

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

**PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT**

**CHILDREN'S CARE**

Neonatal Intensive Care Units (NICUs) across the province, including Children's Hospital-LHSC have been experiencing capacity and staffing challenges that have resulted in critical access issues in the NICU. The Ministry of Health established an Emergency Operations Committee to oversee the capacity issue across the province. The South West Local Health Integration Network (LHIN) has been engaged with LHSC to monitor the situation and keep the ministry updated on our ability to meet our provincial and regional accountability to provide neonatal intensive care. To help better serve the escalating NICU patient volumes, the South West LHIN also submitted a briefing note to the ministry requesting additional funding to open four additional NICU beds at Children's Hospital-LHSC. There has not yet been a response by the Ministry to the submission.

**MENTAL HEALTH**

*Prevention and Early Intervention Program for Psychoses*

Through our Prevention and Early Intervention Program for Psychoses (PEPP), LHSC provides early intervention services for individuals aged 16-35 living in London and Middlesex area who display signs of psychosis, such as hallucinations, delusions, or disorganized thought, and who have either had no treatment or have been treated for less than one month.

Young people (men aged 16-25 and women aged 16-35) who are at high risk of developing psychosis require early recognition and assessment in order to reduce the duration of untreated psychosis, which can negatively impact the management of symptoms and recovery. The program is committed to working in partnership with the individual's family who often play a vital role in outcomes.

The Prevention and Early Intervention Program for Psychoses (PEPP) at the London Health Sciences Centre began its journey 20 years ago to support youth in the City of London and surrounding area in their struggle to overcome their first episode of psychosis. On September 28th, PEPP celebrated with "AN EVENING OF HOPE & RECOVERY". Proceeds from the event will be used to support research. The evening included dinner and live entertainment with Master of Ceremony, Nick Paparella from CTV and guest speaker Sir Robin Murray from the United Kingdom who shared his experience and thoughts on early intervention in psychosis.

**EMERGENCY SERVICES**

The Emergency Department (ED) leadership team is leading collaborative work with the Canadian Mental Health Association (CMHA) Middlesex to establish a diversion plan for lower acuity Mental Health patients that could go to the Crisis Centre instead of coming to the

Victoria Hospital ED. This work brings together our Middlesex London Emergency Medical Services (MLEMS) partners, CMHA leadership, the South West Local Health Integration Network (LHIN) as well as involvement from the Ministry of Health and Long Term Care (MOHLTC). The agreed course of action to meet this MOHLTC requirement, whilst we are awaiting legislation changes, is to establish a Crisis Centre satellite unit out of the front of the ED. Work on the structural space, as well as the recruitment, training and orientation of crisis staff have been completed and the process went live on October 16<sup>th</sup>.

### **CLINICAL NEUROLOGICAL SCIENCES**

#### Southwestern Ontario Stroke Network

Over the past 4 years the South West Regional Stroke Project has worked diligently to support best practice care including the realignment of stroke care from 28 hospitals to 4 District Stroke Centers. Prior to these realignment changes stroke patients would arrive at and be admitted to community hospitals which were challenged to provide best practice stroke care. The hard work of system leaders, clinicians and planners has resulted in the realignment of services and integration of the stroke system, and we are now realizing the benefits of this new improved system of stroke care. A recent great example of the benefits of this work occurred when a member of the public collapsed and EMS was called to transport the patient to their local Community Hospital where it was recognized that the patient was having a stroke. An immediate transport was arranged to the nearest District Stroke Center. This centre followed Stroke Best Practice Guidelines and recognized the patient might benefit from Endovascular Treatment (EVT). The Ontario Telestroke Program was consulted and immediate transport was arranged to LHSC – UH, the Regional Stroke Center which provides this service. The patient underwent the EVT procedure and by the next morning was speaking, walking around and inquiring about discharge. This is a great example of an integrated system of care, with multiple partners working together to ensure the appropriate use of system resources and supporting best practice care for stroke patients.

### **STEM CELL TRANSPLANT EXPANSION**

Official approval to proceed to Stage 1 & 2 Capital planning submission was received from MOHLTC Capital Branch on August 29<sup>th</sup>, 2017. The next stage of this work is to develop a functional program. A functional programmer has been engaged with kick-off meeting schedule for October 18<sup>th</sup>. Stage 1 & 2 submission will be developed concurrently with the Level 2 Chemotherapy Redevelopment as per MOHLTC/LHIN endorsement and recommendation. Stem Cell Project construction would also proceed concurrently with the LRCP Level 2 Chemotherapy Redevelopment to provide cost efficiencies in the delivery of both projects.

In July a new stem cell transplant hematologist began working at LHSC. LHSC continues to work to build specialized physician and nurse practitioner staff resources to build its capacity. LHSC's next day autologous stem cell transplant program has completed one year in operation with its partner the Windsor Regional Hospital. This program has been very effective enabling patients from the Windsor area to recover from their transplant closer to home. All of this work has enabled LHSC to grow its stem cell volume from 55-60 per year to 75-80, within the same physical space. The additional investment in renovated facilities will enable LHSC's

services to expand to over 120 cases per year including the more complex unrelated allogeneic transplants.

## EXEMPLARY COMMUNITY PARTNERSHIPS

### **SKIN CANCER IMPROVEMENT PROJECT**

The first Cancer Care Ontario Skin Advisory Council meeting took place Sept 22nd. Representatives from South West were in attendance at this meeting and will bring forward recommendations and guidelines as they are developed provincially. Standardized referral forms throughout the region are currently being developed by the Clinical Pathway/Leadership work stream of the Skin Improvement Plan. These forms will include all relevant information needed to triage and send the patient to the appropriate place, with the right provider, in the appropriate amount of time. Relationships continue to be strengthened with community hospitals and providers. An environmental scan to determine current state is ongoing.

## HEALTHCARE SYSTEM REGIONAL UPDATES

### **LEGISLATIVE UPDATE:**

On September 27, 2017, Bill 160, Strengthening Quality and Accountability for Patients Act, 2017 was introduced.

Key highlights of the bill include:

- Making it mandatory for the medical industry, including pharmaceutical and medical device manufacturers, to disclose payments made to health care professionals and organizations, as well as other recipients. Payments would include meals and hospitality, travel associated expenses, and financial grants, and the public would be able to search this information in an online database.
- Strengthening Ontario's quality and safety inspection program for long-term care homes with new enforcement tools, including financial penalties and new provincial offences for non-compliance.
- Enabling paramedics to provide appropriate, safe and effective care for patients who call 911 by transporting them to a non-hospital setting, such as a mental health facility, to better address their needs. This would allow those patients to receive more appropriate care closer to home and in the community, thereby improving ambulance service coverage and helping to address overcrowding in emergency departments.
- Permitting the regulation of recreational water facilities, like splash pads and wading pools, and personal service settings, including barber shops and nail salons, to help ensure Ontario's high public health quality standards are met.
- Requiring operators of community health facilities and medical radiation devices (such as X-ray machines, CT scanners, ultrasound machines and MRIs) to obtain a licence and enhancing the enforcement tools available to inspectors, to improve patient safety.
- Strengthening the oversight of diagnostic medical sonographers (those who use ultrasound) by introducing new legislation that would cover the entirety of the medical radiation and imaging technology profession.

**Impact on LHSC:** If passed, this Act may enable EMS paramedics to deliver some patients with mental illness to a more appropriate community-based mental health facility, thus alleviating the volume pressures on the Emergency Department at LHSC.

### **WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR PATIENT SAFETY AND PATIENT ENGAGEMENT**

In September 2017, with the support of the Government of Canada, the World Health Organization (WHO) officially designated the Canadian Patient Safety Institute as a [WHO Collaborating Centre for Patient Safety and Patient Engagement](#) to carry out activities in support of WHO programs internationally. Of the more than 800 WHO Collaborating Centres from 80 countries worldwide, 31 are from Canada.

The Canadian Patient Safety Institute is the only WHO Collaborating Centre in Canada with a focus on both patient safety and patient engagement.

The four-year agreement (2017-2021) will include activities targeted in four areas:

- Provide coordination support and advice to the global Patients for Patient Safety (PPFS) advisory group
- Support global efforts and initiatives on patient safety reporting and learning systems
- Contribute to the planning and implementation of the 3rd Global Patient Safety Challenge on Medication Safety
- Support global patient safety initiatives in achieving safer care

To read more about CPSI's commitment as a collaborating centre for patient safety and patient engagement, please click [here](#)

### **MANDATORY REPORTING OF PRIVACY BREACHES**

In July 2017, the Ontario government amended a regulation under the Personal Health Information Protection Act, 2004 (PHIPA) to require mandatory point-in-time reporting of privacy breaches to the Office of the Information and Privacy Commissioner (IPC) in prescribed circumstances. These reporting requirements came into effect on October 1, 2017. To view a copy of the Regulation, [please click here](#).

To assist hospitals in managing their obligations with respect to mandatory reporting, the OHA is hosting a complimentary webinar for members on Thursday, October 19, 2017.

Daniel Michaluk, lawyer at Hicks Morley, will present an overview of the Regulation and participants will have an opportunity to:

- Consider legal perspectives on the circumstances requiring reporting of privacy breaches;
- Learn about the practical implications of IPC guidance materials on mandatory reporting within the hospital context; and
- Examine the application of the Regulation and the guidance materials through case studies.

During the webinar, the OHA will also be launching a new tool which was developed to support hospitals with training requirements around unauthorized access.

## LHSC IN THE NEWS

### Media Monitoring Report: September 11 – October 10, 2017

#### SUMMARY

- 15 stories were posted on the public website.
- 69 media stories referenced LHSC and our partners (56 positive, 10 neutral, 3 negative)

#### HIGHLIGHTS

**1. London hospital pleads for more psychiatric beds as ER waits in Ontario reach record levels**

The London Free Press featured several system-level stories surrounding the ongoing mental health crisis in Ontario, and highlighted the challenges locally as well as LHSC's request for additional mental health beds. Neutral coverage from [London Free Press](#) and neutral coverage of LHSC's request from [London Free Press](#).

**2. London Regional Cancer Program among 5 cancer centres participating in new genome study**

The London Regional Cancer Program at LHSC is one of five Ontario cancer centres taking part in a new study that aims to utilize next-generation genome sequencing technology to better connect cancer patients to treatments and therapies that will benefit them the most. Positive coverage from [Global News London](#) and from [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.