

**PRESIDENT AND CEO  
REPORT TO THE BOARD AND COMMUNITY  
SEPTEMBER 2016**

**PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT**

***OUTREACH GENETIC PROGRAM WINDSOR MOVING IN 2017***

The Genetics clinic provides adult and paediatric genetic counseling services to area residents each year. This counseling is highly valued by those it serves in the community and services include monthly genetics clinics staffed by a doctor from the Children's Hospital, London Health Sciences Centre. As part of the services, a local Public Health Nurse provides and prepares full family histories and counseling in preparation for the monthly clinics.

These clinics are currently held at Windsor-Essex County Health Unit however, due to space limitations at the Health Unit, this clinic will need to relocate to another location that is suitable for the program's needs. Physicians will continue to see patients in the interim as the team searches for available and appropriate space in the region. It is currently expected that a move will occur prior to March 31, 2017.

***NEW SAFETY CODE APPROVED***

The Ontario Hospital Association's addition of "Code Silver" to the list of standardized Emergency Preparedness Colour Codes is the result of collaboration with the Ministry of Labour's Occupational Health and Safety Advisory Committee to enhance security and safety in hospitals. **Code Silver is designed to alert staff of the existence of a person on the premises who poses a potential threat to staff, patients or visitors (ex. with a weapon).**

By standardizing the use of "Silver" as the designated colour for a person posing an active potential threat, the OHA aims to promote consistency of language, application, and approach to the management of these types of incidents.

The current LHSC Active Threat procedure was written with the consideration there would be a future provincial standardization to Code Silver. The new OHA Code Silver aligns closely with LHSC's procedure; however some revisions to LHSC's existing process are required and will be implemented this fall.

***THE 2016 PRESIDENT'S AWARDS NOMINATION DEADLINE OCTOBER 12, 2016***

The deadline to submit a nomination for the President's Awards is fast approaching! All staff and physicians are invited to nominate their colleagues to recognize the exceptional work that they do. This awards program is open to all staff, physicians, and volunteers at LHSC, Lawson Health Research Institute, London Health Sciences Foundation, and Children's Health Foundation.

The 2016 President's Awards Ceremony will be held on Friday, December. 9. All staff, physicians and community members are also welcome to attend to recognize nominees and award recipients.

Details for each award category, the nomination process, and tips and hints for completing a President's Award submission can be found on the [President's Awards website](#).

### **REGISTRATION IS NOW OPEN FOR LHSC'S PATIENT SAFETY CONFERENCE**

To kick-off this year's Canadian Patient Safety Week, LHSC is hosting a special Patient Safety Conference on Monday, October 24 in the Sumner Auditorium at Victoria Hospital. This free, full-day learning event is open to all staff and physicians – don't miss your chance to [register](#)!

Entitled, "Speak Up for Patient Safety", the conference will feature presentations from noted experts in the field of patient safety including:

- [Dr. Amir Ginzburg](#) – Physician Partnership: Mission Critical
- [Dr. Chris Hayes](#) – High Reliability Organizations
- [Rachel Gilbert](#) – Impact of Human Factors on Patient Safety

In addition to these informative lectures, there will be a panel presentation on the chemotherapy under-dosing incident, and staff will also have the opportunity to participate in a poster presentation series.

Attendees can expect to:

- Deepen their understanding of the critical role of physicians in patient safety
- Identify opportunities for increased physician engagement in quality and safety
- Describe how patients and families may play a role in the management of critical events
- Understand human factors and the relationship to patient safety
- Move beyond blame to systems thinking

Registration for this event closes Oct. 10 and attendance will be confirmed on a first-come, first-served basis.

### **ADVANCING QUALITY AND PATIENT EXPERIENCE AT LHSC**

On September 15, 2016 the first of several summits, entitled "Advancing Quality and Patient Experience at LHSC ~ A Consensus Summit" was held. This first summit engaged key physicians and physician leaders. This four hour session had three specific objectives. First, to gain consensus on the definitions of *Quality* and *Patient Experience* and what it means to LHSC. Secondly, to identify the infrastructure and resources required to achieve our desired future state. Lastly, to describe the short, medium and long term commitments of physicians, in partnership with administration that will advance our collective vision for quality and patient experience at LHSC. This first physician summit achieved each of its objectives. Additional consensus summits will provide feedback from other key stakeholder groups including leaders, nursing, health disciplines, patients and families. All summits will be completed by mid October, affirming our LHSC definitions of *Quality* and *Patient Experience*.

**CHANGES TO UNIVERSITY HOSPITAL SMOKE-FREE BOUNDARY UNDER WESTERN'S NEW "CLEAN AIR CORRIDOR"**

Since beginning the process to become a smoke-free facility, LHSC's Facilities Management team has been working in collaboration with Western University on the approach to implementation at University Hospital, given the shared property boundaries.

Recently, Western notified LHSC that, as of Sept. 6, the university has implemented a new "Clear-Air Corridor" (a smoke-free zone) extending south of LHSC's UH smoke-free boundary. This is one of several Clear-Air Corridors that have been created on Western's campus as the university moves towards a smoke-free environment in the future.

For smokers at University Hospital, this new smoke-free zone means they will have to move towards Western Rd. or Windermere Rd. to smoke, in compliance with the Smoke-Free Ontario Act that prohibits smoking on hospital property. Please see the detailed [UH smoke-free boundary](#) map that now includes Western's new Clear-Air Corridor. In addition to posted signs, there are now blue lines on the Western sidewalk to indicate the boundaries of their smoke-free zone. Western will have additional security personnel patrolling the new Clear-Air Corridor. In addition, there will be a new "No Trespassing Area" created around the West Valley Building, located on the south west side of the UH border. If you have questions or comments about smoking on campus at Western please e-mail [cleartheair@uwo.ca](mailto:cleartheair@uwo.ca).

**EXEMPLARY COMMUNITY PARTNERSHIPS****REACH OUT -- ONE NUMBER --ONE PHONE CALL. A TEAM OF PROFESSIONALS**

As reported in July by Canadian Mental Health Association, Reach Out is a new 24/7 crisis and support line for those living in London, Middlesex, Oxford and Elgin counties. This service began on August 23, 2016 and is for people living with addictions and mental health needs – as well as their families, caregivers and health care providers.

Their contact number is 519-433-2023. The toll free number is 1-866-933-2023. The website is [www.reachout247.ca](http://www.reachout247.ca).

The development of Reach Out is motivated by best practices and the desire to provide individuals with addiction concerns and mental health needs with timely, seamless access to appropriate services. These will include supports such as crisis service, supportive listening or arranging appointments with mental health or addictions professionals.

Reach Out is a partnership project of Addiction Services of Thames Valley and the Canadian Mental Health Associations of London, Middlesex, Elgin and Oxford and is funded by the South West Local Health Integration Network (SW LHIN).

**RISK OF STROKE PUBLIC SERVICE ANNOUNCEMENTS**

Together with partners and funding support from the Local Health Integration Network (LHIN), the Southwestern Ontario Stroke Network (SWOSN) developed and released public service videos reinforcing the importance of calling 911 when signs of stroke emerge.

<https://www.youtube.com/watch?v=4oDttQg9N-Q&feature=youtu.be>

Stroke patients and people at risk of stroke achieve the best outcomes when treated by practitioners with stroke expertise and experience. By calling 911, residents of the South West LHIN who experience a stroke will be assessed by paramedics and taken to a stroke centre to receive specialized care.

**SUCCESSFUL INITIATIVE TOWARDS THE RIGHT CARE IN THE RIGHT PLACE**

The Critical Care Team at University Hospital partnered with Participation House in Stratford to successfully transition a long term ventilation patient to permanent supportive housing to meet the patient's complex care needs. Collaboration between the two organizations helped to support the patient with a customized approach to transition to community care. The patient was initially reluctant to consider community supported housing instead electing for long stay admission in hospital. Creative ideas were developed to help inform choices such as a tour of Participation House in London, virtual tour of Participation House in Stratford as well as staff from Participation House in Stratford coming to London to meet the patient and with focused discussion on care needs and concerns. Upon meeting staff from Stratford, the patient agreed to the placement and has been pleased with the decision. Training and transition planning has begun with Participation House supported by LHSC with move day planned for October 2<sup>nd</sup>. Given the uniqueness of this situation, contractual learning agreements between LHSC and Participation House were developed in conjunction with Risk Management. This case highlights opportunity for complex care transitions from hospital with community partners.

**SOUTHWESTERN ACADEMIC HEALTH NETWORK UPDATE**

The SouthWestern Academic Health Network (SWAHN) is committed to positively transforming health outcomes and the delivery of healthcare in Southwestern Ontario through integrated excellence in research, education and clinical practice.

We bring together professionals, educators and researchers across all health disciplines, including participants in universities, hospitals, research organizations, healthcare delivery organizations, clinicians, and Local Health Integration Networks to achieve extensive, sustainable and evidence-based health outcomes for communities and residents of Southwestern Ontario.

Please find the September update appended to this report. (Appendix 1)

**HEALTHCARE SYSTEM/REGIONAL UPDATES****INSTITUTE FOR HEALTH CARE IMPROVEMENT – ACHIEVING HEALTH EQUITY WHITE PAPER**

This white paper provides guidance, targeted at the US health system specifically, on how health care organizations can reduce health disparities related to racial or ethnic group; religion;

socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

The framework is a continuation of IHI's work, which began in 2007, on the Triple Aim: improve the individual experience of care, improve the health of populations, and reduce the per capita costs of care for populations. Health equity is not a fourth aim, but rather an element of all three components of the Triple Aim. The Triple Aim will not be achieved until it is achieved for all. Significant disparities in life expectancy and other health outcomes persist across the United States. Health care has a significant role to play in achieving health equity. While health care organizations alone do not have the power to improve all of the multiple determinants of health for all of society, they do have the power to address disparities directly at the point of care, and to impact many of the determinants that create these disparities, and to engage with community and health system partners to work toward elimination of inequities, much as LHSC is doing through various collaborative bodies.

This white paper provides guidance on how health care organizations can reduce health disparities related to racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

The IHI White Paper includes:

- A framework, with five key components, for health care organizations to improve health equity in the communities they serve
- Guidance for measuring health equity
- A case study of one health care organization that has strategically integrated work to improve health equity throughout their system
- A self-assessment tool for health care organizations to gauge their current focus on and efforts to improve health equity

To read the entire white paper, it can be found at the following link:

<http://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>

### **PROVINCIAL HOSPITAL INFORMATION SYSTEM (HIS) STRATEGY**

The Province has announced a strategy that encourages hospitals to share instances of HIS's where appropriate.

The key objectives of this direction are to reduce the number of instances of HIS installations, to share patient information more effectively, to standardize practices and to improve patient safety, quality and experience.

This could result in regional hospitals in South West Ontario joining LHSC's instance of Cerner going forward.

**BROADER PUBLIC SECTOR COMPENSATION**

The Ontario Government announced an Executive Compensation Framework on September 6, 2016 which applies to broader public sector employers in the province, including hospitals.

The regulation will require each hospital board to establish executive compensation programs within certain limits. The framework includes salary caps for total cash compensation, limitations on the nature of benefits and perquisites, a transition strategy, a compliance deadline and the need for transparency via public consultation to provide a reasonable opportunity for public comment.

The OHA is currently reviewing the regulation in more detail and will be developing further analysis for members. LHSC will continue to work with the Ministry and OHA to develop a framework to ensure we are in compliance with the new regulation.

To read the ministry's backgrounder on the new regulation, please click [here](#).

**Bill 210, PATIENTS FIRST ACT, 2016**

Bill 210 aims to amend various Acts in the interest of patient-centred care. As currently written, Ontario hospitals have significant concerns with Bill 210 and its impact on ensuring there is continued access to high-quality care in Ontario communities. Of particular concern are provisions providing the Minister of Health and Long Term Care and the Local Health Integration Networks (LHINs) with the authority to issue directives to hospitals.

LHINs will be provided the authority to issue directives relating to any aspect of hospital operations and management, meaning hospitals could be directed to make cuts to key programs and services that are strongly needed and relied upon by the community. Such directives may go against the express wishes of the community as voiced by the hospital board.

Additionally, hospitals could be directed to provide services that conflict with their mission or mandate. For example, an academic hospital could be directed to allocate a certain percentage of its funds for clinical care rather than research, jeopardizing its ability to fulfill its research mandate.

Hospitals are self-governed by local boards that are representative of the communities they serve, making hospitals accountable to their communities and giving the community a say in how a hospital operates.

Even if the government's intent behind Bill 210 is not to diminish the role of hospitals boards, the current framework reserves the right to override them in the future. As such, the OHA has been in regular dialogue with the Ministry of Health and Long Term Care over the past several months and will continue to work to address these concerns.

## LHSC IN THE NEWS

### SUMMARY

- **19** stories were posted on the LHSC public website
- **58** media stories referenced LHSC (45 positive, 13 neutral)

### HIGHLIGHTS

**1. LHSC's trauma program reminds Pokemon Go players about dangers of distraction**

In time with the explosion in popularity of the new Pokemon Go mobile video game, the Trauma Program at LHSC created a short video highlighting the dangers of distracted walking or driving. Positive coverage from [CTV London](#).

**2. Children's Musical Therapy**

At each stop of the Canadian Country Music Awards, the Bamford Foundation finds a hospital to donate to, and London Health Sciences Centre was recently chosen as the recipient of \$10,000 for the 3rd time in 9 years. Gord Bamford presented the check and entertained patients at the Children's hospital, LHSC. [Country Singer Donates to Children's Musical Therapy.](#)

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.