

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

PERFORMANCE EXCELLENCE

INFORMATION SYSTEMS PORTFOLIO UPDATES

It has been a notable year of IT project implementations, and significant progress was also made on additional projects that will launch soon. Moving the London Health Sciences Centre forward with strategic implementation of clinical, academic and business technologies is key to our role as a leading Academic Health Sciences Centre and we are proud of the progress that has been made – especially in these fiscally challenging times. Examples of important, ongoing Information Systems work include:

Power Chart Oncology

Cancer patients receive a complex series of chemotherapy medications within defined evidence-informed protocols for specific disease conditions. The software tool used to manage complex chemotherapy medication ordering and documentation is Power Chart Oncology (PCO). In April, PCO was successfully implemented within the oncology services in the Children's Hospital. In May, the system was successfully implemented in the adult inpatient oncology wards and in the London Regional Cancer Program at LHSC, as well as at three regional hospital sites. This implementation transitioned all cancer chemotherapy orders to this common system and up to 80% of patient level clinical documentation is now completed electronically. LHSC is the first hospital in Ontario to have a chemotherapy order entry system integrated into a regional hospital information system (HIS).

Email Replacement

Starting in fall 2016, LHSC will be replacing its aging email platform with Microsoft Outlook. This email platform includes many new end-user functions to support improved productivity.

Optimization Project

HUGO Optimization is a key initiative within LHSC's Transitional Plan. This work focuses on optimizing functionality and improving processes of care with our Electronic Health Record. It was formally launched in April 2016, with a goal to improved adoption resulting in greater gains in patient safety.

PILOT PROJECT- SEVEN DAY HEALTH DISCIPLINES MODEL

On April 1, 2016, the University Hospital and Victoria Hospital Inpatient Medicine teams launched a six (6) month pilot for the Seven Day Health Disciplines Model to address an identified gap in the discharge planning process through the Admission and Discharge System Design (ADSD) project. This pilot is funded through Pay for Results with the aim to enhance assessments and treatments over the weekend and decrease length of stay with consistent support from all

health disciplines, including Clinical Nutrition, Occupational Therapy, Physiotherapy and Social Work. Additionally, there is also Nurse Case Manager support being provided seven days a week for the admitting Medicine Clinical Teaching Units to facilitate discharge planning. The teams have spent the first few weeks staffing and optimizing the model, and this work continues. Weekly meetings occur to review the results with a focus on key metrics including: admission and discharge rate by day of week (including Saturdays and Sundays), percent discharges by 1100 hours and 1400 hours, percent of patients who are discharged earlier than the expected target and weekend referral rate for allied health.

CANCER CARE ONTARIO REGIONAL ROADSHOW

On Tuesday, April 19, representatives from Cancer Care Ontario visited the South West Regional Cancer Program to provide an update on the Quality Based Procedure (QBP) Model in the South West region. This annual event provides regional stakeholders with the opportunity to learn more about QBP implementation. The morning session focused on surgery and gastrointestinal endoscopy; the afternoon included detailed discussion about systemic therapy, specific to the London Regional Cancer Program (LRCP) and Grey Bruce Health Centre. The session was hosted by Neil Johnson, facilitated by Irene Blais (Director – Funding Unit, Cancer Care Ontario) and attended by clinical and operational leaders, as well as finance and decision support personnel. All hospitals that receive QBP funding from Cancer Care Ontario were represented, as was the SW LHIN. To learn more about Quality Based procedure funding models please click on the below noted link.

http://www.health.gov.on.ca/en/pro/programs/ecfa/funding/hs_funding_qbp.aspx

CHILDREN'S HEALTH FOUNDATION

LHSC's Children's Hospital continues to enjoy tremendous community support through the efforts of the Children's Health Foundation, as witnessed by the recent and upcoming events listed below: :

- Thursday, May 12th marked the grand opening of the new Smilezone, a space designed to brighten hospital visits for paediatric patients with neurological disorders. A generous donation from The Smilezone Foundation transformed the Paediatric Neurology Program into a kid-centric camp setting, enhancing the care environment for approximately 900 patients who visit annually.
- On June 5th and 6th the Mike Weir Miracle Golf Drive For Kids is returning to London for a two-day event at Sunningdale Golf & Country Club to mark ten years since its inaugural tournament in London. Two separate tournaments will be offered, one for kids (with parents caddying) and one for adults. Funds raised will go to paediatric health care at LHSC's Children's Hospital and a portion of the proceeds will be specifically designated for the Child and Adolescent Mental Health Care Program. A variety of activities is planned and more information is available at
- www.childhealth.ca/mikeweir .

EXEMPLARY COMMUNITY PARTNERSHIPS

REDESIGN UNDERWAY OF MENTAL HEALTH AND ADDICTIONS PHONE SUPPORT SERVICES

Recently, the Canadian Mental Health Association (CMHA) Middlesex issued a media release announcing the intent to consolidate all current mental health phone-line support services into a Crisis Response Line operated by ConnexOntario, later this year. CMHA strives to provide responsive and innovative services to empower individuals on their recovery journey. Over the past year and a half, the CMHA has been working with community partners and funders to explore the possibility of a one-number access line for individuals across London, Middlesex, Oxford and Elgin counties.

Currently there are multiple support lines including the Crisis Response Line, Distress Line and Senior Helpline answered by London & District Distress Centre, Drug & Alcohol Helpline, Ontario Problem Gambling Helpline and Mental Health Helpline answered by ConnexOntario as well as information and referral services offered at CMHA Middlesex, CMHA Oxford and CMHA Elgin.

Individuals experiencing a crisis were challenged to determine which of these support lines would best meet their needs. CMHA believes moving to a one-number system will better support individuals in London/Middlesex region and reduce barriers to accessing services.

A one-line access system will provide general mental health and addictions information, direct referrals for services (including screening and calendar access and scheduling between service providers), crisis support and bilingual services. Therapeutic and supportive listening services will be provided by volunteers at the Mental Health & Addictions Crisis Centre. The CMHA Middlesex committed to ensuring there will be no disruption in services during the coming months, and noted they also hope to grow this service in time to include text and web chat support to individuals in crisis.

HOME SAFETY EDUCATION AND PREVENTION

After some injury mapping and analysis of social determinants of health done in conjunction with the Department of Geography at Western, LHSC's Trauma program established an index of need in various communities. Based on this analysis, the community with the highest risk of injury was identified as an area that would benefit from home safety and prevention education. To this end, the trauma program partnered with a community agency and joined programs for young families and expectant moms to distribute Home Safety kits and provide education. The trauma program was also invited to join the Community Easter Egg Hunt which attracts 300-400 young families. This initiative is a great example of a population health strategy at work to improve the health of the community and, ultimately, decrease the need for acute care services.

PROVIDING THE RIGHT CARE AT THE RIGHT PLACE FOR MENTAL HEALTH PATIENTS

Middlesex London Emergency Medical Services (MLEMS) is developing a plan to allow for diversion of stable Mental Health patients to the CMHA Mental Health and Addictions Crisis Centre. Currently the ambulance service is not able to divert to the Crisis Centre because the Ambulance Act stipulates that they take patients to hospitals only. MLEMS has identified other

jurisdictions that have navigated this issue successfully and LHSC is moving forward to draft a Memorandum of Understanding to trial this process in London. It is estimated that up to 1700 ambulance visits a year may be eligible for diversion to the Crisis Centre.

SOUTH WEST HEALTH ETHICS NETWORK MEETING- APRIL 22, 2016

Leaders from LHSC Inpatient Medicine attended the South West Health Ethics Network (SWHEN) bi-annual meeting where the theme was, "Using a Quality Improvement Approach to Prevent Ethical Errors in Transfers between Care Settings." Guest speakers were clinical ethicists from William Osler Hospital who spoke about two of their projects: Home First refresh and Improving Advanced Care Discussions in Long term Care Homes. Both of these initiatives have supported the stated goals of minimizing unnecessary admissions and reducing lengths of stay in the Medicine units. Successes to date were attributed to strong partnerships with the leadership of the Community Care Access Centres and Long Term Care Homes. LHSC is coordinating a site visit to William Osler in May learn more about the details of these projects.

HEALTHCARE REGIONAL UPDATES

PROVINCIAL INFORMATION TECHNOLOGY (IT) STRATEGY

The Ministry of Health and Long Term Care continues to develop a provincial IT strategy, with an eye to best leveraging existing assets. Consideration is also being given to building IT system capacity through hubs that are aligned more with natural patient flow/service patterns than with traditional geographic boundaries. The changes could be quite fundamental, both in terms of how central IT services are developed, managed and branded, and in how IT strategies are executed regionally. The approach is still in development and more details are expected later this year.

CANCER CARE FOR PRIMARY CARE CONFERENCE - "BECAUSE CONNECTING MATTERS"

The South West Regional Cancer Program, in partnership with the Waterloo Wellington Regional Cancer Program, is hosting the third annual Cancer Care for Primary Care Conference this coming October. This one day symposium will provide allied health professionals with the opportunity to stay connected on the latest cancer-related information and updates. The agenda includes interactive break-out sessions, an in-depth discussion on health care consent and advance care planning, how to care for survivors of childhood cancer, as well as many other topics.

LEGISLATION UPDATES:

Bill 119, the Health Information Protection Act, 2016--The Health Information Protection Act, 2016 (HIPA), passed third reading in the Ontario legislature on May 5, 2016 and subsequently was given Royal Assent on May 18, 2016. Once HIPA 2016 is proclaimed, the *Quality of Care Information Protection Act, 2004* (QCIPA) will be repealed and replaced with QCIPA 2016. HIPA will also amend the *Personal Health Information Protection Act, 2004*. Specifically, the proposed amendments to PHIPA would require mandatory reporting of privacy breaches involving personal health information, would facilitate prosecutions under PHIPA, and would create a new section regarding Electronic Health Records. In light of the broad overhaul of QCIPA, health facilities will need to undergo a comprehensive review of their risk and quality policies, processes

and systems. The OHA has created a number of background documents and the link to their overview can be found below for your information.

http://www.oha.com/News/Bulletins/Documents/May%2009,%202016-OHA_Bulletin_HIPA_Passes_Third_Reading_in_the_Ontario_Legislature.pdf

Bill C14, An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying)--The Court suspended the effect of its decision until June 6, 2016, to allow Parliament, provincial legislatures and regulatory bodies some time to respond to the ruling. Bill C14 was introduced in April 2016 and proposes to revise the Canadian *Criminal Code* to exempt specific health care practitioners from otherwise applicable criminal offences, specifically medical practitioners (physicians), nurse practitioners, and pharmacists, and those persons who help to provide medical assistance in dying.

The legislation would define "medical assistance in dying" to include the administration of life-ending medication by a medical practitioner or nurse practitioner; and individual self-administration of life-ending medication, where a medical practitioner or a nurse practitioner prescribes or provides the medication.

The proposed legislation also specifies the eligibility criteria and the safeguards that must be respected before medical assistance in dying may be provided to an individual.

To read the OHA briefing on this bill, please click on the link below.

<http://www.oha.com/CurrentIssues/LegalProfessional/Documents/Bill%20C-14%20Medical%20Assistance%20in%20Dying%20-%20OHA%20Backgrounder.pdf>

BUILDING AN INTEGRATED SYSTEM FOR QUALITY OVERSIGHT IN ONTARIO'S NON-HOSPITAL MEDICAL CLINICS

The movement of low risk procedures from hospitals to the community was expressed as a goal in the 'Action Plan for HealthCare' and providing coordinated and integrated care in the community closer to home was emphasized as a goal in the recently released Patients First: Action Plan for Health Care. The movement of services away from hospitals and into the community has occurred incrementally over several decades. Non-hospital medical clinics offer specialized services such as diagnostic imaging, sleep studies, colonoscopies, gynecology, ophthalmology or plastic surgery. In 2014, the Ministry tasked Health Quality Ontario with developing recommendations to achieve effective quality oversight for non-hospital medical clinics. The panel returned 12 recommendations early in May. Dr. Eric Hoskins has indicated that he plans to implement the 12 recommendations to bolster accountability, regulation, quality and safety in the increasing number of non-hospital medical clinics in Ontario. Among the recommendations, the non-hospital medical clinics will be required to:

- Develop a single system of oversight for all clinics, including 273 "out-of-hospital premises" such as pain, colonoscopy and plastic surgery clinics and 935 "independent health facilities" such as diagnostic testing facilities.
- Introduce quality oversight legislation, which, among other things, would establish the role of an independent executive officer to helm the sector as well as develop and submit quality improvement plans
- To pass inspections, with plain-language summaries of inspection reports to be posted in waiting rooms and online.

To read the entire report and the twelve recommendations, please click on the following link.
http://www.health.gov.on.ca/en/news/bulletin/2016/docs/hb_20160504.pdf

LHSC IN THE NEWS

There were 66 media stories that referenced London Health Sciences Centre from April 15-May 14, 2016. There were 49 positive, 17 neutral, and 0 negative stories. There were 2 media releases, 1 media advisory issued and 23 web features posted on the public website.

Notable coverage from the month:

1. LHSC's Multi-Organ Transplant Program to offer physiotherapy sessions by video

First transplant program in Canada to offer physiotherapy sessions by video to out of town patients. So far the program has helped 12 patients from Southwestern and Northern Ontario increase their strength and overall health prior to transplant surgery. Positive coverage from the [London Free Press](#) and CTV News.

2. New research has potential to remove Hepatitis C patients from liver transplant list

Researchers at LHSC's Multi-Organ Transplant Program and Lawson Health Research Institute have been able to remove approximately one third of patients from the liver transplant list by "curing" them of Hepatitis C. Positive coverage from multiple sources including the [London Free Press](#) and the National Post.

3. Burst pipe causes surgery delays

On May 11, a burst water pipe near the operating rooms at Victoria Hospital resulted in approximately 14 elective surgeries being postponed. The pipe was repaired and surgeries resumed early that afternoon. Neutral coverage from the [London Free Press](#), [Corus Radio](#) and [Blackburn 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.