

**PRESIDENT AND CEO  
REPORT TO THE BOARD AND COMMUNITY  
OCTOBER 2018**

**DELIVER EXCELLENT CARE EXPERIENCES AND OUTCOMES**

**2018-2020 STRATEGIC PLAN: WORKING TOGETHER TO SHAPE THE FUTURE OF HEALTH**

At recent staff forums, I discussed how LHSC's new [vision, mission and values](#) will support and enable our 2018 – 2020 [Strategic Plan: Working Together to Shape the Future of Health](#), which includes five strategic directions to guide our work:

- Drive an Integrated Clinical, Teaching & Research Culture
- Support & Empower Our People
- Deliver Exceptional Quality & Safety
- Ensure Organizational & Resource Alignment
- Forge and Nurture Key Strategic Partnerships

LHSC will be rolling out initiatives aligned with each of the five strategic directions and I look forward to sharing more as each initiative becomes further developed to the community.

The work we do to achieve our strategic plan will provide the foundation for us to build on a concept I introduced around a southwestern Ontario health ecosystem, which would see LHSC work collaboratively with social service agencies, public health organizations, community health, long-term care and primary care providers to wrap our services around patients for more integrated, coordinated, and efficient patient care.

**CARDIAC CARE**

Collaborative discussions with Windsor Regional (WRH) are ongoing with respect to shared patients and greater opportunity for earlier repatriations/transfer, surgical preparation through diagnostic testing and post-acute follow-up to be completed closer to home for patients. A site visit at Windsor Regional Hospital took place late in September to validate opportunities for partnership.

There is interest from partners and Cardiac Care Physicians to create a regional Cardiac Care Network with representation from physicians, nursing and administration. Within this network, we hope to start to re-build the capability and skills of our community hospitals through outreach education, and collaborative discussion to better care for Cardiac patients.

There is a philanthropic interest in funding an educational event within the next year. LHSC is working out details with the Foundation and the donor regarding a Cardiac Care Network Launch/Education event for the spring of 2019, with a special focus on prevention.

***CLINICAL REDESIGN CONTINUOUS IMPROVEMENT INITIATIVE IN MENTAL HEALTH CARE PROGRAM***

In September, members of the Clinical Redesign team successfully launched a continuous improvement initiative involving in-depth observation with the Child and Adolescent Ambulatory Mental Health Care Program. The intent of the initiative is to use the learning to identify opportunities to enhance patient and staff experience in the Program. This approach utilized focus groups, patient surveys and observation sessions in order to better understand the nature of the work that is taking place in the Program; patient flow and accessibility; and barriers that may impede staff and physician work flow. The in-clinic observation period will conclude on October 5, 2018, and report out sessions to review the findings with staff and physicians in the Program will be scheduled for November.

***CANADIAN HEALTH INFORMATION MANAGEMENT ASSOCIATION (CHIMA) NATIONAL CONFERENCE –CLINICAL DOCUMENTATION IMPROVEMENT***

I would like to offer congratulations to the Health Information Management Team for being awarded first place at the National CHIMA Conference held in Niagara Falls on their poster Clinical Documentation Improvement (CDI) on September 18, 2018.

The poster outlined the background and objectives of the CDI program and the methodology utilized. Included were LHSC's conclusions and the successful results of the CDI work. Improved documentation accurately reflects the complexity of care and resource utilization provided. The patient chart communicates essential information within the circle of care and bridges the gap between clinicians and Health Information Management Professionals. Documentation within the patient's record describes the care provided to the patient and enables a more accurate reflection of acuity and ultimately, funding. Several organizations asked to reach out to LHSC's Health Information Management Department as they implement their CDI program including the Senior Provincial Director of Alberta Health Services.

***VICTORIA HOSPITAL – LONDON REGIONAL CANCER PROGRAM LEVEL 2 CHEMOTHERAPY REDEVELOPMENT AND STEM CELL PROGRAM DEVELOPMENT***

The MOHLTC capital branch endorsement of the Pre-Capital submissions for both projects and approval to proceed to Stage 1 & 2 Functional Program was received in September 2017 after the SW-LHIN endorsement for this project was received on February 27, 2017. The Draft Functional Program was completed in April 2018 with LRCP Leadership, patient and physician engagement. The Preliminary Stage 1 & 2 package was submitted to the MOHLTC in early May, 2018 for review and approval. LHSC is currently waiting for the MOHLTC review and approval to proceed to the next stage. The MOHLTC Capital Branch has not given any direction or been in contact with LHSC since the election and the future of the project proposals is, at present, unknown.

These projects have been proposed to proceed in tandem as there are shared components and cost savings to be realized by combining the two programs in a single package. High Level floor plans have been completed with the LRCP; full schematic planning is to proceed once the MOHLTC Stage 1 & 2 review and approval has been received.

**LEGALIZED RECREATIONAL CANNABIS**

Work is underway for a new policy around management of patients using legalized recreational cannabis. A multi-disciplinary stakeholder team including legal, risk management, occupational health and safety, security, pharmacy, providers, medical affairs, human resources, ethics and others was formed to discuss the challenges and opportunities for patient management. Patient and family advisors also gave feedback on the proposed draft. External consultation occurred with the Ontario Hospital Association and with pharmacy leaders across Ontario and locally. Consultation also occurred specifically with Children's Hospital of Eastern Ontario, Sick Kids and McMaster Children's hospital to ensure alignment with policy positions for children's care. Clinical directors on the working team also consulted with their counterparts at other major centers (e.g. Mental Health, ED). The working team discussed many elements of this change including how to maintain safe care for our patients while admitted (if they required continued use of cannabis for a perceived medical condition), use by visitors on hospital property, and possession (known and unknown). Access to licensed producer product, verification of the product, and safe storage was also discussed. The draft policy will move to MAC and Directors Council approval for October. Changes to the smoke free legislation (allowing smoking of cannabis) may make this challenging as a hospital to manage. A corresponding staff conduct policy is under development by the Occupational Health and Safety team, and the People Services department.

**ADVANCEMENT OF NEW DISCOVERIES****MENTAL HEALTH**

Dr. Elizabeth Osuch, Medical Director, First Episode Mood and Anxiety Program (FEMAP) and Jean Theberge, both Lawson Scientists, have highlighted research findings in "The Page" regarding a study on "Machine learning could predict medication response in patients with complex mood disorders".

In a collaborative study by Lawson Research Institute, The Mind Research Network and Brainnetome Center, researchers have developed an artificial intelligence (AI) algorithm that analyzes patients with a complex mood disorder and helps predict their response to medication. Dr. Osuch supports that this study takes a major step towards finding a biomarker of medication response in merging adults with complex mood disorders. To read the published report please click on the below noted link.

<https://onlinelibrary.wiley.com/doi/full/10.1111/acps.12945>

**HEALTHCARE SYSTEM REGIONAL UPDATES****SOUTHWEST REGIONAL AND ERIE-ST. CLAIR CANCER PROGRAM COLLABORATION UPDATE**

Dr. Anthony Nichols, head and neck cancer surgical champion, together with South West Regional Cancer Program leadership, met with the head and neck team from the Erie-St. Clair Regional Cancer Program. The purpose of the meeting was to advance discussion around the relationship and accountabilities between the designated head and neck site (LHSC) and the affiliated centre, (Windsor Regional Hospital). The meeting focused on developing a shared

understanding of the Cancer Care Ontario guidance documents, smooth patient transitions between regions, and patient experience (right care in the right place at the right time).

Other work included reaching an understanding around the required multi-disciplinary case discussions for every head and neck cancer patient, and ensuring that solutions were being developed to optimize radiation therapy in Windsor when surgery was completed in London. This team will meet again in early January.

## EDUCATE THE HEALTHCARE PROVIDERS OF TOMORROW

### **ACCREDITATION 2018**

On Accreditation Canada's website, they define accreditation as:

*"An ongoing process of assessing health and social services organizations against standards of excellence to identify what is being done well and what needs to be improved."*

LHSC will be taking part in this assessment in November 2018, and the physicians, leaders, staff and volunteers are working diligently to ensure they are ready through a number of mechanisms. LHSC's goal of being Accreditation Ready, every day has gained momentum over the last several years through an acceptance that healthcare organizations should be in a state of readiness and focused on continuous improvement on any given day rather than just at the time of assessment.

As part of individual interview team readiness, a number of methodologies are used to support knowledge transfer. One example of this was a gaming technique implemented by the Operating Room Clinical Educator, Kristen Webb. The Operating Rooms (OR) recently held Accreditation Escape Rooms within six of its Operating Rooms. The Escape Rooms involved completing tasks or answering questions regarding Accreditation, standards and required organizational practices (ROP's). Some of the clues revolved around the Safe Surgical Checklist, safely identifying the patient with two client identifiers, safe positioning of the patient, administering medication to the sterile field, incorrect count, what to do with broken equipment and processes, and providing transfer of information through a communication tool: Situation-Background-Assessment-Recommendation Report (SBAR report), working towards a goal of opening a locked box to complete the task. Two boxes complete with locks and combination codes were needed for each of the six rooms using some interactive techniques.

### **TRAUMA PROGRAM**

Reflective practice is another example of an effective tool in learning and improving the quality of care that LHSC provides. Recently, the Trauma Program hosted the Annual Regional Trauma Network General Meeting at London Health Sciences Centre (LHSC). Approximately, 50 representatives from Local Health Integration Networks 1, 2 and 14 attended the general meeting. The keynote speaker Dr. Bourke Tillman from Sunnybrook Hospital in Toronto spoke about the mass casualty event this past spring in Toronto. A second speaker Dr. Miriam Mann from Stratford Hospital highlighted a mass casualty event in a small hospital and the learning outcomes.

The speakers reinforced that a Mass Casualty Incident (MCI) can happen anywhere and at any time and that it is not just a big city problem. LHSC's trauma team learned that the definition of a mass casualty depends on the resources the institution has and cannot be defined as a number. The speakers both highlighted the following as important to prepare for such events and successfully execute:

- Create clear procedures and policies.
- Practice the management of an MCI. By practicing, staff recognize that an important first step is to have a procedure for tracking patients. Using assigned numbers instead of made up names is far easier to track and use of the numbers consistently over the course of the event to stay organized.
- Create a Family Information Center. This is essential to have in place as people present to the ED looking for their family members or friends. However a single hospital may not have information regarding patients sent to other hospitals or who may have been pronounced dead at the scene.
- Prepare for the day after the MCI as it is often the hardest day for the staff involved. Many staff coming back to work the next day wish to talk and debrief together with their colleagues, but are torn as new patients are in need of their care.

LHSC's trauma team will be incorporating the feedback into their disaster planning MCI toolkit and policy.

## LHSC IN THE NEWS

### **MEDIA MONITORING REPORT: SEPTEMBER 11 – OCTOBER 10, 2018**

#### **SUMMARY**

- **13** stories were posted on the public website
- **116** media stories referenced LHSC and our partners (89 positive, 21 neutral and 6 negative)
- **5** media inquiries were managed

#### **HIGHLIGHTS**

1. **Cardiac surgery firsts**

To avoid open heart surgery, Dr. Bob Kiaii performed two procedures on two patients needing heart valve replacements resulting in a world first and a Canadian first in cardiac surgery. Coverage from [CTV](#), [Global News](#) and [London Free Press](#) was positive.

2. **No end to hallway healthcare**

A report released by the Ontario Council of Hospital Unions says beds in hospitals across the province, including London, could be reduced by the provincial government. Negative coverage from [London Free Press](#) and [CBC](#) noted that LHSC's hallway transfer protocol would continue to impact patient care.

3. **#KikiChallenge**

After Justice Smith-Hilton was diagnosed with Leukemia, he filmed a video with nurses at Victoria Hospital dancing to Drake's hit "In My Feelings" to complete the #KikiChallenge.

Hoping to catch Drake's attention, the video went viral and had positive coverage from [Global News](#).

Respectfully submitted,

Paul Woods  
President and CEO

***Our Mission***

LHSC is a leading academic health organization committed to collaborating with patients, families and system partners to:

- Deliver excellent care experiences and outcomes;
- Educate the health-care providers of tomorrow; and
- Advance new discoveries and innovations that optimize the health and wellbeing of those we serve