

**PRESIDENT AND CEO  
REPORT TO THE BOARD AND COMMUNITY  
JANUARY 2019**

Dear colleagues,

This month marks my first anniversary as LHSC's President and Chief Executive Officer, providing me an opportunity to pause and reflect on a remarkable year for our organization that culminated in LHSC being awarded Accreditation with Exemplary Standing by Accreditation Canada.

Along with members from our senior leadership team, I was privileged to tour more than 30 clinical and administrative units throughout the past year to better understand how each of us was ensuring that collectively, LHSC is Accreditation Ready Everyday. During these rounds I was continually inspired by the commitment to providing high-quality care, teaching and research that I witnessed from staff members, physicians, students, researchers and volunteers.

I look forward to continuing these rounds as I learn a great deal from the resulting conversations and observations. Accordingly, I am pleased to launch a new "Paul's Perspective" broadcast where I hope to share with staff, physicians and volunteers some of my learning, insights and observations on the strengths and opportunities within LHSC, including updates from our executive leadership team and how our 2018-2020 Strategic Plan: Working together to shape the future of health is guiding our collective efforts and focus.

I look forward to working with you all in 2019, and continuing to build on LHSC's legacy of providing high-quality care and patient and family experiences. As always, I can be reached by e-mail at [ContactCEO@lhsc.on.ca](mailto:ContactCEO@lhsc.on.ca) and appreciate hearing from you with your questions, suggestions, and ideas on how we can work together to shape the future of health.

**DELIVER EXCELLENT CARE EXPERIENCES AND OUTCOMES**

***BEHAVIOUR SAFETY ALERT PROCESS UPDATE***

The Behaviour Safety Alert (BSA) process continued to be a priority throughout the month of November with focused attention on establishing a working group to develop recommendations for the OLRB meeting on November 27, 2018. These recommendations were the result of ongoing feedback from clients and families, staff and legal counsel. The outcome of the mediation was directly related to the complaint the Ontario Nurses Association submitted to the Ontario Labour Relations Board (OLRB). The essence of the complaint was London Health Sciences Centre's (LHSC) non-compliance with the Minutes of Settlement (MoS). At the meeting, LHSC raised the various concerns regarding our current processes that have been brought forward by staff, physicians and patients and we also suggested possible solutions. It was determined, at the November 27 mediation, that LHSC was compliant with the MoS which ended any further discussion regarding changes to the process. The mediator indicated that specific discussions and decisions should be managed through existing internal processes for policy changes. In further review with legal counsel from both ONA and LHSC, the next steps

include analysis of data over a six month period to further understand the impact of the tool and scoring system. LHSC also intends to further complete further consultation with patients, families, clinical teams (Nursing, Physicians and Health Disciplines) to identify opportunities to improve the BSA process and inform the redesign of the policy. The policy changes will be tabled at LHSC's Joint Health and Safety Committee. Patients and families from all clinical areas continue to identify concerns with the BSA's screening/flagging and arm banding process. Patient Experience is working with clinical leadership to mitigate the impact to patients. LHSC has received 3 Human Rights complaints regarding the BSA process. Legal counsel is managing this through a formal review process.

### **PEOPLE SURVEY**

Every two years, LHSC is required, through legislative accountabilities, to survey the people of the organization. The insights gained from employee data guide actions and strategies for people managers and HR professionals, your executive team and others. It can point the way towards stronger employee-leader relationships, the direction towards higher engagement and better inform long term strategies.

The Our People Survey will be administered from January 10-31 by "TalentMap" to employees, professional staff and medical residents.

The target is to achieve a 60% response rate. This supports leaders to receive robust and localized results, which will enable us to build action plans at the department level. In 2017, the organization achieved a response rate of 62% and an overall engagement score of 59%.

The 2019 survey will use the same 72 questions as the last survey cycle facilitating comparison with 2017 results. Organizational results will be available in March with local-level results available in April 2019.

### **EMERGENCY SERVICES- BASE HOSPITAL**

On December 10, 2018, all Ontario Base Hospitals received notification of an upcoming review of the Base Hospital system by the Ministry of Health and Long-Term Care (MOHLTC). The memo, sent out by Steven Haddad, Director, MOHLTC, stated that this review will build upon the ongoing work that continues to look at the efficiencies and effectiveness of provincial programs. No date has been given as to when this work will commence.

### **MENTAL HEALTH**

The Child and Adolescent Mental Health Program Manager is a new member of the Children's Hospital Family Advisory Committee. This has provided the opportunity for greater collaboration and integration of patient centered practices across the Mental Health Child and Adolescent program and the Children's Hospital. This collaboration opens up opportunities for patients and families to participate in numerous activities and initiatives offered by the Children's Hospital Family Advisory Group such as "Parent Talk Hour" and the "Holiday Haven Christmas Store". The inclusion of the Child and Adolescent Mental Health Program broadens the support and education available to clients and families and has been well received by the Mental Health program. The Child and Adolescent Mental Health Program now have an awareness of the role

of the Children's Hospital Family Advisory Committee and have embraced the opportunity to work in partnership to improve support and enhance the patient/family experience.

### **MEDICINE UPDATE**

A former trauma patient and her parents visited Critical Care Trauma Centre (CCTC) upcoming on the 3rd year anniversary of her crash. She marked a milestone at her Western convocation ceremony, graduating with a degree in medical sciences and is currently at McMaster completing her masters in global health. She has applied to medical school and hopes to hear about admissions this winter. This patient and her family wanted to share this milestone with the staff in CCTC and to express their thanks and gratitude to everyone who was involved with her care. Her story will be told in the upcoming March edition of [inside LHSC](#).

### **CRITICAL DRUG SHORTAGES UPDATE – ETOPOSIDE INJECTION & ERYTHROMYCIN EYE OINTMENT**

At the present time, there are over 100 drugs in short supply across Canada. Manufacturing issues are the most commonly cited reason for drug shortages. There are two current drug shortages with the potential to affect patient care at LHSC, namely **etoposide injection** and **erythromycin eye ointment**.

#### **Etoposide (injection)**

**Situation** - Etoposide is a cancer drug used in many adult and paediatric regimens with intent to cure. Two Canadian manufacturers, Sandoz and Teva, supply this drug. LHSC is contracted with Sandoz, who announced on January 9 2019 that they will exhaust their stock by end of February. Their product will not be available until end of 2019. It is unknown if the Teva supply can sustain Canadian demand.

**Background** – This critical nature of this drug shortage has been escalated by LHSC to Cancer Care Ontario, South West LHIN leadership and Ministry of Health. The Ministry of Health has raised this concern with Health Canada. Other chemotherapy regimens can be substituted for etoposide based regimens in many cancers. However, no alternatives exist for several cancer types. This means that at some point LHSC would not be able to offer potentially curative cancer treatment.

**Assessment** – An internal task force team of LHSC cancer program leadership, pharmacy and physicians (medical oncology, hematology oncology and paediatric oncology) have been meeting weekly since November 2018. To date, the task force team has enacted the following:

1. **Conservation strategies** – these have been implemented as of November 7 2018 in accordance with the CCO recommendations. LHSC had established an internal adjudication process (by lead physicians). There are certain cancers for which injectable etoposide is considered first line.
2. **Inventory Monitoring** – LHSC has a shared internal tracking sheet of all doses committed. Now with only a 25% weekly allocation, there may be a point in the near future where LHSC would not be able to start new patients on therapy, as there would not be enough supply to continue the total regimen.

3. **Conservation strategies across the South West LHIN/regional cancer program** – LHSC played a lead role to ensure consistent conservation strategies are being enacted by all regional partners.
4. **Use of oral etoposide**– the oral version of etoposide had been on backorder for months as well; however, LHSC received stock on January 14, 2019. The task force team will track utilization closely. It is important to note that the oral version is not beneficial for all patients as some regimens are more (or only) efficacious with injectable treatment.

### **Erythromycin Eye Ointment**

**Situation** - Erythromycin eye ointment is used for prophylaxis of ophthalmia neonatorum, a condition that may be experienced by newborns transmitted from mothers during vaginal birth if they have a sexually transmitted infection like gonorrhea or chlamydia. When left untreated, this condition can cause conjunctivitis and may even lead to blindness in children. The drug product is currently not available across Canada. Supply is anticipated between January 21 2019 and the end of April 2019. Other LHINs have experienced a completed stock out of this product already.

**Background** - Administration of the ophthalmic prophylaxis is a mandatory legislated requirement under the Health Protection and Promotion Act (HPPA) s.33 (1) (HPPA) and healthcare professionals “should continue to administer the ophthalmic prophylaxis to the eyes of all newborns as feasible and to the extent that the ophthalmic ointment or other effective ophthalmic agent is available”. This regulation is specific to Ontario is not mandated consistently across Canada.

**Assessment** – LHSC has closely monitored this critical drug shortage. A multi-stakeholder group of LHSC obstetricians, neonatologists, midwives, pediatricians, microbiology, infectious disease, clinical leaders and pharmacy have devised the following plan:

1. Erythromycin eye ointment will continue to be used for all newborns until the supply has been exhausted (as per the HPPA). Our supply at LHSC will likely run out by January 18 2019.
2. Alternative antimicrobial eye preparations will not be routinely offered at LHSC to all neonates during this drug shortage. The alternatives carry their own risks of toxicity and lack of efficacy.
3. The recommendation from the Society of Obstetrics and Gynecology of Canada is to screen all patients during antenatal visits for sexually transmitted infections. If a patient arrives at LHSC OB Triage with unknown results, the test will now be offered. A decision tree is being finalized by the task force team and will soon be available on the clinical units. Should a mother screen positive for an STI, the mother and baby will be offered treatment.
4. Clinical staff are educating all mothers to watch for signs and symptoms of eye irritation or discharge on their newborns eyes.
5. LHSC has taken steps to effectively communicate the critical nature and management of this drug shortage within LHSC and externally to the local Public Health Unit, the Southwestern Mother, Newborn, Child and Youth Network; community pediatricians, midwives, and other SWLHIN and neighbouring hospitals in the South West LHIN.

## WORKING TOGETHER TO SERVE OTHERS

### **UNIVERSITY HOSPITAL PARKING BACK UP**

This fall, the closure of the University Drive Bridge at Western University has caused significant delays and congestion on Perth Drive, entering and exiting the University Hospital parking areas on a daily basis which is impacting LHSC staff, patients, and visitors.

The department of Facilities Management has been in regular contact with Western University and the City of London to identify and suggest solutions to alleviate these traffic issues. All parties are working in cooperation to understand how to best alleviate the traffic concerns as a result of the bridge closure on University Drive.

Western University has indicated they expect the bridge to re-open to vehicular traffic on March 1, 2019. In addition, the City of London has been monitoring the area to adjust traffic light timing at Perth Drive and Windermere Road, as well as Windermere Road and Richmond Avenue. The City has advised that they must balance traffic at all major intersections and that they have adjusted traffic light timings as much as possible.

For patients and visitors, the time between parking payment and exiting the parking garage has been extended.

## HEALTHCARE SYSTEM REGIONAL UPDATES

### **CAP AND TRADE PROGRAM UPDATE**

As of October 31, 2018, the Ontario government introduced legislation to scrap the cap and trade program— setting aside \$5 million to compensate businesses.

The federal government has announced details of the Federal Carbon Pricing Backstop. Ontario will officially be a part of this program. There are some key points that may be relevant to LHSC, however it should be noted that nothing has been finalized and this is currently speculation.

1. The Carbon Levy will only begin April 2019 and facilities not in the Output Based Pricing System (OBPS) will not have to pay a carbon price until April 2019.
2. Hospitals will have more time (as opposed to a January 2019 start) to engage with ECCC and become eligible for the OBPS if it proves to be favourable.
3. The federal government will be returning most of the proceeds to individuals and families through Climate Action Incentive Payments. The remainder of the fuel-charge proceeds will be used to provide support to the province's schools, hospitals, colleges, universities, not-for-profit and Indigenous. In Ontario, this has been estimated at \$1.45 billion of the next five fiscal years. We do not know how much support this will provide LHSC at this time.

The ECCC is considering creating an **Output Based Standard (OBS) for electricity generation**. If so, this would allow LHSC to register Victoria Hospital into the program. This would mean the following for VH:

1. Victoria Hospital would register into the program and receive Exemption Certificates to avoid the additional fuel charges from Union Gas starting January 2019. Union Gas has already filed its application to the Ontario Energy Board to recover its federal carbon costs through fuel charges.
2. As a registered participant in the program, Victoria Hospital would be required to pay the emissions charge or remit compliance units annually, on or before the compliance deadline. This changes the cost structure for Victoria Hospital. The first compliance deadline will be **November 2020**.
3. Victoria Hospital would receive **420 tonnes CO2 credit** per Gigawatt hour of electricity generated for free and be responsible to pay for any emissions over that total. See CO2 credit in table below. This number is under review and may change.

## LHSC IN THE NEWS

Media Monitoring Report: November 11 – January 10, 2019

### SUMMARY

- **23** stories were posted on the public website
- **127** media stories referenced LHSC and our partners (86 positive, 25 neutral and 16 negative)
- **30** media inquiries were managed

#### 1. HIGHLIGHTS

##### **BSA (Behaviour Safety Alert) Wristbands**

After a patient spoke to media about the purple armband she was given during her stay at LHSC, negative coverage came from [CTV](#), [CBC](#) and [London Free Press](#). This coverage included the [minister of labour](#), the [Ontario Nurses Association](#) and the [patient ombudsman](#).

#### 2. Door Decorating

After 74 doors were decorated around LHSC for the holidays in support of United Way, one caught media attention after a picture was posted on Twitter. The elf in patient restraints caused negative coverage from [CBC](#), [CTV](#) and [London Free Press](#).

#### 3. Lawson top ten in Canada

Lawson Health Research was ranked eighth in the country by Re\$earch Infosource in their 2018 edition of "Canadian's Top 40 Research Hospitals List". This announcement gained positive coverage from [CTV](#) and [Blackburn News](#).

#### 4. LHSC Accredited with Exemplary Standing

Accreditation Canada awarded LHSC Accreditation with Exemplary Standing, the highest award available through the hospital accreditation program. After interviews with CBC, Blackburn News and [CTV](#), positive coverage was released.

**5. Discharge lounge opens at University Hospital**

In order to get discharged patients out of in-demand beds while they wait for rides, a discharge lounge was opened at University Hospital. The lounge allows staff to clean the beds faster, and opens the bed to the next patient who needs acute care. The opening of the lounge was positively covered by [CBC](#), [CTV](#) and [London Free Press](#).

**6. New Year's baby**

At 3:03 am on January 1<sup>st</sup>, 2019, Randall Alexander Stevens Gagnier was welcomed as LHSC's first baby of the year. [CTV](#), [Global](#), [London Free Press](#) and [Blackburn News](#) all reported on London's first baby of 2019 with positive coverage.

Respectfully Submitted,

Paul Woods  
President and CEO

## *Our Mission*

LHSC is a leading academic health organization committed to collaborating with patients, families and system partners to:

- Deliver excellent care experiences and outcomes;
- Educate the health-care providers of tomorrow; and
- Advance new discoveries and innovations that optimize the health and wellbeing of those we serve