

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

PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT

INCREASE IN BASE FUNDING- MENTAL HEALTH BEDS

LHSC is currently funded to operate 74 adult inpatient mental health beds consisting of 12 psychiatric intensive care beds and 62 general care beds.

On October 23, the Ontario Ministry of Health and Long-Term Care announced [funding for an additional 2,000 beds](#) and spaces across Ontario in the face of a potentially hard-hitting flu season. The funding will support a mix of permanent and surge capacities in a variety of acute, transitional and long-term care facilities.

On October 22, John Fraser, Parliamentary Assistant to the Minister of Health and Long-Term Care came to LHSC's Victoria Hospital to speak about the local allocation of beds in London. LHSC will receive funding for 10 beds at University Hospital, 14 beds at Victoria Hospital, and funding for 24 dedicated Mental Health beds bringing the number of funded adult inpatient beds at LHSC from 74 to 98. This increase was requested to support the growing mental health volumes, improve timely access to care for mental health patients and reduce substantial wait times in the Emergency Department (ED).

For the last three years, LHSC has been experiencing a significant pressure due to increased volumes of patients requiring access to an acute adult inpatient mental health bed. Average monthly mental health occupancy rates have been consistently greater than 110% since April 2014. This has resulted in challenges with the volume of admitted mental health patients in the Emergency Department (ED) for extended periods of time while awaiting transfer to an inpatient bed.

St. Joseph's Health Care London is receiving funding for six beds. Five Transitional Care Spaces for Mental Health and a Transitional Care Team are allocated to the Community Partnership Initiative between the LHIN, LHSC, St. Joseph's Health Care London and Canadian Mental Health Association – Middlesex. There are also 43 beds/spaces that can be allocated based on need by the SW LHIN.

EMERGENCY MANAGEMENT

LHSC was an integral participant in the City of London's mass casualty field exercise on October 12. Each Emergency Department (ED) (Adult departments at University Hospital, and Victoria Hospital as well as Children's Hospital) received 30 mock patients (students from Fanshawe College). Each department was able to test their triage and electronic registration processes.

For the first time ever, LHSC tested the process of simulating the movement of 11 critically injured patients to the Operating Room at Victoria Hospital (VH).

Patients admitted in each ED were transferred to the inpatient units and some less critically ill patients with mental health issues were accommodated in the ambulatory clinic during this exercise. Hundreds of staff were involved in the planning and execution of this Code Orange drill and the units who were not directly involved in the ED to OR process, also tested their staff fan-out lists which is typically a Code Snowball exercise.

LHSC senior leadership implemented the Incident Management Team (Command Centre) to coordinate clinical care, including additional supplies and equipment, while other leaders were assigned to attend and participate in London's Emergency Operations Centre coordinated by the City of London.

While the ED teams (under the direction of Dr. Adam Dukelow and Dr. Michael Peddle) have robust Code Orange plans in place, this provided an excellent opportunity to review, update and alter the plans according to existing patient census and test new processes that have been implemented.

The Peri-Operative units in preparation for this emergency exercise worked diligently under the direction of Dr. Neil Parry (trauma) to further develop and execute a comprehensive mass casualty Code Orange plan. A project manager guided the team through a careful study of the interconnectivity between timely communications and broad team engagement, including the Post Anaesthetic Care Unit, OR's, Pre-admit and day surgery areas, technology needs and aids. All of this was undertaken while maintaining a meaningful patient and employee experience, including understanding how to sustain a Code Orange/Mass Casualty event that may last several hours to days.

Overall, the exercise was considered a great success. The information is being collated and coordinated to improve Code Orange preparedness throughout LHSC.

SECLUSION ROOMS - EMERGENCY DEPARTMENT

As part of the Mental Health/ED Patient Access Plan, staff, physicians and Leadership have been involved in looking at evidence based criteria for the use of seclusion rooms. The purpose of this work is to ensure that seclusion rooms are being appropriately used for the true needs of seclusion and not just for space. The documentation and justification for seclusion room usage has been devised and completed. This work is now moving forward to the Joint Health and Safety Committee (JHSC) for review. Staff education and training is currently being designed in preparation for go-live.

PHARMACY RESIDENCY ACCREDITATION

Pharmacy Residency Accreditation by the Canadian Pharmacy Residency Board (CPRB) took place on October 23 & 24. The two accreditors met with current residents, three of the 2016/17 residents and many preceptors, as well the entire pharmacy leadership team. The initial feedback from the accreditors was very positive. The surveyors were impressed by the support

for the residency program from leadership to the front line staff. Our program was noted for its flexibility in changing rotations for the residents during the year and the wide range of clinical areas for rotations. Opportunities to learn include the development of outcome-oriented evaluation forms for presentations and clear expectations of how leadership objectives will be met for those residents who do not complete the elective Leadership rotation. Some gaps were noted in record-keeping and minor updates are required to the residency manual. A preliminary report is expected from the CPRB board in approximately 1 month to which a response is required, and then a final accreditation award will be received afterwards.

BREAST CANCER AWARENESS MONTH:

October was Breast Cancer Awareness Month (BCAM). This year, Cancer Care Ontario adopted an “always on” approach to their provincial screening campaign, with promotional materials supporting a year-round commitment to breast cancer screening. The main goal remains the same - to motivate screen-eligible women to call and book a mammogram during the month of October (and throughout the year).

The South West Regional Cancer Program supported BCAM this year by:

- Working with individual Ontario Breast Screening Program sites and regional hospital communications across the region. Each site was supported based on their individual needs and planned awareness activities. Print and online materials were provided, including content for internal/external communication vehicles. A web feature and social media posts were also shared through the South West Regional Cancer Program's channels.
- Distributing a media release to regional media highlighting the importance of breast screening. Dr. Anat Kornecki, Breast Imaging Lead at the South West Regional Cancer Program, and Michelle Goldrick, breast cancer survivor, were interviewed by CTV news.
- Attending a lunchtime wellness fair for staff at London Life on October 18. Over 400 staff attended the event and received important information on breast and cervical cancer screening, in addition to promotion of My CancerIQ.
- Developing newspaper ads promoting the benefits of breast cancer screening for newsletters distributed across three Aboriginal communities in the region – Munsee Delaware, Oneida, and Chippewa of the Thames.

EXEMPLARY COMMUNITY PARTNERSHIPS

ACCESS TO KIDNEY TRANSPLANTATION AND LIVING DONATION STRATEGY UPDATE

In partnership with the Trillium Gift of Life Network the Ontario Renal Network hosted the launch event for Access to Kidney Transplantation and Living Donation Strategy action phase of the project. LHSC is one of 13 sites involved in this quality improvement project which aims to increase the annual rate of living donor kidney transplants in Ontario by approximately 20% by 2021. The strategy involves four pillars: Quality Improvement and the creation of a Chronic Kidney Disease CKD program quality improvement team, Actionable Insights which uses CKD program data to drive quality improvement, Transplant Ambassador Program which uses peer support to increase awareness about kidney transplantation and living donation, and Education which provides patient and provider educational toolkits.

HEALTHCARE SYSTEM REGIONAL UPDATES

INDIGENOUS UPDATES

The Ontario Palliative Care Network (OPCN) and Aboriginal Cancer Control Unit (ACCU) have recruited Joanna Vautour to the position of Lead, First Nations Inuit Métis Engagement (ACCU) and OPCN Secretariat. In this role, Joanna will provide expertise, advice and leadership that will strengthen relationships with the First Nations Inuit Métis (FNIM) provincial leaders, help increase awareness of the OPCN and its goals within that group and the broader FNIM population, and provide accurate information/recommendations for planning and engagement of provincial FNIM tables/organizations/partners. In the South West region, Joanna will work with key Palliative Care Network leaders to understand the strategies that have been put in place to engage with FNIM communities/health service providers, and the priorities that have been identified for these unique populations.

An Indigenous Palliative Care Outreach Team has been developed and has received funding from the South West LHIN to pilot its operation. The team will consist of a nurse practitioner, traditional healer, grief counselor, consulting physician, registered nurse, an on-call team, and a medical administrator. Training and orientation is underway, and the team will begin accepting clients in January 2018.

CCO REGIONAL CANCER QUALITY & PERFORMANCE DISCUSSIONS:

Semi-annual quality and performance discussions are underway with hospital CEOs across the region to discuss "all things cancer" within each organization. These meetings are being held via teleconference. Meeting objectives include:

- Review of 12-month Cancer Performance Scorecard
- Provide updates on current initiatives provincially, regionally and locally
- Validate, review, or revise goals and actions (mid-point of the South West Regional Cancer Program Strategic Plan 2016-2019) <http://www.southwestcancer.ca/about-swrpc/swrcp-strategic-plan>

- Explore opportunities for closer collaborations and knowledge transfer

Grey Bruce Health Services and the South West Regional Cancer Program met on October 5; St. Joseph's Health Care London and the South West Regional Cancer Program met on October 31.

LHSC IN THE NEWS

MEDIA MONITORING REPORT: OCTOBER 11 – NOVEMBER 10, 2017

SUMMARY

- 1 media release and 1 media advisory issued
- 19 stories were posted on the public website
- 32 media stories referenced LHSC and our partners (25 positive, 7 neutral)

HIGHLIGHTS

1. **LHSC's announcement of incoming President and CEO, Dr. Paul Woods**
received significant media coverage including [Global News](#), [CTV](#), [CBC London](#), and the [London Free Press](#).
2. **Ministry of Health announcement of additional beds**
The Ministry announced an additional 24 hospital beds for LHSC to reduce wait times for mental health care, as well as another 24 beds to enhance LHSC's surge capacity. The story was covered on [CBC London and with a more critical lens in the London Free Press](#). The government also announced \$1 million project funding for LHSC, St. Joe's and Canadian Mental Health Association to support mental health patients transitioning from hospital care to the community. Coverage included [Global News](#) and [CTV News](#).

Respectfully Submitted,

Murray Glendining,
President and CEO