

**PRESIDENT AND CEO
REPORT TO THE BOARD AND COMMUNITY
FEBRUARY 2018**

PERFORMANCE EXCELLENCE/CONTINUOUS IMPROVEMENT

MENTAL HEALTH UPDATE

The Centralized Access Point for all Adult Ambulatory Mental Health programs located at London Health Sciences Centre launched on January 15, 2018. Initial feedback from primary care physicians identified that further alignment of the hospital web based functionality is required with the electronic medical record (EMR) used by some primary care physicians. Information Technology Services (ITS) and Ambulatory Leadership are working together with Primary Care representatives at the Local Health Integration Network (LHIN) to find solutions to support this group. While a solution is being developed, fax referrals will be accepted to ensure all patients have timely access to care through a referral system.

The Ministry of Health Long-Term Care had a call for proposals for one-time funding to support the development of a Transitional Care Program. The South West LHIN worked with LHSC, St. Joseph's and Canadian Mental Health Association-Middlesex (CMHA) to submit a proposal for a Transitional Care Program. The funding made available to LHSC (\$575,000) and CMHA (\$500,000) must be spent by March 31, 2018. As part of a sustainability plan, LHSC will be working with CMHA and the LHIN to advocate to the Ministry for continuation of the funding beyond March 2018.

- This project includes the development of an inter-professional care team of clinicians located at LHSC, which will undertake planning to support Alternate Level of Care (ALC)/Long Stay Patients in moving to the community setting.
- The project also supports five additional Short-Term Transitional Living Spaces at CMHA that will provide additional capacity to ensure patients receive support as they transition from a hospital setting to community setting.
- This project strengthens the resources to support planning for patients requiring more intensive and coordinated discharge and transition care plans.

WALKMORE PROGRAM

The WalkMORE Program began at University Hospital (UH) on January 10th 2018 within the Medicine department. The program pairs trained volunteer "coaches" with independent patients to offer 2 walks per day to maintain activity and social interaction, in the hope of reducing complications of hospitalization and the length of hospital stay. The patients agree to participate and receive a pedometer to record their steps, which they get to take home to encourage them to remain active as part of a healthy lifestyle.

Within the first 23 days, 18 volunteer “coaches” have enrolled 48 patients for a total of 113 walks, the program is receiving positive feedback from patients and staff.

2018 PATIENT ENGAGEMENT PLAN- RENAL PROGRAM

The Renal Program submitted to the Ontario Renal Network our 2018 Patient Engagement Plan. Three quality improvement opportunities were identified in collaboration with the Patient and Family Advisory Committee (PFAC) chair based on the Patient-Reported Experience Measures Shared Decision Making survey.

Partnering with the PFAC, the program will conduct small quality improvement projects on:

- considering values and traditions in treatment decisions,
- improving communication of patient treatment plans, and
- exploring community resources that are available to help patients and families cope with chronic illness.

SURGICAL ONCOLOGY:

In collaboration with the Erie St. Clair Regional Cancer Program (RCP), the South West Regional Cancer Program surgical oncology team continues to work toward improving patient transitions between regional cancer program hospital sites. Surgical oncology disease sites with designate/affiliate site partnerships (gynecology, hepato-pancreato-biliary, head and neck, and thoracic) have focused attention to the following areas:

- Articulation of a clear direction based on Cancer Care Ontario disease site-specific organizational standards and guidelines of where assessment, treatment, and follow-up of cancer care takes place (including care close to home and patient choice principles).
- Collaboration between multi-disciplinary case coordinators from LHSC and Windsor Regional Hospital to improve physician-to-physician discussion and multi-disciplinary case conference (MCC) participation. For example, in the gynecology disease site, a new time for the MCC discussion is being trialed for three months.
- Introduction of data collection methods and tools to support the transfer of the hepato-pancreato-biliary diagnostic assessment program (HPB-DAP) to the Centre for Liver and Pancreatic Surgery (CLIPS) project. The tools will help the team to better understand wait times for patients and track volumes of referrals.
- Development of an action-oriented monitoring process between the regional cancer programs (LRCP and Windsor) for care that falls outside Cancer Care Ontario's organizational guidelines. The intent is that this process will become part of a memorandum of understanding between the two RCP's.

EXEMPLARY COMMUNITY PARTNERSHIPS

DIAGNOSTIC SERVICES – PATHOLOGY AND LABORATORY MEDICINE (PaLM)

Over the last year PaLM has been partnering with EORLA (Ottawa regional lab) to establish a coalition of academic hospital laboratories in Ontario to explore improvement opportunities and more effectively engage the Ministry of Health and Long Term Care (MOHLTC) in systems improvement. This is particularly relevant as the MOHLTC works to overhaul how it transacts with

private sector community laboratories and leads systems improvement, utilization management and innovation. At this stage the laboratories from Ottawa (EORLA), London, Kingston and Hamilton have had an initial meeting with the MOHLTC Labs and Genetics branch and identified common goals and desire to establish formal on-going engagement. This is a significant milestone in strengthening Ontario's ability to leverage the tremendous public sector resources that already exist in the hospital laboratories which collectively represent 2800 staff, 250 medical/scientific staff, 500 publications per year, 40 million tests/year, and a \$334M annual budget. Next steps include expanding the coalition to other academic hospital laboratories, and re-engaging the MOHLTC to table an initial round of opportunities for improvement.

IMPLEMENTATION OF MYCHART PATIENT PORTAL IN THE SOUTH WEST PILOT PROJECT:

The MyChart portal allows for patients to securely access their clinical health information, such as lab tests and diagnostic imaging results, online.

On January 26th, representatives from the South West Regional Cancer Program attended the MyChart Regional Engagement session in Hamilton Ontario, hosted by Hamilton Health Sciences Centre. The engagement session supports the rollout of MyChart in various pilot sites across South West Ontario.

In the South West region, the early hospital adopter sites of MyChart will be the South West Regional Cancer Program, initially based at the London Regional Cancer Program of the London Health Sciences Centre and at the Breast Care Program at St. Joseph's Health Care London. While the timing of go-live is still to be confirmed, it is anticipated that a small group of patients will start to use the system in April 2018 and expand gradually over the spring.

Patients will be able to view the allergy, lab tests, ECGs, ECHOs, microbiology, blood bank, hospital medication use, radiology, pathology, genetics information as well as care plans from LHIN Home and Community Care (Home Care). Such information will be available after a delay of between 10 and 30 days depending on the result. Clinical notes will be made available live at a later date.

The South West Regional Cancer Program continues to engage with clinicians and staff from other centres that have experience with MyChart to learn from their experience.

HEALTHCARE SYSTEM REGIONAL UPDATES

REGIONAL HOSPITAL INFORMATION SYSTEM(HIS) UPDATE

There are three aspects to this work:

1. Regional Collaboration with Erie St. Clair (ESC)
2. Provincial HIS Renewal & Cerner Collaborative
3. Regional Shared Services Organization

Regional Collaboration with ESC Local Health Integration Network (LHIN) Hospitals

The ESC LHIN hospitals have confirmed their desire to adopt Cerner as their HIS vendor and their plan is to adopt the provincial Cerner instance (instead of the London instance). The opportunity for integration of a single patient record for hospital across the ESC LHIN and the London/Thames Valley hospitals will then only occur at the point in time when the London/Thames Valley hospitals adopt the provincial Cerner instance. Potential timing would preferably follow the Clinical Documentation Phase I/II project and the stabilization of the single provincial Cerner instance which could take approximately 48 months. In the short to medium term, the LHSC/St. Joseph's relationship with the Erie St. Clair LHIN hospitals will be informal through the Cerner Collaborative, related to the Cerner HIS, and any contracts with Cerner.

Provincial HIS Renewal and Cerner Collaborative

The provincial Cerner instance is under development with Grand River Hospital and St. Mary's General Hospital. They are expected to go live in March 2019 and there will need to be a stabilization period. LHSC is the Transfer Payment Agreement (TPA) holder for this provincial work. Currently, there is a process ongoing to create a provincial master services agreement to frame the deliverables of this work for regional shared services organizations or lead hospitals that support clusters of hospitals with adoption of the provincial instance. This work is expected to be in place to support the ESC LHIN hospitals in their contract work. A key piece of work is the governance to support the sustainability of the three provincial collaboratives: Cerner, Meditech and EPIC.

To read more detail with respect to the Cerner Collaborative, please see below noted link:
<https://www.oha.com/Bulletins/HIS%20Renewal%20Clustering%20Guidebook%20Release%201.0%20FINAL.pdf>

Regional Shared Services Organization

The Ministry of Health/Long Term Care has provided a draft Transfer Payment Agreement (TPA) for the lead service providers in LHINs 1/2 (Transform shared services for LHIN 1 hospitals, London for London/Thames Valley, Stratford General Hospital for the Huron Perth Group, and Grey Bruce Hospital for the Owen Sound group). The government is willing to fund these organizations up to \$500,000 to create a regional shared services organization structure to support digital health operations for clinicians across the continuum of care within LHIN 1 and 2. The timeline for this work is scheduled to start in April 2018 with a TPA to be confirmed. . The funding transfer payment agency will result in clarity of a regional shared service structure but not fund the development of that structure. This will be a long term project involving organizations from two LHINs

DIALYSIS EXPANSION- CHATHAM HEMODIALYSIS UNIT

The Ontario Renal Network has confirmed approval and funding support for a three station dialysis expansion for the Chatham Hemodialysis unit. The additional stations will help to address the extensive waitlist for patients in the Chatham area. Our Regional Renal Program at London Health Sciences Centre is working closely with our Chatham partners to ensure the construction is completed in accordance with all Health Canada and CSA hemodialysis requirements.

LHSC IN THE NEWS

MEDIA MONITORING REPORT: JANUARY 11 – FEBRUARY 10, 2018

SUMMARY

- **16** stories were posted on the public website
- **61** media stories referenced LHSC and our partners (33 positive, 16 neutral and 12 negative)
- **25** media inquiries were managed

HIGHLIGHTS

1. **LHSC announces end of patient referrals to Cardiac Fitness Institute**
LHSC announced the end of patient referrals to the Cardiac Fitness Institute as of March 2018. An updated rationale for the decision was provided on the [LHSC website](#). Continued negative coverage from [London Free Press](#), [LFP again](#), [Blackburn News](#), [CBC News](#) and [CBC again](#).
2. **LHSC aims to improve surgery wait times with new surgical facility**
LHSC plans to improve wait times for less complex surgeries by establishing dedicated surgical facilities and support processes that can lower costs and provide surgeons with more operating time. Neutral coverage from [London Free Press](#).
3. **New radiation techniques could improve quality of life for lung cancer patients at LRCP**
Through the PROACTIVE clinical trial, which was launched at the London Regional Cancer Program, Lawson scientist Dr. Alexander Louie is testing new palliative radiation techniques to spare adverse effects on the esophagus and improve quality of life for lung cancer patients. Positive coverage from [London Free Press](#), [Blackburn News](#), and [CTV News](#).

Respectfully Submitted,

Paul Woods,
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.