

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

**PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT**

**QUALITY IMPROVEMENT PROCESS REVIEWS**

A quality improvement process review of the University Hospital Kidney Biopsy process was completed in collaboration with the UH Diagnostics and Nephrologist teams. Renal patients requiring a kidney biopsy require 8 hours of recovery time in the Post-anesthetic Care Unit (PACU), however this space has not been routinely available due to high patient volumes, resulting in long wait times for biopsy, as well as patients being admitted overnight for post biopsy care and monitoring. To reduce wait times, a process has been implemented to monitor wait times and initiate a trigger for escalation to enable more timely scheduling for patient biopsies. The 3-year plan is that UH PACU will have a renovation to create more space to accommodate patient volumes.

**EMERGENCY SERVICES UPDATES**

Staff and patient safety continue to be a top priority for Emergency Department (ED) leadership. The volume of patients requiring Mental Health (MH) care was significant during the month of August requiring the ED to staff additional bed capacity in the Annex area. Staffing the Annex area has been assessed in terms of staff and patient safety and has taken some adjustment by all teams involved. While initial staff concerns were expressed to the Ministry of Labour, staff was recently surveyed as part of leadership rounding and staff working in the area felt that they had a very strong sense of safety, rating their feelings of safety at 9 out of 10.

Ongoing work continues on the 120-day Mental Healthcare Improvement Plan. In August, the main areas of improvement work focused on the Centralized Emergency Psychiatry Service (CEPS) redesign model of care, seclusion room criteria development, Mental Health surge protocol, seclusion room improvement.

The Emergency Department (ED) leadership team is leading collaborative work with key system partners to establish a diversion plan for lower acuity Mental Health (MH) patients that could go to a community based Crisis Centre instead of being delivered to the Victoria Hospital ED. This work brings together Middlesex-London Emergency Medicine Services (MLEMS) partners, Canadian Mental Health Association (CMHA) Middlesex Crisis Centre leadership, the Local Health Integration Network (LHIN) as well as involvement from the Ministry of Health and Long-term Care (MOHLTC).

The agreed course of action to meet this MOHLTC requirement, while awaiting legislation changes, is to establish a Crisis Centre satellite unit out of the front of the ED. This space is currently being renovated and work flow process mapping is completed.

## EXEMPLARY COMMUNITY PARTNERSHIPS

### **HEAD AND NECK CANCER SURGERY**

In the late spring, Dr. Anthony Nichols, Champion for head and neck cancer participated in a regional meeting with the Erie St. Clair region (ESC). The meeting generated ideas to improve the transition of head and neck cancer patients between the South West (LHSC) and ESC LHINs. As a result, a unique algorithm for clinicians will now help guide patients with head and neck cancer through the system more efficiently regardless of where the patient resides. This algorithm will be presented to the head and neck teams at both sites by their respective champions early this fall. The regions are continuing to work on improving real time communication by investigating IT and telecom solutions.

## HEALTHCARE SYSTEM REGIONAL UPDATES

### **SAUGEEN FIRST NATION HEALTH FAIR**

On August 16, Dr. Samantha Boshart (Regional Aboriginal Cancer Lead) and Chantel Antone (Aboriginal Patient Navigator) attended Saugeen's 32nd Annual Health Fair. A total of 120 community members and health care staff attended the event. Dr. Boshart, Chantel Antone, and the Saugeen health team will be exploring future events to raise awareness for cancer prevention and screening.

### **ELDER'S GATHERING AT BATCHEWANA FIRST NATION**

The Association of Iroquois & Allied Indians hosted the 18<sup>th</sup> Annual Elder's Gathering at Batchewana First Nation August 22-24. The theme of the gathering was, "Power of the Past, Force of the Future". Chantel Antone attended this event and approximately 150 First Nations elders visited her information booth. Many of the inquiries were related to the services offered by Aboriginal Navigators. Other visitors expressed messages of thanks for cancer screening and prevention initiatives.

The Association of Iroquois & Allied Indians (AIAI) is a non-profit organization which advocates for the political interests of member Nations in Ontario. AIAI is unique among provincial territorial organizations in Canada, because it is an association of several different member Nations; the Oneida, the Mohawk, the Delaware, the Potawatomi and the Ojibway. At AIAI, these diverse Nations form an alliance on political lines to protect their collective Aboriginal and Treaty rights.

### **ENGAGEMENT WITH ONEIDA NATION OF THE THAMES HEALTH PROMOTIONS MANAGER:**

On August 15, representatives from the South West Regional Cancer Program, along with Cancer Care Ontario's Aboriginal Cancer Care Unit, visited the Oneida Nation of the Thames

First Nation. The purpose of this meeting was to discuss areas for potential collaboration between Oneida, the South West Regional Cancer Program, and Cancer Care Ontario. The meeting resulted in the identification of the following areas of collaboration:

- Relationship building
- Community input
- Support for smoking prevention and cessation
- Screening and prevention
- Increasing communications about the South West Regional Cancer Program and the work being done for communities, as well as services offered
- Development of a cancer profile
- Ideas about how the South West Regional Cancer Program and Cancer Care Ontario are incorporating strategies to promoting and recruiting traditional healers.

The overall message was for continued collaboration. A planning session will follow to support future initiatives.

### **LEGISLATIVE AND REGULATORY UPDATES**

- Ontario Regulation 280/17 was made under the Excellent Care for All Act, 2010 on July 17, 2017, and came into force on July 19, 2017. This regulation specifies a new requirement that health care organizations must document a description of their patient engagement activities in their annual Quality Improvement Plan (QIP) and how those activities inform the development of the QIP. Additionally, the regulation now allows for the Minister to specify mandatory indicators be part of a hospital's QIP, based on the advice of Health Quality Ontario (HQO). Since the QIP process was introduced in 2010, hospitals have had the option of using the indicators provided by HQO as well as any indicators the organization's board chooses. This regulation means that the Minister can now mandate that specific indicators be included. It is anticipated that in the 2018/19 QIP plans these will be related to workplace violence, however the regulation broadly includes all categories of indicators.
- On July 1, 2017 the new **Quality of Care Information Protection Act, 2016 (QCIPA, 2016)** came into effect. The prior legislation (QCIPA 2004) has been changed following the recommendations of the QCIPA Review Committee in an effort to facilitate greater transparency with respect to quality of care reviews and encourage patient participation. Noteworthy amendments included the ability to share information from reviews with patients and families, as well as other institutions and Health Quality Ontario to ensure system level opportunities for improvements are realized. LHSC is compliant with the changes made to QCIPA.
- Accreditation Canada has added **Suicide Prevention** to the list of Required Organizational Practices (ROP) for hospitals to follow. This ROP applies only to the Emergency Department and Mental Health Care program, however, many areas of the hospital are dealing with patients who are at high risk for suicide. A documented process is being developed outlining care for patients at risk for suicide including how to identify such patients and taking appropriate interventions.

- On September 14, the Ontario government introduced **Bill 154, Cutting Unnecessary Red Tape Act, 2017**. The Bill proposes amendments to three important statutes affecting the nonprofit sector: The Ontario Corporations Act, the Ontario Not-for-Profit Corporations Act, 2010 and the Charities Accounting Act. Bill 154 contains all the enabling legislation needed so the Ontario Not-for-Profit Corporations Act (ONCA) can be proclaimed. It also contains some important improvements to the ONCA, charity law lawyers and nonprofit organizations have been asking for.

[Read Bill 154, Cutting Unnecessary Red Tape Act, 2017](#)

## LHSC IN THE NEWS

**Media Monitoring Report: July 11 – September 10, 2017**

### SUMMARY

- 19 stories posted on the public website.
- 110 media stories referenced LHSC and our partners (80 positive, 28 neutral, 2 negative)

### HIGHLIGHTS

#### **LHSC cancer physician writes book after his best friend's diagnosis**

Dr. David Palma penned a "how-to" manual to help cancer patients get the best possible treatment. Positive coverage in the [Globe and Mail](#), [Toronto Star](#) and [the Londoner](#).

#### **Queen's Park is giving a funding boost to LHSC's stem-cell transplant program**

Ontarians who need life-saving stem cell transplants for leukemia and other blood cancers will get them faster when new clinics in London and Toronto come into service. Positive coverage in the [London Free Press](#), [Toronto Star](#), [Global News](#) and [Blackburn News](#).

#### **Leamington couple donates \$500K for brain surgery robot**

Dominos Pizza of Canada chief executive Mike Schlater and his wife Lilibeth donated \$500,000 for LHSC's new brain surgery robot. The robot lets surgeons place the electrodes more precisely and in half the time of the old technique. The procedure is a provincial first. Positive coverage in the [London Free Press](#), [Windsor Star](#), [Global News](#), [Our London.ca](#), and [the Londoner](#).

**Search is on as LHSC CEO sets date to leave**

Story highlighting Murray Glendining's upcoming retirement. Positive coverage in the [London Free Press](#) and [AM 980](#).

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.