

**PRESIDENT AND CEO
REPORT TO THE BOARD AND COMMUNITY
MAY 2017**

PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT

SOUTH WEST STROKE PROJECT PHASE II UPDATE

The South West Stroke Project Phase II Development of Directional Recommendations for the Future State of Post-Hospital Stroke Care was completed on March 31, 2017. Using a project management methodology, project teams including healthcare service providers and other stakeholders completed a current state analysis, blue sky visioning exercise, future state identification, and gap analysis. Over 55 patients who have experienced transient ischemic attack, stroke survivors and caregivers were engaged through either individual interviews or focus groups to identify opportunities for system redesign built around the specific needs of this population. The directional recommendations were designed to ensure a seamless system of care embodying stroke best practices and improving outcomes. The recommendations have been organized into 4 themes: Specialized Intensive Rehabilitation Teams, Rapid Specialized Medical Services, Community Hubs and Ongoing Support & Recovery. The Directional Recommendations were presented to the South West LHIN Board of Directors for acceptance on April 18, 2017 and were subsequently approved.

CRITICAL CARE PROGRAM QUALITY IMPROVEMENT INITIATIVE

Caring for the right patient at the right time in the right bed is important to quality patient care. While commonly, there is focus on Emergency Department access, equally important is access to critical care beds for the most acute patients, not only at LHSC, but also for critically ill patients in the region. The Critical Care Program set a goal for 2016-17 to reduce the number of avoidable days in hospital critical care beds (patients who no longer need the resource-intensive level of critical care), by 10%. The program surpassed this goal and reduced the number of avoidable critical care days by 28%, or 683 days. The magnitude of the improvement is in large part due to focused improvements with the flow of patients from critical care to other, less resource-intensive, inpatient beds. As a result, the average occupancy for critical care is now 80% which provides flexibility to ensure those who need this level of care can more quickly be placed in a critical care bed..

NEW PHYSICIAN POSITIONS AT THE CHILDREN'S HOSPITAL

The Ministry of Health and Long Term Care has agreed to expand the Department of Paediatrics at The Children's Hospital, London Health Science Centre and Western University by 21.5 new full-time equivalent positions. Over the next 3 years these new positions will be integrated into London paediatric health service delivery to meet the growing needs of the population served. The majority will be placed at the Children's Hospital, while some could be placed in community settings to streamline care pathways and enhance accessibility. In fiscal 2017/18, a first tranche of 7 new physicians is planned at LHSC.

In its role as a major provider of children's health care in Ontario and the only provider of sub-specialty services in the southwest, these new physicians will ensure sustained delivery of the services provided today and allow expansion to new services for London and region.

3M NATIONAL HEALTH QUALITY TEAM AWARDS 2017

Each year, 3M Canada recognizes organizations and healthcare providers that embrace quality management by developing innovative approaches that bring about sustainable improvement through its National Awards Program. I am proud to announce that the Continuing Care to Home (CC2H) initiative – an innovative partnership led by London Health Sciences Centre and the Southwestern Community Care Access Centre (CCAC) and engaging multiple system partners – has received the 3M National Health Quality Team Award.

This prominent award recognizes three important elements: innovation, quality and teamwork. This award will be presented to 6 CC2H team representatives from LHSC and CCAC at the Canadian Health Leaders Conference in Vancouver on June 13, 2017.

CC2H reflects an integrated, multi-disciplinary team approach across care settings (hospital, community and primary care) and was developed to support patients with chronic diseases. The team works to integrate care for specific cohorts that experience higher rates of emergency/readmission following a hospital stay. They also focus on patients admitted to hospital with chronic obstructive pulmonary disease and congestive heart failure where the patient experience could be improved, the disease trajectory could be positively affected, and care could be provided in the lowest cost setting, with emphasis on patient self-management.

As part of this award, a local celebration will be held for the whole team which includes physicians, executive leaders, project leads, directors, clinical care coordinators, navigators from Thames Valley Health Team, St. Joseph's Healthcare London, eHomecare, Victoria Order of Nurses, Sensory Technology, ProResp Home Oxygen & Respiratory Care as well as LHSC and CCAC.

EXEMPLARY COMMUNITY PARTNERSHIPS

LEARNING ESSENTIAL APPROACHES TO PALLIATIVE CARE

A Learning Essential Approaches to Palliative Care (LEAP) Renal training session was held on April 5th with 26 participants including individuals from the CCAC, Woodstock General Hospital, Grey Bruce Health Services, Chatham Kent Health Alliance and LHSC.

The Program is accredited by the Royal College of Physicians and Surgeons of Canada and was developed for interprofessional teams who are involved in the care of patients with advanced chronic kidney disease. The course's goal is to introduce these health professionals to palliative care principles and approaches, enhance their essential skills in this area and promote teamwork, connect them to local palliative care resources and facilitate transition of care back to the community (including family physicians and home care teams).

HEALTHCARE SYSTEM REGIONAL UPDATES

EXPERT PANEL RELEASES RECOMMENDATIONS FOR ONTARIO'S SUPPLY CHAIN STRATEGY

Recently, the Healthcare Sector Supply Chain Strategy Expert Panel (Panel) submitted its final report, *Advancing Healthcare in Ontario: Optimizing the Healthcare Supply Chain – A New Model*, to the Ontario government. Jointly commissioned by the Ministry of Health and Long-Term Care and the Ministry of Government and Consumer Services, the Panel's task was to review the supply chain and procurement practices of Ontario's health provider organizations and make recommendations for a province-wide strategy.

Chaired by former hospital CEO Kevin Empey, the panel included representatives from health providers and industry. Following a year of study and stakeholder consultations, the panel made 12 recommendations. Highlights include:

- Consolidation of all shared service organizations into a single entity to serve all public health providers;
- Mandatory participation for all hospitals and other publicly funded health organizations;
- Shifting to value-based procurement and better enablement of innovation adoption; and,
- Implementation of sophisticated business analytics to track product use and performance, and enhance patient safety.

The resulting organization would be responsible for procurement, logistics and data management of over \$12 billion in health-related goods and services. The government has indicated it will be reviewing the recommendations. In addition, Deputy Minister Bob Bell announced that Assistant Deputy Minister and Chief Administrative Officer Justine Jackson has been asked to lead further consultation on the report's recommendations

To view the open letter from government, please [click here](#) (To view a copy of Dr. Bell's announcement, [click here](#))

ADVANCING QUALITY, PATIENT SAFETY & PATIENT EXPERIENCE

Health Quality Ontario has released a new report "Health equity in the 2016/17 Quality Improvement Plans" that provides a cross-sector snapshot of how health organizations are working towards better health for all Ontarians. The report brings to focus activities, change ideas and custom indicators related to health equity. To enhance the focus on health equity, LHSC's Quality & Performance and Patient Experience & Safety teams are currently reviewing and identifying several potential equity indicators to be part of the proposed balanced scorecard for the Fiscal 17/18 year.

To read the report, please click the link below:

[Health Quality Ontario – Health equity in the 2016/17 Quality Improvement Plans: ISBN 978-1-4606-8829-8 \(PDF\).](#)

UNDER PRESSURE- EMERGENCY DEPARTMENT PERFORMANCE IN ONTARIO REPORT.

Health Quality Ontario released the above noted report that reviews Emergency Department Care within Ontario. Three key areas of focus are examined including how Emergency

Department patients are changing, how Ontario is meeting the challenge, the impacts on different emergency departments across the province and the strategies put in place to address the changing need. At LHSC, key initiatives have been identified and approved as Quality Improvement Plan change idea initiatives. These are directly aligned with Pay-4-Result funded work in the Emergency Department in key areas such as Medicine, Mental Health, Pharmacy and the VH/UH Emergency Department. ED wait time indicators are identified to be part of the proposed balanced scorecard for the Fiscal 17/18 year. To review the report, please click on link noted below:

[Under Pressure – Emergency Department Performance in Ontario](#)

PROVINCIAL BUDGET UPDATE

The 2017 Ontario Budget was recently released and included \$518 million in new hospital funding. All hospitals received a minimum 2% increase however this included funding directly attached to increased volume expectations in select Quality Based procedures, [Wait Times](#) and Priority Programs. LHSC has now confirmed it will receive \$15.4 million in new funding, of which \$9.8 million is committed specifically to support the costs associated with increased volumes. The remainder (\$5.6m) is uncommitted funding which can help to offset other hospital [inflationary](#) cost pressures.

This increase in uncommitted funds was very close to the forecast in LHSC's fiscal 17/18 plan, meaning our cost pressures and required savings targets remain largely unchanged.

To read the 2017 Ontario budget please click the link below:

<http://www.fin.gov.on.ca/en/budget/ontariobudgets/2017/foreword.html>

HOSPITAL INFORMATION SYSTEMS (HIS) RENEWAL ADVISORY PANEL

On May 15, 2017 the Deputy Minister of Health and Long Term Care released a letter to key system stakeholders outlining a provincial approach to engaging HIS vendors as full partners in health system transformation. The Ministry is now supporting the establishment of sector-led HIS Collaboratives that will engage HIS vendors on master service agreements and convergence plans towards HIS hubs that can offer comprehensive, cost-effective HIS services on a province-wide basis. The aim is to set standardized terms, conditions and pricing along with a service delivery model that will give hospital clusters new opportunities to meet their care delivery requirements.

LHSC IN THE NEWS

MEDIA MONITORING REPORT: APRIL 11 – MAY 10, 2017

Summary

- **18** stories were posted on the public website.
- **110** media stories referenced LHSC and our partners (106 positive, 4 neutral)

HIGHLIGHTS

Pot smoking during pregnancy causes low birth weight in babies, London research finds

Data collected from a five year period at the London Health Sciences Centre discovered that pot-using pregnant women are nearly three times more likely than their non-cannabis-using counterparts to have an underweight infant. Positive coverage from [The London Free Press](#), [CTV News](#) and [Science Daily](#).

1. Nearly 1 in 2 Ontario seniors prescribed unnecessary antibiotics

Researcher shows that nearly one in two seniors have been told to take antibiotics by their family doctor to treat viral infections like the common cold, bronchitis, sinusitis and laryngitis. This is contributing to the growing concern of antibiotic resistance. Positive coverage from [CTV News](#), [Global News](#) and [CBC News](#).

2. Stroke prevention may also reduce dementia

Research shows that there has been a decade long drop in the diagnosis of stroke and dementia among the most "at risk" group. This has been attributed to a healthy lifestyle and when needed, high blood pressure medication. Positive coverage from [Science Daily](#), [News Medical](#) and [CTV News](#).

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.