

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

PERFORMANCE EXCELLENCE

INTERACTIVE IN-HOSPITAL PROGRAMS FOR CHILDREN

A new program is now available within Children's Care. Camp Ooch provides year-round fun and interactive "In-Hospital Camp Programs" for paediatric inpatients and outpatients between 3-17 years of age on the B6 Inpatient unit and the Paediatric Medical Day Unit. Camp Ooch staff members bring games, crafts, science experiments, and other camp activities and offer these in one-to one or group formats each Tuesday and Wednesday. LHSC's Camp Ooch program builds off of similar successful "In-Hospital Camp Programs" at SickKids and McMaster Children's Hospital.

PUBLIC ANNOUNCEMENT VIDEOS

On February 22, 2016, the South West Local Health Integration Network (LHIN) granted the Southwestern Ontario Stroke Network \$7,500 in one-time funding for fiscal 2015/16 through the Priorities for Investment Plan. The funds will support the development of three 15 second public awareness videos with local input to showcase the FAST (Face, Arms, Speech, and Time is Brain) signs and symptoms of stroke. The videos will increase public awareness of the signs and symptoms of stroke and encourage those experiencing such signs across the Grey Bruce, Huron Perth and Thames Valley Stroke Districts to call 911.

ACCESS AND FLOW ESCALATION PLAN IN POST ANESTHETIC CARE UNIT

When patients in the Post Anesthetic Care Unit (PACU) take a longer time than expected to recover or when there is a lack of an available inpatient bed to go to when recovery is complete, the flow of patients moving out of PACU is delayed. This can cause flow issues for patients moving out of the Operating Room and potentially results in delays for patients needing to come in to the operating rooms. The Perioperative Care Department collaborated with Patient Access and Flow to develop and implement an internal surgical bed access and flow escalation plan. This work has resulted in improved communication between Patient Access, Perioperative Care, and Surgical Inpatient units, and the improved communication process has decreased Operating Room (OR) holds from 35 in November to 14 in December and 4 in January.

QUALITY BASED PROCEDURES IMPLEMENTATIONS

Quality Based Procedures (QBPs) are specific medical procedures which fall under a new funding model whereby hospitals receive funds to complete these procedures in a standardized manner in order to create efficiencies and improve patient outcomes. At London Health Sciences Centre (LHSC), the 'Hip and Knee Arthroplasty (Replacement)' and 'Hip Fracture' Quality Based Procedures were initiated in the fall of 2014 and were completed in March 2016. For each QBP, project teams including leaders, physicians, nurses and allied health staff

members were formed to review the provincial recommendations, identify opportunities for improvement and implement change.

The work of the project teams has led to the following changes:

- creation of interdisciplinary clinical pathways to ensure each patient is engaged in a specific set of activities each day (walking, stairs) in order to achieve their discharge goal
- comprehensive patient educational materials to address patient's questions before and after surgery
- shifting from general anesthetic to spinal anesthetic, as appropriate, to reduce the risk of post-operative confusion
- implementing the updated NPO (nothing by mouth) guidelines for hip fracture patients to ensure proper nourishment prior to surgery
- collaboration with London X-Ray Associates to provide standard investigations. This allows joint replacement patients to receive an X-ray in the community, at their convenience in advance of their LHSC clinic appointment
- smoother and more timely transitions of care enabling patients to more easily transfer from acute care to a rehabilitation facility or home to complete the 'rehabilitation phase' of their journey.

The comprehensive work is currently trending towards improved overall hospital length of stay over previous years. A reduction in overall length of stay contributes to an improved patient experience as well as greater system capacity at LHSC.

EXEMPLARY COMMUNITY PARTNERSHIPS

STROKE PHASE 1 – FUTURE STATE OF STROKE CARE BUSINESS CASE

The South West Local Health Integration Network (LHIN) submitted a Business Case to the Ministry of Health and Long Term Care on July 31, 2015 to address the transitional and ongoing funding requirements related to the *Stroke Phase 1 - Future State of Stroke Care Directional Recommendations* work. The purpose of the Business Case was to identify the funding gaps and financial barriers to the implementation of the Directional Recommendations supported by the South West LHIN Board of Directors in March 2015. The Business Case outlined the required funding required to realign stroke care from 28 hospital sites to seven which provide both acute and rehabilitative care. The South West LHIN's request was submitted to the Hospitals Pressures Fund and the LHIN received written confirmation and a funding letter from the MOHLTC on February 5, 2016. The total base funding that has been approved is \$1.72 Million. The receipt of this funding will enable implementation of the plans however, decisions on how best to allocate the funds given the funding gaps will need to be made. The LHIN is currently working with hospital partners to develop a plan for the allocation of the resources – including both one-time and base budget allocations.

MOVE ON PROJECT CONCLUDES

In 2012 LHSC was one of 14 Council of Academic Hospitals of Ontario (CAHO) hospitals selected to participate in the Adopting Research to Improve Care (ARTIC) Program Mobilization of Vulnerable Elderly in Ontario (MOVE ON) project. The aim of this project was to improve in-hospital mobilization of elderly patients through implementation of an education intervention. The LHSC leads in this quality improvement project included Dr. Margaret Taabazuing, Dr.

Monidipa Dasgupta and Trish Fitzpatrick. This project officially came to a close with a wrap-up session in February 2016 to review lessons learned and best practices. Key achievements of the MOVE ON ARTIC Project include:

- Bolstered, facilitated and ensured quality-driven, patient-centred care by challenging the often accepted notion that rest is best;
- Reduced the length of stay by a half day (observed), which speaks to an improved quality of life for patients and their families, and savings to the health care system;
- Increased the mobility rate of elderly patients, which we know from existing research improves health outcomes for this vulnerable population;
- Utilized existing resources, fostered inter-professional collaboration and facilitated natural opportunities to include mobilization in staff workflow, thereby demonstrating the Project's feasibility and sustainability, and aligning the Project with hospital and provincial priorities.

HEALTHCARE REGIONAL UPDATES

HOSPITAL FUNDING

The 2016/17 funding letters for hospitals have been prepared. They are expected to be released over the next two weeks. The 2016/17 hospital funding calculations are more complex than usual. In addition to basic funding formula calculations 2016/17 needs to accommodate:

-A formula "reset"

-The allocation of the incremental 1% funding for hospitals announced in the recent Provincial budget

The Ontario Budget, released February 25, 2016 announced a \$345 M hospital increase for 16/17. The 2016 Ontario Budget Highlights document notes the increases for hospitals and other sectors. Of particular note:

- All HSRF Hospitals will receive a 1% increase (to be confirmed) to the "global base" in 16/17 and a further 1% increase to the HBAM envelope (approximately \$50 M).
- Small, rural and northern hospitals (not in HSRF) will receive 1%, approximately \$7.5 M.
- \$50 M is targeted for additional QBP volumes; investment is for both hospitals and CCO.
- \$175 M investment in provincial programs, specialty hospitals for children and mental health and PCOPs, and to address access and wait times.
- \$50 M increase in Hospital Infrastructure Renewal Fund (HIRF) from \$125 M to \$175 M.

CANADIAN INSTITUTE OF HEALTH INFORMATION (CIHI) ON CANADIANS WAITING FOR AN ORGAN TRANSPLANT

In a recent media release CIHI indicated that over the last decade, the number of Canadians waiting for a new organ has been higher than the number of transplants performed within a given year. For example, in 2014, there were 2,356 organ transplant surgeries performed; however, more than 4,500 Canadians were on the waiting list at the end of the year. The number of patients waiting for an organ varied by organ type, though Canadians waiting for a new kidney accounted for more than 3,400 (or 77%) of those on the list.

End-stage kidney disease (ESKD) is the primary cause of kidney failure, which affected more than 35,000 Canadians (excluding Quebec) in 2014. According to the latest statistics released

by CIHI's Canadian Organ Replacement Register, there were more than 5,200 newly diagnosed cases of ESKD in 2014. Of these, 36% had diabetes — a mostly preventable disease — as a main cause.

ORGAN DONATION IN CANADA

The number of deceased organ donors has gone up 44% over the last decade, and in 2014 there were more deceased donors (592) than living donors (553). It is important to note that a deceased donor can provide up to 8 organs. In spite of the increase in deceased donors, there is a persistent shortage of certain organs, especially kidneys, due to the increasing demand for transplants.

A [CIHI report released in 2014](#) estimated that there is significant potential to address this gap by increasing the proportion of deceased donors. Organizations such as Canadian Blood Services are working to increase the number of deceased donors through concerted efforts to maximize organ donation and to improve organ transfers between provinces.

LHSC IN THE NEWS

There were 35 media stories that referenced London Health Sciences Centre from February 15, 2016 to March 14, 2016. There were 11 positive, 17 neutral, 7 negative stories. There were 3 media advisories issued and 16 web features posted on the public website.

Notable coverage from this month includes:

1. Bottleneck in London Emergency Departments for Mental Health patients

LHSC has been experiencing high volumes of mental health patients. Combined with a lack of community resources, this has resulted in patients spending many days in the Emergency Department. Health Minister, Dr. Eric Hoskins was challenged on the issue. Multiple stories from the [London Free Press](#).

2. Music Therapy month

March is Music Therapy Awareness Month, promoting how music can be used to maintain and restore mental, physical and emotional health. CTV London did an interview with Karina Charczuk, Accredited Music Therapist at Children's Hospital.

3. Staff and patients potentially exposed to tuberculosis

A health care provider at LHSC and St. Joseph's Health Care London was diagnosed with tuberculosis. Staff and patients who potentially came in contact with this person were quickly notified and testing is ongoing. No ongoing risk to public health. Coverage from the [London Free Press](#) 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.