

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

PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT

DRIVING IMPROVEMENT IN PARTNERSHIP WITH OUR PATIENTS: RENAL PROGRAM

The Renal program continues to ensure the patient voice helps guide improvement by working in close partnership with the Renal Patient Advisory Council (PFAC). A recent example is the Transplant Transitions Project that was initiated last month as a result of a variety of both positive and negative patient stories. These patient perspectives made it clear that renal patients often experience a variety of transition points within their care continuum and that improvement opportunities existed as a result. In collaboration with our patients, a project team consisting of patients and health care providers was established from both the renal and transplant programs and the team is currently engaged in a series of process mapping sessions, focusing on transition points and linking the patient experience to each point. Once this phase is completed, the team will identify opportunities for improvement, and the formation of work groups will commence.

The team has identified two key themes to date:

1. Each transition point within the care continuum increases the opportunity for gaps in care and communication, often leading to poor patient experiences. These gaps may appear minimal from the care provider's perspective, but can be very significant, frustrating and time consuming for patients without advancing their care. It is easier to identify and improve care transitions within one program but, when the transitions span multiple programs, improvement opportunities become more complex.
2. The team's goal is to identify process gaps that contribute to poor patient experiences, and implement quality improvement initiatives that better meet the needs and preferences of our patients and their families.

NEW EXAM TABLE HELPS PROVIDE MORE TIMELY CARE

The Emergency Department System Transformation (EDST) implementation teams have trialed an exam table which encourages a change in practice and culture with regards to the physical examination of patients presenting in the Emergency Department (ED). The new exam table is different from a conventional ED stretcher. Exam tables are utilized similar to how an exam table would be utilized in a doctor's office for assessment or procedure only. It is intended to keep the patient upright and utilized for a short period of time. The rationale behind exam tables is well documented in current research. Low-acuity patients are most efficiently handled in a vertical treatment space — a space that allows for the patient to remain in an upright posture. It speeds up the assessment of various patient types by treating and releasing non-urgent patients, or beginning treatment protocols on higher-acuity patients, requiring less space than a conventional ED exam stretcher. Patients can be examined and then moved from the exam table to a chair following their assessment. A trial conducted in the ED demonstrated that the

ED staff could treat twice as many patients using an exam table versus the existing stretchers in use at LHSC. Based upon this finding, the ED team has recommended that the number of exam tables be increased in the ED. The ED has ordered 3 exam tables with Pay for Results (P4R) money and data will be collected to track and quantify the anticipated improvement in time to patient care, as well as turnover and operational efficiencies.

FARM SAFETY WEEK, March 12- 19, 2017

LHSC is recognizing farm safety week, March 12-19, 2017. As the designated lead trauma hospital for the southwestern Ontario region, London Health Sciences Centre plays a leadership role in the specialized care of moderately and severely injured adults and children, including farming injuries

http://www.lhsc.on.ca/About_Us/LHSC/Publications/Homepage/FarmSafetyWeek2017.htm

EXEMPLARY COMMUNITY PARTNERSHIPS

CONNECTING CARE TO HOME (CC2H) PROJECT

CC2H is a partnership project of London Health Sciences Centre, South West Community Care Access Centre, St. Joseph's Health Care London, Thames Valley Family Health Team, primary care physicians and the South West Local Health Integration Network. In October 2015, the Connecting Care to Home (CC2H) project team introduced an integrated clinical pathway for patients with chronic obstructive pulmonary disease (COPD), which is a long-term incurable lung disease. For COPD patients who present at hospital, a specialized patient navigator will partner with them and assess their symptoms upon admission to the hospital, and introduce them to the care pathway before they are discharged. Additionally, before the patient returns home, a clinical care coordinator will develop a care plan, as well as organize the appropriate in-home supports.

Once the patient is discharged, the clinical care coordinator will conduct a same-day visit with the patient and family in their home to ensure the transition has gone smoothly, will linkages to primary care and other community supports, and will continue to provide intensive care coordination services for up to 60 days thereafter.

While at home, patients will be medically monitored by in-home caregivers who have specific COPD training. Special technology provisions in the home will also connect the in-home caregivers to the broader CC2H care team, providing real-time remote access of medical charts, as well as enabling the delivery of medical care and adjustments to the care plan as needed.

Throughout their entire care experience, patients will have the opportunity to learn about their condition and how to best manage their symptoms, as well as be introduced to additional resources, such as community programs to support their quality and management of health. For any questions or concerns at any time, patients have a single number to call 24/7 that will connect them with the hospital, home care team members, and their primary care provider.

For LHSC, working with our partners to provide more robust care in the home through the CC2H initiative will allow us to discharge patients – those who no longer need acute care but require more concentrated care than was previously available at home – sooner than we have been able to safely do in the past. This coordinated care pathway provides a better, more seamless experience for patients, helps to decrease emergency department visits, hospital length of stay and readmissions, all while maintaining or improving patient quality and safety.

Building on the success of this collaboration, a similar approach will soon be introduced for patients managing Chronic Heart Failure.

UPDATES FROM CHILDREN'S HEALTH FOUNDATION

The Corus Radiothon for Children's was a success, raising awareness as well as \$91,107 for our three healthcare partners. This was a higher return than any other year in the history of the Radiothon in partnership with Corus Radio. The event which ran live-to-air on February 9 in the Atrium of Children's Hospital, enabled listeners to hear from a number of our Patient and Client Ambassadors as well as healthcare professionals. The Radiothon is an excellent way of getting the word out about Children's Health Foundation, while raising much needed funds. Thank you to all those at LHSC (facilities staff, leadership, etc.) who helped things run so smoothly.

HEALTHCARE SYSTEM REGIONAL UPDATES

CSWO PROGRAM ACHIEVES ANOTHER FIRST FOR PROVINCE

This past fall, and for the first time in Ontario, drug data from the Ministry of Health and Long-Term Care's Digital Health Drug Repository (DHDR) was made available in cSWO Regional Clinical Viewer, ClinicalConnect™ for the portal's authorized users. The drug data adds to the pharmacy data already contributed directly by hospitals, including LHSC. It is viewed in the pharmacy module, under home meds.

The early adopter initiative for DHDR included Guelph Community Health Centre, Guelph Family Health Team and the Guelph General Hospital - the first in the province to view provincial drug data.

The DHDR is an electronic repository of dispensed drug and pharmacy service information that will expand on what has been provided to date in the Drug Profile Viewer. These currently include records relating to publicly funded drugs and pharmacy services or monitored drugs (including narcotics), which are held and being disclosed by the Ministry of Health and Long-Term Care. For a detailed list click on [Information Available to Health Care Providers through the Digital Health Drug Repository](#). Over time, the DHDR will expand further to include pharmacy records for drugs paid for directly by patients or by private insurance.

With the successful initiative in Guelph, DHDR is now being deployed through a planned approach across south west Ontario to health service providers with access to ClinicalConnect. Hospitals are the first to be deployed, and LHSC will go live on March 31st.

"Making provincial drug data, including monitored drugs, such as narcotics and controlled substances accessible through ClinicalConnect further enhances the data and information

currently available. Enabling health care professionals to collaborate when prescribing drugs to patients can improve patient outcomes and decrease risk of adverse drug events. That will translate to better care and more positive patient outcomes," says Dr. Kirk Hollohan, Family Physician, London Family Health Team, and cSWO Program Clinical Lead.

INSTITUTE FOR HEALTHCARE IMPROVEMENT AND NATIONAL PATIENT SAFETY FOUNDATION MERGE

Recognizing that patient safety is a public health issue in need of fresh, robust approaches and constant focus for health care systems today, the Institute for Healthcare Improvement (IHI) and the National Patient Safety Foundation (NPSF) announced plans for a merger, effective May 1, 2017.

IHI President and CEO, Derek Feeley, who will lead the combined organization, says now is the perfect time for the two organizations to join forces to help reset and reenergize the patient safety agenda, building on a mutual history of helping health care systems gain the knowledge and skills to implement harm reduction measures across the entire continuum of care.

The merger announcement comes at the start of Patient Safety Awareness Week, a highlight of the National Patient Safety Foundation United for Patient Safety campaign. Coupled with news of the merger, and with endorsement of IHI, NATIONAL Patient Safety Foundation is releasing a document on "Preventable Health Care Harm Is a Public Health Crisis and Patient Safety Requires a Coordinated Public Health Response."

This call-to-action document outlines how a public health framework can bring about widespread advances in patient safety and provides specific recommendations for how it can be used to reduce harm to patients and the workforce. The Call to Action sets forth six broad categories of recommendations, ranging from a call to establish a national steering committee and a national action plan for the prevention of health care-associated harm to a call to expand or develop education, training, and resources for the health care workforce.

In the coming year, the new organization's patient safety work will include a focus on various components of the Call to Action, as well as helping health systems implement a comprehensive safety framework as described in the recent IHI White Paper, A Framework for Safe, Reliable, and Effective Care.

Patient Safety Awareness Week ran through March 18. Visit <http://www.unitedforpatientsafety.org> to learn about events and get involved.

CORNERSTONE COUNSELLING

London youth battling addiction and mental health issues are getting help.

London Health Sciences Centre, partnering with Youth Opportunities Unlimited, launched Cornerstone Counselling several months ago and recently showcased the new program to the media. The pilot program, launched by LHSC and delivered at YOU, will offer mental health and addiction support to young people aged 16 to 25..

The program involves a team of health professionals - including a peer support worker, social worker, addiction counsellor and psychiatrist - working together to help those at risk. The program also partners with Canadian Mental Health Association-Middlesex and Addiction Services of Thames Valley.

LHSC IN THE NEWS

REPORT: FEBRUARY 15 – MARCH 10, 2017

SUMMARY

- **1** media advisory was issued, and **1** paid advertorial in the London Free Press (inside LHSC)
- **10** stories were posted on the public website
- **24** media stories referenced LHSC and our partners (56 positive, 2 neutral, 0 negative)

HIGHLIGHTS

1. LHSC partners with YOU to offer support

London Health Sciences Centre and Youth Opportunities Unlimited have partnered to launch Cornerstone Counselling. This pilot program offers youth in transition years (age 16 – 25) mental health and addiction support. Positive coverage from [London Free Press](#) and [Global News](#).

2. Inside, Spring 2017

The spring edition of [inside LHSC](#) was distributed on March 4. It included three patient focused stories, a broad health care systems story, a foundation story, a research story, and a “You Asked Us” section.

3. Seclusion rooms for mental health care

CTV London did a three part series covering the use of seclusion rooms in the Emergency Departments for mental health patients. While the initial episode was more negatively focused on the extended durations patients are kept in these seclusion rooms, the subsequent episodes helped viewers understand the system capacity issues driving this phenomenon across the province. [Part 1](#), [Part 2](#), [Part 3](#).

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.