

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

**PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT**

**CARE CLOSER TO HOME INITIATIVES**

The Extended Intensive Care Unit (EICU) at University Hospital often supports highly complex patients who as a result have few, if any, options for care outside the hospital setting when they no longer require acute care. The EICU has been working with multiple partners to develop and implement transition plans for such patients, with several successes in the past year. In May, another such patient was successfully transitioned to Participation House (PH) This was a particularly notable collaborative effort to address the very challenging needs of this chronic, mechanically vented patient.. This commitment by the focus of multiple system partners to find solutions that enabled high quality, safe care in the best setting possible has resulted in a markedly better standard of life for this patient with hopes that he can eventually transfer to home.

This young patient was diagnosed with Amyotrophic Lateral Sclerosis (ALS) in early 2016 and was admitted to the EICU in January 2017 due to the aggressive nature of his disease. Over the last several months, the family had been trying to come up with strategies to get the patient home and they were faced with numerous financial road-blocks in order to provide the level of care that the patient required. The team at LHSC worked closely with the SW LHIN and CCAC to develop creative options to support the patient at home, including providing training to the different levels of support such as Personal Support Workers' and Registered Practical Nurses.

During his stay, his wife gave birth to their first child in February at Victoria Hospital. While the husband was unable to be present for the birth, the staff in EICU worked with the staff at VH to allow this patient to witness the birth of his son, live, via FaceTime.

When the patient was finally ready for discharge, the ICU team made a decision to have Respiratory Therapy and Nursing Staff from ICU go to PH to train their staff over a number of days and nights. All potential risks and barriers that could result due to the unique nature of this care plan, such as associated costs of potential WSIB claims, scheduling of staff, documentation needs and collective agreement issues, tested the ability of our organization and all partners to be responsive. Agreed approaches were established and the transition was initiated, with staff from LHSC supporting the patient and staff at PH for the first full week. The patient is now being safely cared for and enjoying his new temporary home until he is finally transferred home.

This approach is new for LHSC, and has proven to be very successful on all accounts from a patient experience, systems partnership and financial perspective. In addition, London Health

Sciences Foundation donated \$24,000.00 to the family to help provide financial relief for equipment or home care.

This story exemplifies the great work that can be accomplished when health care system partners come together as one team to meet the needs of our patients and families as they transition to community.

### **STREAMLINING THE PROCESS FOR SURGICAL PATIENTS AT LHSC**

LHSC continues to work towards demonstrating excellence in obtaining measurable improvements in the working life and/or efficiency of departmental staff (Lab, Rad, Medical Record etc.) through the use of Cerner solutions. Delivering perioperative care involves the coordination of complex processes, involving the entire care team. It's complicated, it's very demanding and it is an exact science. In addition, it is stressful for the patient and their family.

At the Victoria Hospital LHSC site, clinical leaders determined that there was an opportunity to improve the registration process for the surgical patient population to prepare patients for surgery in a more timely fashion. The current multiple step process of having the Patient Registration Department complete the registration and then sending the patients to surgery was causing backlogs and late starts in the Operating Rooms.

After meeting with the both the staff in patient registration and surgery departments, it became apparent that the SurgiNet Perioperative Tracking application would help provide the communication tools required to support a new ways to streamline surgical patients process pathways. In addition, it was also identified that the tracking boards could assist with improving communication between the Pre-Op, Intraop and Post-Op areas, as well as with the volunteers. Perioperative tracking boards were installed.

Patient and patient families are the main recipients of this improvement in the system from both flow and communication perspectives. The employees have embraced the use of the tracking boards and have noted that the improvement in management of the patients.

### **LHSC EPILEPSY PATIENTS FIRST IN ONTARIO TO BENEFIT FROM ROBOT-ASSISTED NEUROSURGERY**

London Health Sciences Centre's (LHSC) Epilepsy Program is the first in Ontario to perform a robotic-assisted stereoelectroencephalography (SEEG) procedure, in which electrodes are placed into the brain to map epileptic seizure activity. One of the key benefits of the surgical procedure is a much more precise determination of what part of brain the epileptic seizure activity is coming from. Once the seizure onset is precisely localized, neurosurgeons can then better determine the most effective method of treatment.

The use of robotic-assistance allows LHSC's neurosurgery team to be much more precise with the placement of the electrodes in half the amount of time than the previous standard frame technique. Its use has also made it possible for the team to place electrodes in areas they couldn't reach before, using trajectories previously not possible.

Sara Owanis, age 23, from London, Ontario, was among the first group of patients to undergo a SEEG procedure using this new robot-assisted technique. After a single seizure episode, followed by a year of brief, almost daily episodes where her mouth would twitch, sounds would become intense and her speech impaired, Sara came to LHSC for monitoring in the epilepsy unit. It was here that it was determined she was having deep brain seizure activity and a SEEG procedure was recommended.

## EXEMPLARY COMMUNITY PARTNERSHIPS

### **LHSC DIALYSIS SITE TRIAL AT PARKWOOD**

To improve the patient experience and decrease transportation costs by removing the need to transport patients three times a week from Parkwood to LHSC, an announcement was made in May that St. Joseph's Health Care London, in partnership with LHSC, would be establishing a trial LHSC dialysis unit onsite at Parkwood Institute. The plan is to have the unit operational within the current fiscal period. The unit will be staffed with LHSC Renal Program nurses supported by LHSC nephrologists, nurse practitioners and other health team members as needed. The unit will serve medically stable patients who meet specific criteria to ensure their hemodialysis needs can be met safely in the satellite setting. The Ontario Renal Network will provide operational funding through existing dollars.

## HEALTHCARE SYSTEM REGIONAL UPDATES

### **ONTARIO RENAL NETWORK PROJECT : YOUR SYMPTOMS MATTER**

Your Symptoms Matter (YSM) is a two year Ontario Renal Network (ORN) project. The UH Renal unit is one of eight pilot sites implementing YSM, a patient-centred approach to symptom health management based on patient reported outcomes. Phase 6 of the project - implementing the Edmonton System Assessment System (ESAS) tool – was completed in April. The ESAS is a proven assessment tool to assist in the assessment of nine common symptoms experienced by cancer patients: pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, well-being, and shortness of breath. In addition, one blank scale is available for patients to use to assess any “other problem” as may be needed. The severity at the time of assessment of each symptom is rated from 0 to 10 on a numerical scale; with 0 meaning that the symptom is absent and 10 that it is the worst possible severity.

The ESAS was designed so that the patient, or his/her family caregiver, could be taught to self-administer the tool. It is the patient's opinion of the severity of the symptoms that is the gold standard for symptom assessment.

The project leads are evaluating the process and reporting data collected to the ORN.

## ONTARIO STROKE NETWORK

The Ontario Stroke Network's (OSN) annual stroke report cards and progress reports have been a key resource for Ontario's 11 Regional Stroke Networks since 2011. The information they provide drives system change and allows for consistent planning across the province.

One of the findings in this report indicate that Ontario stroke patients are getting into rehabilitation care earlier and more patients are meeting length of stay (LOS) targets. The finding is part of a comprehensive evaluation of the province's stroke care system.

The OSN and Institute for Clinical Evaluative Sciences (ICES) released the 7<sup>th</sup> annual provincial and Local Health Integration Network (LHIN) stroke report cards that compare the level of access and treatment of people who suffer strokes, showing regional efforts to improve the quality of stroke care across the province are having an impact.

In terms of the 2017 Stroke Report Card(15/16 data):

Out of all the indicators LHSC is the high performer in the province with respect to Indicator #9: Proportion of ischemic stroke /Transient Ischemic Attack (TIA) patients discharged from the Emergency Department (ED) who were referred to secondary stroke prevention services. (This is a new indicator)

Indicator# 6: Door to needle time has improved from 44 min (2014/15 data) to 41 min (2015/16 data) and "Time in Brain".

Indicator #8: Proportion of Stroke /TIA patients treated on a stroke unit at any time during their inpatient stay: 79.2%(15/16 data). When compared to other Regional Stroke Centres only, we are the second highest for this indicator in the province.

Indicator #5: Proportion of ischemic stroke patients who received carotid imaging 88.6%(2014/15 data) to 89%(2015/16 data).

If you would like to read the entire report, please click on the link below:

[Annual Stroke Report Card.](#)

## LHSC IN THE NEWS

### MEDIA MONITORING REPORT: MAY 11 – JUNE 10, 2017

#### SUMMARY

- 16 stories posted on the public website.
- 1 media release and 1 media advisory issued
- 70 media stories referenced LHSC and our partners (47 positive, 21neutral, 2negative)

#### HIGHLIGHTS

##### 1. Hospital overcrowding has become the norm in Ontario, figures show

Overcrowded emergency rooms and medical and surgical floors have become commonplace for doctors, nurses and patients in community and regional hospitals. Neutral coverage from the [Globe and Mail](#).

**2. Emergency mental health care still stalled**

A proposal to have non acute care psychiatric patients sent to a crisis centre run by Addiction Services of Thames Valley and CMHA has been stalled for two years.

Negative coverage from the [London Free Press](#).

**3. Kid patients front and centre at 24<sup>th</sup> Teddy Bear Picnic**

This Children's Health Foundation annual event at LHSC allows kids to build fun and positive memories of their time at the hospital through food, games and other activities with their families and care providers. Positive coverage from [Global News](#).

**4. May 2-4 weekend starts trauma season for London Health Sciences Centre**

LHSC encouraged the community to stay safe over the long weekend, noting that forty percent of all major trauma patients come to the hospital during the Victoria and Labour Day long weekends. Neutral coverage from [Global News](#), [CJBK](#), [Fanshawe 6X](#) and the [London Free Press](#).

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.