

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

PERFORMANCE EXCELLENCE

PRESIDENT'S AWARD

The President's Award Program provides LHSC with a tremendous opportunity to celebrate our remarkable people. At the recently held President's Award Ceremony, the following individuals were recognized in the 6 award categories for exemplifying our core values, leadership, innovation and community focus:

- Joanne Clark - Community service
- Agnus Hope Schnieder - Living our core values - how we treat our patients
- Kimberly Schlegel - Living our core values - how we work together
- Rebecca Parkes - Leadership
- Dr. Roberto Hernandez-Alejandro - Innovation
- Dr. Andrew House - Physician leadership

HOSPITAL PARKING RATES

On January 18, 2016, the Provincial Government announced new fee limits and requirements related to patient and visitor parking at hospitals. This includes a cap on daily parking rates of \$10 a day (current LHSC daily maximum is \$12).

In addition, new rules were established for 5, 10 and 30 day hospital parking passes. These passes must now be:

- Billed at no more than 50 per cent off the \$10 daily rate
- Transferable between patients and caregivers
- Equipped with in-and-out privileges throughout a 24-hour period
- Good for one year from the date of purchase.
- Freeze parking rates for up to three years

The new rates for longer-stay passes largely reflect LHSC's current practice, and LHSC will be reviewing the net financial effect of the changes going forward.

The new patient/visitor parking rates must be fully implemented by October 1, 2016 after which there is a three-year freeze on any increases.

HOSPITAL TRANSFORMATION WORK UPDATE

As part of the Admission Discharge System Design (ADSD), the Medicine Team at University Hospital has undertaken comprehensive work including a recent week-long Kaizen (practice of continuous improvement) event focused on patient flow. A multidisciplinary team of staff and physicians lead by Dr. Alan Gob worked to create a value stream map of the current state for

the admission and discharge process, which allowed the team members to identify the “muda” (waste) in medicine patient care processes and work will be undertaken over the next year to implement changes that improve flow. Work streams will be initiated over the next year to implement changes.

The Emergency Department (ED) Transformation work continues to be refined. Both University (UH) and Victoria Hospital (ED)s were able to implement the new model of care for a significant portion of December with excellent results. A key indicator for success in implementation of the new model was increased flow of admitted patients out of the ED which created opportunity for implement the new model. as a result of new model implementation whenever system dynamics enable it, LHSC has seen a tangible improvement in key ED metrics tracked by the province – demonstrating the effectiveness of all of the system changes being implemented to support the new model of care at LHSC.

PEAK SURGE PLANNING DECEMBER RESULTS UPDATE

The regional surge plan developed to accommodate the increased volume of patients during the Christmas season was effectively coordinated with the Local Health Integrated Network (LHIN)-wide daily teleconferences designed to identify patient volume pressure points in the regional health care system.

The following high level observations were captured as part of early debrief discussions held on January 8th with the Chief Nursing Executive (CNE) Leadership Forum and submitted as part of the LHIN Board Package for their January meeting:

- All LHIN 2 hospitals, (plus Bluewater Health, Sarnia), the South West LHIN and the CCAC collaborated to participate in the daily surge calls, and in daily reporting to support the calls.
- During the holiday period, hospital organizations were able to manage identified capacity challenges internally within their organizations.
- The majority of identified issues were identified and collaboratively resolved within 24 hours.
- Huddle participant feedback was captured through survey data and feedback on the process was overwhelmingly positive. Many suggestions were provided to build on this process moving forward.

Early learning from the regional surge planning and huddles includes:

- There is an opportunity for improved accuracy and up-front communication of individual organizational planned closures (programs, services, and emergency surgical coverage), and coverage,
- It is recommended that key Leadership (empowered to make decisions) participate in the huddles to ensure timely and effective solutions are implemented to support access and flow,
- Regional Bed Huddles can be valuable throughout the year when experiencing a surge, thus it is recommended that an overall surge protocol and agreement be developed that can be triggered whenever the need arises
- Primary Care has suggested the need to ensure that private laboratory, and Diagnostic Services are available over the holiday period

Analysis of the Christmas season Mental Health volumes is underway with planned reporting at the January LHIN CEO meeting.

EMERGING ISSUES

LOCAL HEALTH INTEGRATION NETWORK (LHIN) SUB REGIONS

The Ontario Ministry of Health and Long-Term Care's Patients First proposal to strengthen patient-centred health care in Ontario is seeking feedback from the public and health care sector. The proposal also contemplates sub-regional approaches within the LHINs and LHSC will work with partners in the London region to assess implications and explore opportunities to partner in new, patient-centred approaches.

CARDIAC SERVICES SYSTEMS MANAGEMENT

The Cardiac Care Network is working with Cancer Care Ontario and the Provincial Programs Branch to develop new approaches to funding cardiac services in Ontario. LHSC will remain engaged as these discussions progress to understand any future implications.

FISCAL RESTRAINT

LHSC is anticipating funding for fiscal 16/17 to be similar to this year's levels, and will be implementing a series of measures to help achieve a balanced position over the combined 2015/16 and 2016/17 two year period.

HOSPITAL INFORMATION SYSTEMS

The Ministry of Health and Long-Term Care is finalizing recommendations and directives to the field with respect to Hospital Information Systems (HIS) development and implementation. The recommendations will likely encourage "clustering" and leveraging existing assets where possible, which means LHSC will likely continue to play a pivotal role in regional HIS advances.

EXEMPLARY COMMUNITY PARTNERSHIPS

REGIONAL STROKE CAPACITY ASSESSMENT AND BEST PRACTICE IMPLEMENTATION PROJECT

The South West Local Health Integration Network (LHIN) Board of Directors approved Priorities for Investment funding for project resources to continue the work of the Regional Stroke Capacity Assessment and Best Practice Implementation Project. The project resources are to coordinate the implementation of the Phase 1 directional recommendations for the future state of stroke care across the LHIN.

In addition, project management funding was approved to initiate Phase 2 - entitled *Regional Stroke Current State Assessment and Best Practice Recommendations for Post Hospital Care* - which will develop recommendations that include secondary stroke prevention and community stroke rehabilitation. Both projects will run in parallel until March 2017. In addition, the South West LHIN Chief Executive Officer (CEO) met with the Minister of Health (Dr. Eric Hoskins) as well as the Member of Provincial Parliament (London North) (Deb Matthews) on December 11, 2015.

A Ministry decision regarding the South West LHIN Stroke Business Case submitted on July 31, 2015 is forthcoming.

SOUTH WEST REGIONAL CANCER PROGRAM OFFICE RELOCATION

The lease at 746 Baseline Road is expiring, and office space has been created on 4th floor of the E Wing at Victoria Hospital for the South West Regional Cancer Program team. This was enabled through ongoing consolidation efforts within the hospital and eliminates the need for payment of leased space for this team of 25 people. Planning is currently underway to prepare the space and organize the move. Existing furniture and other resources will be redeployed in the new space to minimize any cost required as a result of the move.

HEALTHCARE REGIONAL UPDATES

PHYSICIAN ASSISTED DYING SUPREME COURT RULING

As previously reported, on February 6, 2015 the Supreme Court struck down the ban on physician-assisted dying on the grounds that it violated Canadians' charter rights. Justices then gave the federal and provincial governments 12 months to prepare for the decision to come into effect.

On Dec. 3, 2015 the new Liberal federal government asked the court for a six-month extension to draft new laws on doctor-assisted dying. Earlier in January 2016, in a 5-4 ruling the Supreme Court of Canada granted the federal government a four-month extension to pass assisted dying legislation, rather than the six months the government had asked for. In addition, individuals may seek an exemption from the current ban during this four month period from a Superior Court Justice.

The court also ruled that Quebec's assisted dying law, which came into effect in December, can remain in effect. Earlier Friday, CBC News confirmed a Quebec City patient had died with the assistance of a doctor, a Canadian legal first.

LHSC, will continue to work with provincial and national agencies and system partners to consider and ready for all potential impacts.

PATIENTS FIRST PROPOSAL TO STRENGTHEN PATIENT-CENTRED HEALTH CARE IN ONTARIO (THE "PROPOSAL")

In December 2015, the Ontario Ministry of Health and Long-Term Care released a proposal for consultation aimed at giving patients better access to care no matter where they live. The province is seeking feedback on the proposal from the public and from the health care sector.

The Proposal includes four key components, as follows:

More effective integration of services and greater equity. Make care more integrated and responsive to local needs, make Local Health Integration Networks ("LHINs") responsible and accountable for all health service planning and performance, and identify smaller sub-regions as part of each LHIN to be the focal point for local planning, service management and delivery.

Timely access to primary care, and seamless links between primary care and other services.

Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management.

More consistent and accessible home and community care. Strengthen accountability and integration of home and community care. Transfer direct responsibility for service management and delivery from the Community Care Access Centres to the LHINs.

Stronger links between population and public health, and other health services. Integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units.

The Proposal also includes a series of discussion questions on each component of the Proposal.

The Ministry is inviting feedback and comments from providers, patients, caregivers and the public, which can be submitted by email to health.feedback@ontario.ca or online through the Ministry's website.

To read the discussion paper, please click on the following link:

http://www.health.gov.on.ca/en/news/bulletin/2015/hb_20151217.aspx

HEALTH QUALITY ONTARIO- STRATEGIC PLAN 2016-2019

Health Quality Ontario serves as the provincial advisor on the quality of health care in Ontario. The organization has recently released their three-year strategic plan entitled, "Better Has No Limit: Partnering for a Quality Health System". This plan sets out a series of strategic priorities designed to help advance the health care quality agenda for Ontario.

The summarized Health Quality Ontario's strategic priorities are:

- Providing system-level leadership for health care quality
- Increasing the availability of information to enable better decisions
- Evaluating promising innovations and practices, and supporting broad uptake of those that provide good value for money
- Engaging patients in improving care
- Enhancing quality when patients transition between different types or settings of care

To read the plan in more detail please click on the following link:

<http://www.hqontario.ca/about-us/strategic-plan>

LHSC IN THE NEWS

There were 36 media stories that referenced London Health Sciences Centre from December 15, 2015 to January 14, 2016. There were 24 positive, 9 neutral, 2 negative stories, and 1 paid advertorial. There were 4 media advisory issued and 13 web features posted on the public website.

Notable coverage from the month includes:

1. LHSC welcomes first baby of 2016

London Health Sciences Center welcomed the 2016 New Year's baby, Olivia Noella Keane. The family received gifts from Shopper's Drug Mart and Children's Health Foundation. Positive coverage from [CTV London](#).

2. CMHA Crisis Centre Opens

The Canadian Mental Health Association opened the doors to a new Mental Health and Addiction Crisis Centre. Hoping to alleviate stress on EMS, police and hospitals, the centre reported that in the first two days of opening about 16 walk-in patients would have gone to the Emergency Department had the centre not been there. Neutral coverage from the [London Free Press](#).

3. Low flu rates

A London Free Press article provided commentary on the lower rate of flu in the community and LHSC's approach to flu protocols this year. [Low flu rates see fewer London Health Sciences Centre staff getting shots](#).

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.