

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

**PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT**

**CHILDHOOD CANCER AWARENESS MONTH-SEPTEMBER**

On Monday September 19, 2016 Hematology/Oncology, Children's Hospital and the Pediatric Oncology Group of Ontario (POGO) held a joint open house. The event celebrated Childhood Cancer Awareness Month and the fantastic partnership between Children's Hospital and POGO. The groundbreaking work that is being done to support the care and quality of life for children with cancer and their families was showcased through poster presentations, speeches by Drs. Paul Gibson and Mark Greenberg, and a family presentation about their lived experience. Attendance was excellent, with many individuals traveling from regional hospitals. Local dignitaries such as London Mayor Matt Brown and local MPs were also in attendance.

**PAEDIATRIC FAMILY RESOURCE CENTRE FREE LEGAL CONSULTATION SERVICE FOR PATIENTS**

For a second year, the Paediatric Family Resource Centre has partnered with ProBono Law Ontario to offer patients and their families at LHSC's Children's Hospital with support services in a Legal Consultation/Forms Assistance Clinic. This clinic, located within the Resource Centre, is run by two University of Western Ontario law students under the supervision of ProBono Law Ontario. It provides a free legal consultation service and assistance in completing forms related to funding and services for patients and their families of Children's Hospital. This service at LHSC has proven highly beneficial to many patients and families and is unique in the province.

**IMPROVEMENTS WITH CENTRALIZED EMERGENCY PSYCHIATRY SERVICE**

A Pay-4-Results initiative has resulted in improvements in caring for mental health patients in the Emergency Department (ED) at Victoria Hospital. Previously, Centralized Emergency Psychiatry Service (CEPS) nurse who screens mental health patients was integrated in the back care bubble of the ED. More recently, the CEPS nurse has been integrated into the front care bubble.

This change is proving to be highly effective by since it enables earlier screening and faster discharging of MH patients who are deemed not to need additional care or admission to hospital. This benefits patients both in terms of timeliness of care and reduced duration of ED visits and helps streamline patient flow in the ED. In addition, Psychiatrists (who continue to consult in the back bubble) can better utilize their time and expertise to focus on supporting patients with a high potential for admission.

**AMBULATORY CARE REDESIGN UPDATE**

Ambulatory Care Redesign (ACR) is a key Transition Plan initiatives underway at LHSC. A current state analysis is being completed to inform the development of a framework to guide the future

of Ambulatory Care. Five clinical areas have been selected to participate in a deep dive process (Women's Care, Clinical Neurological Sciences (CNS), Medicine VH, Orthopaedics VH and General Surgery UH).

These clinical areas were chosen because, as a collective, they capture the scope and range of components of ambulatory clinics that must be considered (ex. VH and UH, low and high volume areas, varied skill mix scenarios, specialized equipment, teaching and/or research, procedure or treatment-based, and high Diagnostic Imaging and/or Lab utilization). : The deep dives consist of a four-to-five week engagement process that will include process mapping and data capture of the internal clinic processes to identify areas of success and opportunities for improvement. In addition, time studies of the patient journey from appointments and throughout the clinic visit will occur, and collection of in-the-moment feedback from patients and families will be garnered with respect to several aspects of their experience. The deep dive work began on Oct. 19 in Women's Care and will be followed by the remaining four clinical areas.

### **ACCESS TO CARE UPDATE**

Contributing towards LHSC's strategic priorities of timely access to care, optimizing use of resources and system collaboration and partnership, a new Access Resource Team has been formed to improve knowledge transfer of patient flow best practices; to plan and implement practice changes to improve patient access metrics; and to ensure patients receive timely care in the optimum location. The Access Resource Team consists of all inpatient managers, Emergency Department (ED) and Perioperative managers, the clinical ethicist, and partners from the South West Community Care Access Centre.

The group considers access initiatives that could be implemented across the organization, including a range of solutions that have been, or could be, piloted within particular areas and later implemented broadly. A leading example that has resulted from this committee's work has been the broader implementation of performance boards.

Already implemented as a department-level project in the EDs at University and Victoria Hospitals, and Acute Medicine at University Hospital, performance boards – or metrics boards as they're often called by staff – will be rolled out across all inpatient units over the next few months.

Performance boards reflect daily tracking of certain metrics. Of these, three will be mandatory for all inpatient areas. These include occupancy, the percentage of patients with green discharge status actually discharged that day, and admitted census. Each unit then has the opportunity to add any additional metrics of particular focus for their area.

### **LHSC'S ELECTRONIC HEALTH RECORD**

Now that LHSC and 9 regional partner hospitals have successfully implemented a common electronic health record, a plan to optimize the utilization and benefits of the system has been established to build even further on the impressive quality and safety gains achieved to date. There are eight streams of work ongoing that will span the next 18 months at a cost of \$4.5 million, to be shared across LHSC, St. Joseph's and the regional hospitals participating in this

“Optimization” initiative. Five of the eight streams of work are focused on workflow revisions and technology enhancements to improve medication management processes, many of which are linked to patient safety and in alignment with new Accreditation Canada requirements. Seven of the eight streams of work are on track to be completed by Spring 2017. The most complex stream of work, “Encounters”, is under development and consists of a mechanism that will link multiple patient encounters for both consolidation of orders and tracking for billing. One of the key success factors for this work is engagement of clinicians and physicians to guide decisions linked to process changes and technology modifications and therefore a significant engagement plan is integral to the project plan. These improvements will be enablers for the next phase of work, supporting the creation of a patient record that will allow for predictive care processes using advanced analytics.

## HEALTHCARE SYSTEM REGIONAL UPDATES

### ***FUTURE STATE OF STROKE CARE REGIONAL UPDATES***

As part of the implementation and evaluation of the Directional Recommendations for the Future State of Stroke Care in the region, work has been done to streamline care pathways and provide care closer to home for patients. As part of this, St. Thomas Elgin General Hospital (STEGH) is now accepting repatriations from LHSC for patients who reside in the Tillsonburg and St. Thomas catchment areas, for post-acute care in their Integrated Stroke Unit. To date, three repatriations from LHSC to STEGH have taken place and three patient walk-ins from Tillsonburg hospital have been treated at STEGH.

### ***REGIONAL CRISIS MENTAL HEALTH SUPPORT IMPROVEMENT UPDATE***

St. Thomas Elgin General Hospital and the Canadian Mental Health Association (CMHA) have entered into a lease agreement resulting in onsite CMHA crisis support expertise at the hospital on weekends, evenings and after hours. CMHA now occupies space on the first floor of the hospital and staffs the service with two crisis support workers.

Individuals seeking crisis mental health support between the hours of 8:30 am and 4:30 pm Monday to Friday will continue to have their needs met at the CMHA Office on Centre Street, and 24/7 support will continue to be available through the mobile crisis support team, or the newly launched “Reach Out” regional mental health and addictions support service.

Both organizations are very supportive of the new approach and are confident that it will improve transition planning between hospital and community and ensure timely crisis support is available 24 hours a day, seven days a week for patients in need.

### ***CANADA HEALTH TRANSFER OVERVIEW –2016 ANNUAL CONFERENCE OF FEDERAL-PROVINCIAL-TERRITORIAL MINISTERS OF HEALTH***

The Government of Canada provides financial support to provincial and territorial governments on an ongoing basis to assist them in the provision of programs and services. There are four main transfer programs: the Canada Health Transfer (CHT), the Canada Social Transfer (CST), Equalization and Territorial Formula Financing (TFF).

The CHT and CST are federal transfers which are directed funds to support specific policy areas such as health care, post-secondary education, social assistance and social services, early childhood development and child care.

The Equalization and TFF programs provide unconditional transfers to the provinces and territories. Equalization enables less prosperous provincial governments to provide their residents with public services that are reasonably comparable to those in other provinces, at reasonably comparable levels of taxation. TFF provides territorial governments with funding to support public services, in recognition of the higher cost of providing programs and services in the North.

In September 2004, First Ministers signed the 10-Year Plan to Strengthen Health Care. In support of this 10-year plan, the Government of Canada committed additional funding to provinces and territories for health that included increases to the CHT through a base adjustment and an annual six percent escalator.

In December 2011, the Government of Canada announced that the CHT will continue to grow at six percent annually until 2016-17, but that starting in 2017-18, the CHT will grow in line with a three-year moving average of nominal gross domestic product growth, with funding guaranteed to increase by at least three percent per year. In addition the CST will continue to grow at its current rate of three percent annually. The CHT and the CST will next be reviewed in 2024.

On October 18, 2016 Federal, Provincial and Territorial Health Ministers met and the topic of a new health accord was an agenda item. It was reported in some of the media outlets that the Provincial and Territorial Ministers confronted with escalating health related costs and carrying approximately 80% of the overall costs to deliver care, appealed for reconsideration of the previous federal funding plan which is expected to reduce overall health funding transfers by some \$60 billion over the coming decade. It does not appear that any changes to the current funding plan are being contemplated.

### **PROVINCIAL DIGITAL STRATEGY**

In an open letter, Ontario's Minister of Health and Long Term Care has asked Ed Clark, former TD Bank CEO, to provide expert advice to help value public and private assets with respect to Ontario's digital health strategy – specifically the assets developed by eHealth Ontario since its establishment in 2008.

The Minister states: "As the mandate of eHealth Ontario nears expiry at the end of December 2017, I feel now is the opportunity to renew our vision for digital health as part of our work to transform our health-care system into one that is truly patient-centred. Shortly, my ministry will be consulting with patients, health stakeholders and digital health experts about a new digital health strategy. But the full extent and value of our existing digital health assets must be fully understood if we are to move forward with a new vision."

In addition, the Minister asks: "Secondly, please provide us with recommendations related to how to maximize the value of these assets for Ontarians by improving how care is delivered, the

patient experience in interacting with the health care system and, indirectly, through the economic value that is created for Ontario's economy."

The request signals plans for renewed digital health strategy for Ontario. The full letter can be viewed at: [http://www.health.gov.on.ca/en/news/bulletin/2016/hb\\_20161007.aspx](http://www.health.gov.on.ca/en/news/bulletin/2016/hb_20161007.aspx)

### **LHSC STRATEGY PLANNING**

On October 19, LHSC's Executive Council and Senior Leadership Team members participated in a half-day session, leveraging the expertise and facilitation skills of the Advisory Board to assist in some preparatory strategic thinking. The Advisory Board is a tremendous source of knowledge and insight derived from its impressive repository of global best practices in health care. The session provided an excellent context and framework for how organizations can approach the development of a strategic plan. LHSC will soon initiate a comprehensive process to develop a new strategic plan that will launch on April 1, 2018 and insights garnered from the recent session will help inform that work.

## **LHSC IN THE NEWS**

### **MEDIA MONITORING REPORT: SEPTEMBER 15 – OCTOBER 14, 2016**

#### **SUMMARY**

- **18** stories were posted on the public website
- **136** media stories referenced LHSC and our partners (113 positive, 22 neutral, 1 negative)

#### **HIGHLIGHTS:**

##### **1. LHSC Auxiliary pledges \$2.2 Million for Personalized Medicine**

LHSC's Volunteer Auxiliary announces pledge of \$2.2 million to support the Personalized Medicine Program. Positive coverage from [Blackburn News](#), [CTV News](#) and [Corus Radio](#).

##### **2. Long surgery wait times**

A story from the [London Free Press](#) drew attention to lengthy spine surgery wait times at LHSC. The story largely focused on challenges at the system level. Tone regarding LHSC was neutral

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.