience workshops. These workshops are facilitated by the leaders of a department together with the Senior Patient Experience Specialist and include the participation of former patients of LHSC or their family members. The former patients share their experiences with employees. Each group then discusses the actions which are performed daily in their jobs that promote patient centred care and things that could be done differently to improve the experience for the patient.

**Financial Results**

At the Finance and Audit Committee the Hospital’s year-to-date financial performance in what is a challenging environment was discussed in detail. As part of ongoing performance tracking, a series of budget meetings have been held with the objective of ensuring that LHSC achieves its targeted budget position, including maintenance of a healthy working capital position.

Looking forward at 2015/16 budget development, there is increasing recognition of the importance of ensuring that budget planning enables implementation of the clinical strategy, meaning that traditional approaches will not work. It will be particularly important that sufficient flexibility be provided as we approach budget planning for 2015/16 to minimize the need for across the board cuts and instead focus on fundamentally changing the way we deliver services. By examining our service delivery from a systems and process perspective, it is clear that we can achieve further improvements by engaging all parties in change; ensuring that all parties in the system have clearly defined roles and expectations; and establishing a shared accountability for delivering a high quality, safe and effective system.

Over the course of the next few months, a range of initiatives to further these goals will be developed and presented as part of our budget planning.

---

**EXEMPLARY COMMUNITY PARTNERSHIPS**

**Fundraising Update**

Fundraising is an important component at LHSC, enabling advanced care and driving health care innovation that would not otherwise be possible. In fact, this is why hospital Foundations exists in communities all across Canada.

LHSC is supported directly by two fundraising organizations. Please find below a brief update on each Foundation’s activities from the last month.
London Health Sciences Foundation raises funds for priorities including equipment, research/fellowships, education and patient care needs (patient assistance funds).

Some of the ongoing initiatives over the past month include:

- Facilitating ‘meet and greet’ forums for the volunteer campaign cabinets, allowing Co-Chairs to provide opportunities to build stronger relationships and to inspire support for programs at LHSC. These sessions have enabled leaders and physicians to provide their vision for their programs and explain how philanthropy support plays a crucial role.
- The Women’s Care Campaign Cabinet was hosted for the second time on October 15th at Mein Street and was moderated by Dr. Jeff Nisker. Dr. Maggie Rebel provided her vision for the program followed by Dr. Rob Gratton, Dr. Barry MacMillan, and Dr. Akira Sugimoto. It also included a patient who talked about her care and the benefits of minimally invasive gynaecologic surgery.
- The Mental Health Campaign Cabinet met on November 10th at Idlewyld Inn and was co-chaired by Paul and Barb Hebert. Mr. and Mrs. Hebert announced a $100,000 gift to the Campaign.
- On November 10th, 2014 a gift announcement was made at the Parkwood Institute by Great West for $600,000 in support of Mental Health Services across the city. The gift was divided between three foundations (St. Joseph’s $300K, LHSF $150K, CHF $150K)
- Fall Dream Lottery which launched on October 3, 2014, has sold over 78% of tickets as of November 12, 2014.

Children’s Health Foundation is dedicated to raising and granting funds to support Children’s Hospital at London Health Sciences Centre, Thames Valley Children’s Centre and Children’s Health Research Institute.

Some of the ongoing initiatives over the past month include:

- One million dollar pledge over five years was received and targeted to neuromuscular research and paediatric epilepsy research and clinical care.
- Another one million dollar pledge to be received over 5 years will support highest priority needs at Children’s Hospital.
- Revenues to be realized this fiscal year from the CP Women’s Open now total over $1.3 million and are targeted to Paediatric Cardiology.
- The 25th Holiday Home Tour in support of Thames Valley Children’s Centre was held November 7th through 9th. Those who took part in the tour enjoyed festively decorated homes while helping to raise money and awareness for TVCC.

HEALTHCARE REGIONAL UPDATES

Health System Funding Transformation

Since the recent hospital funding announcement for 2014/15 committee work on Health System Funding Transformation (HSFT) has been put on hold. The Deputy Minister has called for a group of external stakeholders to come together and review HSFT to provide the Ministry with advice on what is working, and what needs to be corrected. This meeting has been scheduled for
November 25, 2014. LHSC will have representatives at the table. The group will be asked to review three HSFT themes:

- Design
- Implementation
- Moving Forward

The Ministry is still aiming to have funding announcements for 2015/16 released prior to the start of the next fiscal year. This short timeline will limit the range of changes that could be made over the next couple of months. Recommendations from this meeting will be the fields' one chance to shape how HSFT is implemented and to deal with a number of flaws built into the current approach.

OHA has taken the lead in developing a discussion paper on key issues that need to be considered and LHSC may also provide more direct feedback on matters most significant to this organization.

**Recommendations to Improve Patient Care at Home and in the Community**

The Ontario Association of Community Care Access Centres (OACCAC) is calling for changes to improve patient care and make greater use of the CCACs’ ability to increase patient access, provide safe, high-quality care and deliver better value for public dollars.

Member organizations of the OACCAC provided home and community care to 700,000 patients in 2013/2014. The OACCAC has put forward a case for change in a white paper called *Making Way for Change: Transforming Home and Community Care for Ontarians*, which was released late in October. The white paper can be found at the following link: [http://healthcareathome.ca/southwest/en/news/Documents/OACCAC-Whitepaper-FINAL.pdf](http://healthcareathome.ca/southwest/en/news/Documents/OACCAC-Whitepaper-FINAL.pdf)

The number of people cared for through CCACs has increased 101 per cent since 2003/2004, and the number of patients with high needs and requirements for long-term support has grown 73 per cent since 2009/2010.

To better meet the diverse and evolving needs of Ontario patients and caregivers, OACCAC’s white paper recommends changes to create a more flexible and streamlined system of home and community care supported by up-to-date laws, and with regional funding better allocated and aligned to local patient care needs.

The recommendations in *Making Way for Change* call for action in four areas:

- Create flexible, adaptable home-care service models that recognize and respond to the unique needs of patients
- Stabilize sector funding to ensure more equitable, evidence-based and predictable funding decisions that support better patient care
- Strengthen province-wide and regional health system capacity planning and ensure that future home and community care needs are built into long-term planning
- Introduce a modern, patient-centred legislative framework for home and community care

London Health Sciences Centre is in support of these recommendations and is in keeping with current direction of initiatives underway in Partnering with Transformation. Working with
community partners including Community Care Access, we are creating models of care that bridge transitions from hospital to community particularly with chronic disease and special needs patient populations. Recommendations outlined in the white paper further strengthen our ability to work with CCAC to accomplish the goal towards seamless care closest to home.

**Update on Bill 18 Stronger Workplaces for a Stronger Economy Act**

Bill 18, the Stronger Workplaces for a Stronger Economy Act, 2014, will amend five different labour and employment-related statutes in Ontario, including the Occupational Health and Safety Act (OHSA); the Workplace Safety and Insurance Act (WSIA); and the Employment Standards Act (ESA). This bill passed its third reading early in November, the final stage before a bill receives Royal Assent and becomes law. It is estimated that Royal Assent will likely occur before the year’s end.

Generally, the proposed amendments are intended to protect and increase fairness for certain workers, including temporary agency employees as well as students and unpaid learners. The Bill would amend the definition of “worker” under OHSA to include high school and post-secondary students on unpaid co-ops and persons receiving training under the ESA.

Through future regulation, the Bill would also allow the injury costs of temporary help agency employees under the WSIA to be transferred to client employers. This portion of the Bill was extensively revised during the legislative committee process as the original Bill included a mechanism whereby these injury costs would be automatically transferred to client employers in all circumstances.

The OHA has been engaged with senior government officials during the course of the legislative process, sharing member feedback in regards to Bill 18. The OHA provided the following update on their outreach efforts to member hospitals:

“*This outreach included meetings with senior advisors to the Hon. Kevin Flynn, Minister of Labour for the province, as well as discussions with advisors to the Minister of Health and Long-Term Care; the Minister of Training, Colleges and Universities; and staff to the Premier of Ontario. The OHA also provided a written submission and appeared before the Standing Committee on General Government to present its recommendations for amendments on the Bill.*

We are pleased to note that key amendments to Bill 18 were made during the legislative committee process. Specifically, the originally proposed automatic transfer of costs under the WSIA was replaced with a more flexible mechanism to be determined in future regulations. This is consistent with feedback provided by a number of OHA members during the extensive member consultations held last winter.

**Next Steps as recommended by the Ontario Hospital Association**

Hospitals should review the amendments and ensure that the new requirements for workers are met as there are some requirements that will need to be met upon Royal Assent. These include:
• Ensuring that students and trainees receive occupational health and safety training as required for a “worker” (immediately upon Royal Assent);
• Ensuring proper documentation for temporary agency workers as required under the ESA (comes into force in 1 year after Royal Assent); and
• Providing the ESA posters to employees (in force in 6 months after Royal Assent).
• The OHA will continue to work with the Ministry of Labour and the Workplace Safety and Insurance Board on any regulations that may be proposed in relation to temporary help agency workers. We will update members as new information becomes available.

LHSC is pleased to see the proposed changes to WSIA. LHSC is reviewing all the implications and will implement necessary changes. Of particular concern is the issue of risk and liability related to students and learners within the organization. We will need a full review of the current situation, particularly within Lawson, to understand the financial and legal obligations of the legislation.

Update on Bill 8 – Public Sector and MPP Accountability and Transparency Act
The act, which began its second reading debate on October 29, would, if passed, allow the government to take a principle-based, long-term approach to reform executive compensation. If the bill passes second reading, the government plans to bring forward an amendment that would add other broader public sector organizations such as Ornge, LHINs, eHealth, Metrolinx, Ontario Lottery Gaming (OLG) and Liquor Control Board of Ontario (LCBO) to the list of employers already set out under the proposed legislation.

The Ontario Government indicates that the proposed legislation would provide clarity and consistency across the public sector and broader public sector by authorizing the collection of compensation information and creating sector-specific frameworks, including hard caps. The frameworks would be developed in consultation with affected ministries and designated employers, and would establish appropriate and reasonable approaches that would include a range of public sector comparators and building in sector-specific considerations. Heads of organizations would be required to attest to compliance and could be subject to penalties if they do not comply with the frameworks.

Managing public sector compensation costs is part of the government’s economic plan for Ontario. The four part plan is building Ontario up by investing in people’s talents and skills, building new public infrastructure like roads and transit, creating dynamic, supportive environment where business thrives, and building a secure savings plan so everyone can afford to retire.

Bill 21, Safeguarding Health Care Integrity Act, 2014
Currently under debate during second reading, Bill 21 looks to protect the current model of voluntary donations for blood and plasma. It would prohibit payments to individuals for their blood and plasma, including reimbursement of expenses or other forms of compensation. The proposed act would also respond to a key recommendation made by Dr. Jake Thiessen’s review of Ontario’s cancer drug supply system – a review which LHSC fully supports. This legislation would strengthen the safety of drugs provided to patients in the province’s hospitals and expand the oversight of regulated health professionals in Ontario by:
Allowing for the inspection and licensing of hospital pharmacies by the Ontario College of Pharmacists.

Enabling health regulatory colleges to share more information with hospitals and public health authorities.

Expanding mandatory reporting requirements to help colleges identify and respond more effectively to issues regarding a health professional's practice.

**Bill 29, Medicine Amendment Act**

Late in October, Bill 29 completed its first reading. The Health Professions Procedural Code requires the College of Physicians and Surgeons of Ontario to maintain a public register of its members containing certain information. The Bill amends the Medicine Act, 1991, to provide that the register must also include information about complaints, cautions and civil actions or proceedings against a member, as well as information about deaths occurring in patients under the member’s care. The register would also include comparable information from other jurisdictions in which a member practised.

**Bill 27, Provincial Framework and Action Plan concerning Vector-Borne and Zoonotic Diseases Act, 2014**

On October 20, 2014, Bill 27 completed its first reading. The Act requires the Minister of Health and Long-Term Care to develop a provincial framework and action plan that establishes a provincial surveillance program, standardized educational materials and guidelines regarding the prevention, identification, treatment and management of vector-borne and zoonotic diseases. The framework and action plan must also promote research in connection with vector-borne and zoonotic diseases.

For the purposes of the Act, vector-borne and zoonotic diseases are infectious diseases whose transmission involves animal hosts or vectors, such as Severe Acute Respiratory Syndrome (SARS), West Nile virus illness, Lyme Disease and Ebola virus disease.

**LHSC IN THE NEWS**

There were 79 media stories that referenced London Health Sciences Centre from October 15 to November 11, 2014. There were 49 positive, 30 neutral, and 0 negative stories. There were 4 media releases, 2 media advisories and 19 web features posted on the public website.

Notable coverage over the last month included:

1. With Ebola dominating national media coverage, regional media focused on the ten hospitals in Ontario designated as Ebola virus disease referral hospitals. Several interviews and updates were given on LHSC’s Ebola preparedness, neutral in tone.

2. The London Free Press published a positive update on the patient flow between Emergency Department and mental health care at Victoria Hospital, “Hiring more nurses stems safety risk”
3. CTV News *broadcasted positive coverage* of LHSC physicians leading the use of portable ultrasound machines at the patient’s bedside, including LHSC’s Dr. Robert Arntfield’s new book entitled “Point-of-Care Ultrasound.”

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.