

Annual Report 2012-2013

Welcome to the 2012-2013 Annual Report

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Opening Message

Welcome to St. Joseph's 2012-2013 Annual Report to the Community. This year, for the first time, our annual report to you is exclusively through our internet site. Here, we provide our full reports, stories and highlights and, very importantly, seek your questions and feedback.

The life and work of St. Joseph's this past year has been fast-paced and focused. We made good strides in our new strategic plan aimed at strengthening the patient experience and advancing key roles in breast care, complex chronic disease management, and cognitive vitality. Our teams have worked hard to improve performance for patients, families and staff.

The redevelopment of our facilities at St. Joseph's Hospital and Regional Mental Health Care continue on time and on budget. In fact, tomorrow (June 14) we celebrate the official opening of the new Southwest Centre for Forensic Mental Health Care in Central Elgin.

At the heart of all we do is our vision of earning your complete confidence in the care we provide and making a lasting difference in the quest to live fully. We know this vision means many things to the many patient, student, partner, donor and government groups to which we are accountable as a care, teaching and research organization. The stories you see here reflect our efforts to do all we can to sustain care today and create the hospital of tomorrow.

Please read our performance reports – including the 2013-2014 quality and financial results – and through this site, ask us questions and provide your comments.

We welcome your feedback on our performance over the past year and on our continued quest to earn your confidence in our care. We also encourage you to share your story about care you have received at St. Joseph's. Email askgillian@sjhc.london.on.ca

Thank you for your interest and for helping us make a lasting difference.

Marcella Grail

Chair, Board of Directors

Dr. Gillian Kernaghan

President & CEO

Our Stories

REDEFINING WHAT IT MEANS TO BE A HOSPITAL

A New Era, and A New Look, Takes Shape at St. Joseph's Hospital.

St. Joseph's Hospital is getting a make-over – peeling back the old layers to reveal a brand new hospital and a new era in health care. The next time you visit you will notice many changes, including a sleek, refreshed look and a central outpatient area.



The new sleek look of St. Joseph's Hospital also makes the building much more energy efficient. The portion of the building shown here is located at the corner of Wellington and Grosvenor Streets.

Since August 2011 when ground broke for the last phase of restructuring, renovations have been underway both inside and outside the hospital. On the third floor, the former birthing centre has been transformed into 42,000 square/feet of purpose-built space for St. Joseph's internationally recognized ambulatory medicine programs, including chronic disease care. On the outside, at the corner of Grosvenor and Wellington streets, new windows and sleek metal paneling that replaces deteriorating brick walls improve the building's energy efficiency and give it a face-lift.

At the corner of Richmond and Grosvenor streets, meanwhile, the outdated building (zone A) has been torn down and in its place a new accessible entrance, as well as plenty of green space and an outdoor garden featuring a "living-wall" of green foliage, will emerge.

"This last step in restructuring is a culmination of much effort, energy and dedication to create spaces that will enhance the patient experience at St. Joseph's Hospital," says Karen Perkin, Vice President, Acute and Ambulatory, Professional Practice and Chief Nurse Executive. "The goal is streamlined, convenient, comprehensive care. Individuals can come here to be tested, diagnosed, treated and given the right tools to manage their health needs. Restructuring is also providing us with dedicated space to continue as

leaders in teaching and research. Exciting milestones are happening right here at St. Joseph's that are improving care and outcomes."

What You Can Expect On Your Next Visit

St. Joseph's Hospital specializes in minimally invasive, same day and short stay surgery, and outpatient treatment of complex medical and chronic disease. Expert interdisciplinary teams help patients reach optimal health and well-being through assessment, diagnosis, disease prevention and management strategies, and follow up care. Each year, more than 310,000 outpatient visits are made to St. Joseph's Hospital and about 21,000 day and short-stay surgical procedures are performed.

In September 2012, a central outpatient area opened in zone B, level 3 featuring a single point of registration, bright, spacious areas, and improved patient privacy and amenities. Outpatient clinics and services that have moved into this new area are:

- Chronic pain
- Asthma
- Allergy/immunology
- Cardiovascular Investigation Unit
- Chronic obstructive lung disease (COLD)
- General respirology
- Pulmonary Function Laboratory
- Infectious diseases, which moved from their location on Oxford Street into the hospital.
- Cardiac Rehabilitation and Secondary Prevention Program

In addition to the third floor, renovations are now complete in other areas of St. Joseph's Hospital. Programs and services that have recently moved into these brand new spaces are:

- Regional Sexual Assault and Domestic Violence Treatment Centre, now located in zone B, level 0, room B0-644
- Prescription Shop (pharmacy), now located in zone B, level 0, B0-216
- Osteoporosis outpatient clinic, which can now be found in zone B, level 4, room B4-084.

New Programs at St. Joseph's

As part of acute care restructuring in London, two renowned programs have joined St. Joseph's in recent months. The Cardiac Rehabilitation and Secondary Prevention Program and the Allergy and Immunology Program moved from London Health Sciences Centre (LHSC) to St. Joseph's Hospital, further strengthening the role of St. Joseph's as a leader in ambulatory care and chronic disease management. As well, infectious diseases care at LHSC has merged with the Infectious Diseases Care Program at St. Joseph's. Patients of these programs can find the clinics in the central outpatient area in zone B, level 3.

AWAKENING EMPATHY



It lurks quietly at first, slowly destroying all that is you, and striking just as you look forward to spending more time doing things you love with people you love.

This cruel disease is frontotemporal dementia (FTD), which progressively ravages the frontal and temporal lobes of the brain. Most often emerging in midlife – as people reach their 50s and 60s - this neurodegenerative disorder can initially go undiagnosed because of the subtle changes it brings to personality, decision making and judgement.

Currently there are no treatments to slow or cure FTD or to treat its symptoms. But research by Dr. Elizabeth Finger, a neurologist at St. Joseph's Parkwood Hospital and a researcher with Lawson Health Research Institute, is exploring how a hormone called oxytocin can help with FTD symptoms.

Oxytocin is holding new promise for increasing positive social behaviour and, most importantly for patients with FTD, in restoring empathy. "The lack of empathy for others is the FTD symptom that is most devastating to caregivers," says Dr. Finger. "Patients with FTD become cold, indifferent and lose all empathy toward the people they most love and cherish, while at the same time becoming entirely dependent on these same people for care."

Results in Dr. Finger's first study of oxytocin in FTD, sponsored by the Alzheimer Society of London and Middlesex, revealed improvements in some patients' behaviours.

When Mary Wolff's husband, Chris, was diagnosed with FTD they immediately got involved in Dr. Finger's research. For some patients, like Chris, pain may be associated with FTD and he started resisting physical contact. "This made caring for Chris challenging because it was difficult not to touch him when doing personal care," Mary says. After taking oxytocin, she saw a definite improvement. "He was calmer."

While Chris received only a small dose of oxytocin, Dr. Finger believes a larger dose has the potential to do greater good. She is currently evaluating the safety of varying doses of oxytocin in a study sponsored by the Canadian Consortium for Clinical Cognitive Research. If successful, it will be followed by an international multi-centred study of oxytocin for the symptoms of FTD.

"We are hopeful our work with oxytocin will identify potential new treatments to at least temporarily reawaken some emotions in our FTD patients," Dr. Finger says. Building further on this work, she and Dr. Derek Mitchell from Western University received a grant from Canadian Institute of Health Research to study the brain's response to oxytocin and other interventions that may augment empathy in FTD sufferers.

For families like the Wolffs, research is critical. "I figured if we participated in the study," says Mary, "maybe it would help our kids, grandkids or somebody in the future."

WAIT TIMES CUT FOR WOMEN FACING BREAST CANCER

In less than two years, the Breast Care Centre at St. Joseph's Hospital has significantly cut wait times for patients facing breast cancer while also doubling the number of patients being assessed at the centre.

Since 2010, when the centre was created, the wait from the time of diagnosis to breast cancer surgery has dropped from 16 weeks to 10 weeks, with work ongoing to further reduce wait times.

"This is a tremendous achievement and a direct result of bringing together our dynamic interdisciplinary breast care team of surgeons, radiologists, medical radiation technologists, nurse navigators, advanced practice nurses, social workers, and others in one specially-designed location to focus on the best in breast care," says Karen Perkin, Vice President, Acute and Ambulatory, Professional Practice/ Chief Nurse Executive. "Much work has been done by this team and with our care partners to improve access for patients and smooth the care journey."

Those efforts include:

- A one-number central referral process. A nurse practitioner reviews all new referrals, triages them and books the appropriate appointments to streamline access to care and reduce wait times for women most in need.
- Same day imaging and biopsy so that patients with an abnormal mammogram screening receive the necessary imaging and breast biopsy in one day.
- Expanded hours for breast imaging to accommodate more patients each day. Currently about 110 patients receive breast imaging daily at the centre.
- Onsite radiation oncology consultation to enhance convenience for breast patients, who are now able have their initial meeting with a radiation oncologist during their visit to St. Joseph's. (Chemotherapy and radiation therapy remains at London Health Sciences Centre.)
- A multidisciplinary approach, including nurse navigators and advanced practice nurses who help coordinate care from the time an abnormality is detected throughout the care journey.



St. Joseph's Breast Care Centre, which officially opened in May 2012, is the primary location for breast imaging, diagnostic and surgery services in London. The purpose of amalgamating these services at St. Joseph's was to improve access and coordination of care, education and support for those requiring breast care. Currently, about 23,000 mammograms, 7,200 breast ultrasounds, 700 breast MRI scans, and 50 MRI-guided breast biopsies are performed each year at the Breast Care Centre, along with about 850 breast surgical procedures.

Forging New Ground in Breast Care

With a strong focus on research, clinicians at St. Joseph's Breast Care Centre are striving to improve care for the patients they see. Among them are three radiologists whose landmark study may lead to a significant drop in unnecessary mammograms worldwide for women with a suspicious lump in their breast.

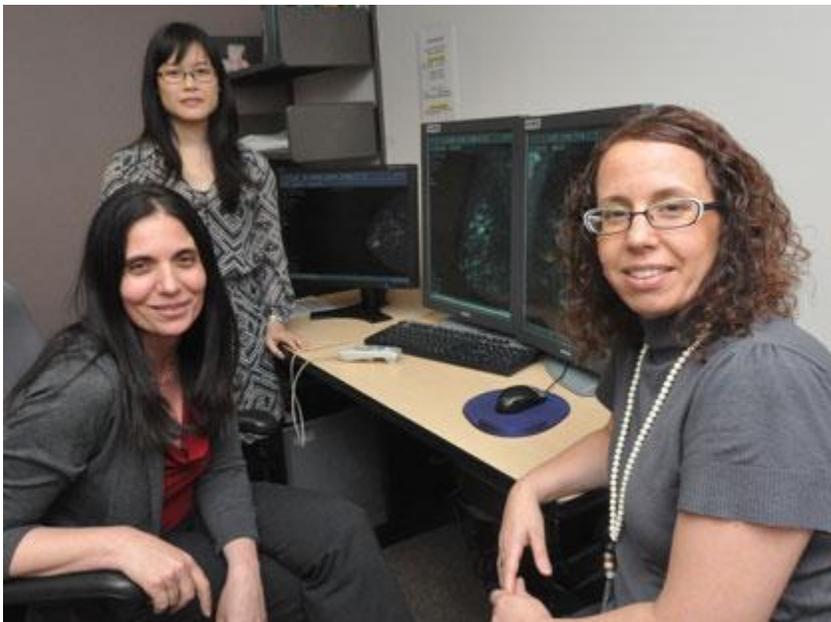
Currently, when a lump is discovered by a woman or her physician within one year of negative mammogram, both a repeat mammogram and an ultrasound are performed. This is the traditional approach around the world although there are no set standards, explains radiologist Dr. Anat Kornecki, Breast Imaging Medical Director and Associate Scientist at Lawson Health Research Institute.

But in studying the cases of about 600 women between 2005 and 2012, Dr. Kornecki and colleagues Dr. Ilanit Ben-Nachum, clinical fellow and Lawson trainee, and Dr. Stephanie Leung, radiology resident and Lawson trainee, found that ultrasound was better than repeat mammograms to assess an abnormality found within one year of a negative mammogram. It's the first study to compare ultrasound to mammogram in such cases.

"What this means is that we don't have to start with a mammogram when a woman comes in with a lump within in a year of a negative mammogram," says Dr. Kornecki. "We can start with ultrasound and only add in mammogram if, based on the ultrasound, there is a need to do so."

For patients, this means reduced exposure to unnecessary radiation, less discomfort by avoiding a mammogram, and better use of their time. Eliminating a repeat mammogram is also cost effective and reduces disruptions in routine mammogram screening for women.

"The hope is that the findings eventually influence practice worldwide and result in a significant drop in unnecessary mammograms," says Dr. Kornecki.



Towering Show of Support

In addition to its unique integrated approach to care, there is something else novel about St. Joseph's Breast Care Centre. It can be found perched outside St. Joseph's Hospital and looming large – a giant pink construction crane. It will remain a fixture at the corner of Richmond and Grosvenor streets for the

next year as a show of support for St. Joseph's role in breast care from EllisDon, which is building the hospital's new addition at that corner.

"We've been working on the redevelopment of St. Joseph's Hospital for years and enjoy an excellent partnership with St. Joseph's," explains Brian Waltham, Senior Vice President, Area Manager, EllisDon. "We wanted to do something unique to show our support for the organization and what could be more unique than a pink crane?"



The crane's grand arrival came just days before St. Joseph's Health Care Foundation's inaugural Bust a Move for Breast Health event on April 6, which raised more than \$1 million for the centre. More than 400 people took part in this group fitness extravaganza, including several teams of staff from across St. Joseph's.

SLOWING THE PROGRESSION OF MEMORY LOSS

Is misplacing your keys twice in one week normal, or is it signaling the start of dementia? It's a common concern, and the answer depends on who you are and the kinds of things you're forgetting.

The cognition spectrum ranges from normal, to age-consistent memory loss, to mild cognitive impairment (MCI) to dementia such as Alzheimer's disease, explains Susan Carroll, a nurse clinician in the MCI clinic at St. Joseph's Parkwood Hospital.

"We all forget things from time to time. However, if you start forgetting how to do something you used to be very good at, such as when an accountant forgets how to keep a set of books or a party planner forgets to send out invitations, it could be a sign of early dementia."

MCI occurs when changes in the brain lead to greater difficulties with thinking skills than would be expected for a person's age and education levels, but are less than those seen in dementia. An individual with MCI can still successfully do their usual tasks like banking, shopping, using a computer and planning meals.

Each year, 10 to 15 per cent of those with MCI develop dementia, but not everyone with MCI is destined to do so. In fact, some individuals' cognition even improves—particularly if they have depression, says Carroll.



Nurse clinician Susan Carroll encourages patients to follow a healthy diet, exercise regularly, and keep their blood pressure in check to slow the progression of mild cognitive impairment to dementia.

At the MCI clinic Susan screens patients for behavioural changes and disease progression, conducts memory tests and reviews medications to ensure they are not having a negative impact on cognition. As well, patients learn about factors that may slow the progression of MCI to dementia.

"It's essential to manage dementia risk factors like diabetes, high cholesterol and hypertension by adopting a healthy lifestyle," Carroll says. "We encourage patients to follow the Mediterranean diet and exercise regularly. In fact, if we could prescribe exercise as a pill we'd give it to everyone because it helps open up the small blood vessels in the brain, which increases blood flow, which in turn enhances brain function."

Individuals with MCI are also encouraged to participate in brain stimulating activities such as crossword puzzles or learning a new skill, and to tap into community resources such as Tai Chi classes, mall walking and day programs to help them stay mentally, physically and socially engaged.

If MCI progresses to dementia, there are a variety of dementia care community services and long-term care options provided through organizations such as the South West Community Care Access Centre, the Alzheimer Society London Middlesex and Alzheimer Outreach Services.

"We hope one day soon a disease-modifying treatment will be found for dementia," says Susan. "Until then we are using every strategy to help people slow the progression of cognitive decline."

THE PIT STOP

A unique clinic for patients with pituitary disease adds convenience to care.

It was by chance that James Stirling of Chatsworth, Ontario learned there was something very wrong with his pituitary gland, a pea-sized organ at the base of the brain. An MRI scan for a shoulder issue had captured something extra - a pituitary tumour.

When told he required various tests and consults with more than one specialist in London, 52-year-old James, a school bus driver, braced for multiple days off work and lots of travel. London was about 200 km away – about a three hour drive.

But James was pleasantly surprised. All of his appointments – four in total – were scheduled for the same day.

"How often does that happen? Being so far away, it worked so well. The first appointment was at 8:30 am and the last one ended at 2 pm. Even a lunch break was scheduled into my day. Not only was it convenient for me but since I needed a driver due to vision testing, it was convenient for my daughter too."

James is among the first patients of the One-Stop Pituitary Clinic created by St. Joseph's in collaboration with specialists across the city and the Ivey Eye Institute. The clinic's purpose is to streamline care for patients with pituitary disease.



"When a patient has a pituitary tumour, it can cause a wide range of disorders requiring testing, imaging and the care of various specialists – ophthalmologists, endocrinologists, neurosurgeons and ear nose and throat surgeons," explains St. Joseph's endocrinologist Dr. Stan Van Uum. "Previously, care for these patients was fragmented with the various medical visits scheduled on multiple days. If you look at the great distances patients are travelling for care in London and the number of trips they are making to receive services, it was clear we had to do things better."

With the clinic's central referral process, initial lab testing, endocrinology consult, visual field testing at the Ivey Eye Institute and neuro-ophthalmology consult are arranged on the same day. "In addition to the logistical improvements, the streamlining and centralization of referrals also creates an excellent

opportunity to improve patient education, facilitate follow-up visits, enhance teaching to residents and medical students, and improve understanding and care of this patient group,” says Dr. Van Uum

Prior to arriving at the One-Stop Pituitary Clinic, located at St. Joseph’s Hospital, patients receive an itinerary of their appointments – which may include London Health Sciences Centre - directions, as well as information about the pituitary gland and what they can expect during their visit.

In the past, patients with pituitary disease from across the region made on average 2.4 trips to London travelling a total distance of about 300 km. With the first patients seen at the one-stop clinic, the total number of visits has dropped to one and the average distance to 116 km.

Feedback from patients has been excellent, says Dr. Van Uum. If successful, the clinic may become a model of care for pituitary disease across Canada.

Funding for setting up this integrated care model was supported by St. Joseph’s President’s Grants for Innovation.

BACK TO SCHOOL

A new program at St. Joseph's Parkwood Hospital is giving students with brain injuries the skills to successfully get back to school.

The Return to School Program teaches young adults the strategies to resume their studies while coping with their injury, explains speech language pathologist (SLP) Penny Welch West, who developed the program with her SLP colleagues Julie Hughes and Elizabeth Skirving. Instead of a one-on-one approach, they chose a group format to reach more students at once.



Students Brady Cline, left, Sarah Brunke, and Stacey Gale are participants in the Return to School Program led by speech language pathologists Elizabeth Skirving, in black, Julie Hughes and Penny Welch-West.

"For many, a brain injury comes at a crucial time in their lives when they're in high school, college or university. They don't have time to wait until there's an opening in our Acquired Brain Injury (ABI) Program because every day they wait is another day lost in their school semester," explains Penny.

Students like 18-year-old Brady Cline know too well the struggle it is to return to school with a brain injury. With six concussions from sports, he is balancing schoolwork at Laurier Brantford and working part time. Before his last concussion, caused by a hit in a hockey game, Brady was an honour student.

"School used to be easy—things stayed in my head forever," he says. "Now I have to work really hard to remember anything."

Through the Return to School class, a conscientious Brady has learned new strategies to commit things to memory.

Sarah Brunke, 19, was heading out for a night with friends when she toppled off her high heels and hit her head on concrete. After the injury Sarah moved back home so her family could care for her until she recovered.

"Attending the Return to School program helped me realize there are other people going through the same health issues I am," says Sarah, who was attending the University of Guelph at the time of her injury and hopes to soon return to school. "I don't feel so alone anymore."

The Return to School program addresses mild brain injury issues including fatigue, headaches, inattention, forgetfulness, dizziness and word-finding challenges. Students learn skills to help them succeed with reading, writing, social communication, studying and memory skills. In addition, they learn what accommodations they will need at school, such as a quiet room for writing exams and technology like a Livescribe Echo Smartpen to record lectures.

Through the innovative program, students like Brady and Sarah, whose lives have been interrupted by a mild brain injury, can get back on track more quickly and look forward to the future.

TAKING TECHNOLOGY IN HAND

As she pushes the button to turn on the new laptop, Suzanne becomes visibly engaged. Her face lights up, her posture straightens, she moves her chair closer and prepares to enter cyber space.



Nina Caughill, a nurse at the Steele Street rehabilitation group home in St. Thomas, part of St. Joseph's Regional Mental Health Care, assists resident Suzanne as she learns to navigate the Internet. The laptop and other devices were recently purchased for the group home as part of a project testing the integration of technology into recovery plans for individuals living with mental illness.

A resident at the Steele Street group home in St. Thomas, part of St. Joseph's Regional Mental Health Care, Suzanne is one of nine people receiving mental health rehabilitation therapy in the residence, and she can't wait to read today's latest news on the Internet. It's all part of her journey to recovery.

Wireless Internet access, a laptop, desktop computer and various mobile devices such as iPods, an iPad, and cell phone are all part of an innovative project that is integrating technology into recovery plans for Steele Street residents. The research project is the brainchild of Jackie McAdams, an occupational therapist at St. Joseph's Regional Mental Health Care. It was given the green light, and a \$5,000 grant, through St. Joseph's President's Grants for Innovation, a program that invites staff to apply for funding for innovative ideas that will improve quality of care.

In Jackie's project, residents are given the opportunity to learn to use a piece of technology that can assist them with their goals and recovery. For example, tablets that can provide cooking instructions and easy to locate recipes, or iPod applications that remind patients when it's time to take medication, can be valuable tools for individuals with mental illness.

"In today's world, basic technology and computer skills are life skills," explains Jackie. "Individuals who are learning to cope with mental illness should have the opportunity to develop these aptitudes, allowing them to connect with and participate in the wider community, optimize functioning and maximize independence."

The impact as the residents are exposed to technology has been tremendous, she adds. "We've seen residents who were previously afraid to leave the house due to anxiety now able to venture out because they have learned how to use a cell phone and know that a member of their care team is just a text or phone call away."

Marxy is another Steele Street resident who, through learning how to use social media, reconnected with long lost friends and relatives. Originally from Honduras, Marxy moved to Canada with his family in 1992. When admitted to hospital in 2008 for mental health treatment, he lost contact with his family, who were not supportive of his illness and recovery.

Today, as his rehabilitation progresses, he is able to take an active role in his own recovery. Learning how to download Spanish music and communicate online with others who speak his language has allowed Marxy to once again experience a connection to his culture and community. Through the Internet, he is also able to research ways to reduce his anxiety and panic attacks, sharing what he learns with his care team.

Most significant to his recovery, says Marxy, was being able to connect with his estranged father through Facebook, a relationship he hopes to rebuild as he continues on his journey of rehabilitation.

Experiences like Marxy's are just the tip of the iceberg, says Jackie. "The use of technology is integral in the future of mental health care...the opportunities are endless."

The Steel Street Project, which was made possible by the St. Joseph's President's Grants for Innovation, complements the work of Lawson Health Research scientist Dr. Cheryl Forchuk. The acclaimed researcher is partnering with TELUS Health Solutions in the Mental Health Engagement Network (MHEN) project that uses smart phones and web services to connect patients to various tools to help them manage their daily needs. The technology also connects patients to their health team no matter where they are.

BRINGING SURGERY EXPERTISE TO THE WORLD

After 20 years of teaching the next generation of surgeons in London, Dr. John Denstedt hasn't lost his enthusiasm for sharing his expertise. Now, through the magic of technology, the knowledge and skill of the acclaimed urologist is reaching farther than ever – around the world in fact.

Through interactive two way audio-video broadcasts, Dr. Denstedt, Chair/Chief of Surgery Services at St. Joseph's, has demonstrated live procedures to surgical audiences in Brazil and across China.

"Personally and professionally it's rewarding because you can see where you are making a difference," says Dr. Denstedt, the author of more than 200 scientific articles and book chapters and a sought after guest professor in countries around the world. "Helping to train those 250 surgeons (in China) can translate to care for 100 million people in Sichuan Province alone. It's an amazing ripple effect."



In the operating room at St. Joseph's Hospital in London, Dr. John Denstedt connects with surgeons in China during a broadcast of a urological surgical procedure.

Audiences of the live broadcasts are provided with several views of the patient and the operating room, and internal views of the surgery itself through a camera scope, giving them a unique opportunity to learn cutting edge techniques. They can also ask questions during the broadcast, adding to the real time training and collaboration.

In recent months, Dr. Denstedt demonstrated two kidney stone removal procedures to 30 surgeons in Sao Paulo Brazil. He also, along with fellow St. Joseph's urologist Dr. Stephen Pautler, delivered lectures and live surgeries - a complex kidney stone case and a laparoscopic partial nephrectomy for kidney cancer - during a trip to West China Hospital in Chengdu, China.

Sharing our knowledge with the world on this scale has benefits for everyone – experienced surgeons and students alike, explains Dr. Denstedt. "Because of China's higher population they often have a mass volume of specific cases. When we apply our expertise to help treat these groups of patients, both sides gain knowledge on a larger scale than we could with the one or two cases of the same condition we would see here in Canada."

Dr. Denstedt, who was recently appointed special advisor on health globalization, internationalization and simulation for the Schulich School of Medicine & Dentistry at Western University, hopes to expand broadcasted teaching and training opportunities.

"It may be possible to broadcast such sessions across an entire country by linking and networking centres. This teaching platform enables experienced surgeons to mentor teams on new techniques and collaborate on complex cases while eliminating time, distance and cost barriers."

Onsite Training

Closer to home, meanwhile, onsite training within the operating rooms and laboratories of St. Joseph's is also an important focus. Training of surgeons takes place in such specialties as hand and upper limb surgery, plastic surgery, eye surgery, urologic and gynecologic surgery, and head and neck surgery

In March 2012, St. Joseph's installed the newest daVinci Surgical System that has the latest robotic skill simulator allowing surgeons to learn new techniques and keep their skills sharp. Surgery simulation is also a key tool in the surgical mechatronics laboratory of the Hand and Upper Limb Centre, where experts are working on the latest advances in joint implant technology.

ENGAGING THE COMMUNITY, INSPIRING YOUNG MINDS

Imagine: the year is 1890. While strolling the streets of Paris, you stumble into a small bistro. The room is alive with discussion. Coffee in hand, artists, doctors, teachers, and tradesmen are all engaged in a spirited current affairs debate.

More than 100 years later St. Joseph's is keeping this traditional alive. In the spirit of 19th century coffee houses, Lawson Health Research Institute's "Café Scientifique" series engages the community in discussion with local scientific experts. The series has quickly generated a following and seats can be hard to come by. Guests are delighted to join hospital researchers for an evening of learning, listening – and always a few laughs.



In 2012-2013, Lawson received funding to host two Café Scientifique events:

- "Food and Disease: Dispelling the Myths"
- "Rheumatic Diseases: When Your Immune System Attacks Your Bones"

The events featured experts in probiotics, cancer, neurology and autoimmune diseases, and sparked lively discussion from the audience.

Also this year, Lawson's Café Scientifique kindled an early interest in science among young bright minds. For the first time, an event was held at a local high school. Forty Mother Theresa Secondary School students were inspired to learn how diet and exercise can impact cancer. The event was hosted in partnership with the Partners in Experiential Learning Program, which places local high school students in Lawson labs to gain hands-on experience in science.

Thanks to this exciting look inside health research, one of these students may one day be leading their own Café Scientifique.

In total, about 160 individuals took advantage of the Café Scientifique events this year. The series generously supported by the Canadian Institutes of Health Research (CIHR).

TAKING CHARGE

At St. Joseph's, patients with heart disease learn how to get healthy and stay healthy.



Rick Ho thought he simply had the flu. He was feverish, achy and nauseous but didn't think much of it. He grabbed some Asperin and went to work. When the symptoms didn't subside, he headed to an emergency room. Within hours, the 44-year-old was in the operating room undergoing quintuple heart bypass surgery. There was concern he would die on the table.

Three months later, Rick celebrated by biking five kilometres. At five months, he ran 10 kilometres. He calls the Cardiac Rehabilitation and Secondary Prevention Program at St. Joseph's Hospital "completely transformative".

"I was on the brink of a massive and potentially fatal heart attack. And now I'm more fit than I've been in decades."

Rick is among a growing number of people in London benefitting from cardiac rehabilitation. A push to ensure care for heart attack patients and others with heart disease doesn't stop once they leave hospital has many more individuals receiving rehabilitation and the guidance they need to stay healthy.

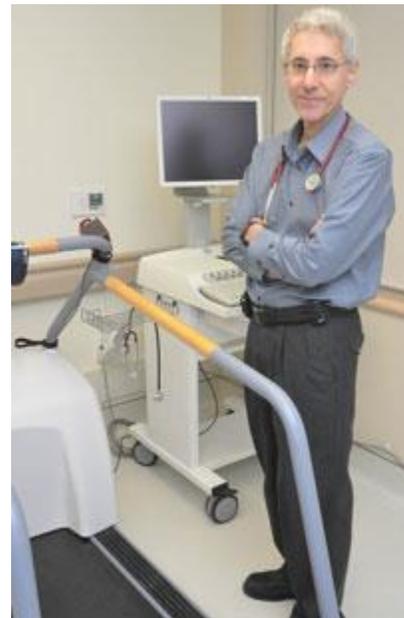
In recent years, the number of referrals to the Cardiac Rehabilitation and Secondary Prevention Program (CRSP) has nearly doubled and its impact significantly strengthened thanks to various efforts, such as reaching heart patients before they leave hospital, making the referral process to the program easier, and helping patients turn lifestyle changes into lifelong habits.

"To practice innovative cardiac rehabilitation you need an approach with a broad reach and expertise that serves as a resource for hospitals and the region," says Dr. Neville Suskin, Medical Director of the program, now located at St. Joseph's Hospital.

Done right, adds the cardiologist, the impact can be tremendous. The CRSP program conducted a study that shows preventing a second (or third) heart attack can result in a 30 per cent savings in health care costs from reduced hospitalizations. "There are few interventions in medicine that can do that."

The CRSP program is designed for men and women with heart disease who have had a heart attack, angina, angioplasty or heart surgery. An interdisciplinary team provides patients with a medical evaluation, including exercise stress testing, a prescribed exercise program, lifestyle education, psychological services, nutrition counselling, smoking cessation therapy and more.

Instead of waiting for patients to come to the program, London heart patients are now connected with the CRSP before discharge from hospital. They can even begin smoking cessation therapy before they leave hospital.



"We have implemented a strategy in the inpatient setting so that patients are getting the right care and understand the importance of follow-up and risk reduction," says Dr. Suskin.

About 500 patients are seen each year at St. Joseph's CRSP program, which also has four satellite sites in Sarnia, Owen Sound, Ingersoll and Chatham. In a unique partnership with the YMCA in London, exercise prescribed by the CRSP team is carried out at the downtown Y, where patients attend supervised exercise sessions and also work out on their own for six months.

"Ultimately, what we want to do is help patients establish and maintain an active lifestyle, gain strength and confidence, and take charge of their health, says Dr. Suskin. "The key is sustainable, behavior change. As part of that, we want people to become habitual exercisers."

Rick was surprised by what he learned through the CRSP about the benefits of exercise. "The order of magnitude and life transforming power of that half hour of exercise a day is staggering. Then I got to live it."

BACK IN THE DRIVER'S SEAT

The Driver Assessment Rehabilitation Program (DARP) at St. Joseph's Parkwood Hospital is helping people get back behind the wheel – people like 39-year-old Mike Munro and 56-year-old Dale Smith.

Mike relies on driving to tend his family's 600 acre dairy farm and raise his family. Three years ago, however, he was demolishing an old farmhouse when a section of the chimney hurtled towards him. Rushing to get clear of the falling debris, he tripped over a bush and hit his back. Instantly he knew something was very wrong. He was paralyzed from the waist down.

Dale is also living life different than before. He sustained a severe brain injury when a speeding car driven by a drunk driver rear-ended his vehicle in 2008. Dale endured months in hospital, multiple brain surgeries, extensive rehabilitation and the loss of his driver's license.

DARP, which celebrated 15 years in June 2012, returns the independence of driving to those who have lost their driver's license because of changes in their health from trauma, illness or natural aging. Through the program, both Mike and Dale learned to drive modified vehicles. Mike was trained to drive with hand controls, and Dale with a left foot gas pedal and a spinner knob on the steering wheel.

"I had some rough goes, but the DARP team kept working with me until I mastered the skills to get my license back," says Dale.



Occupational therapist Monique MacDonald looks through the window as Dale Smith prepares to take his wife Alice for a drive in his modified vehicle.

DARP clients also include those with physical disabilities who require special equipment to enable safe and accessible driving, and those who need special instruction or vehicle adaptations to learn to drive. As well, DARP is one of only a handful of services in Ontario authorized to conduct driving assessments for people who do not meet driving peripheral vision requirements.

Mike, who now drives all over Ontario for fishing, curling and taking his two boys to hockey and baseball games, recently drove his family to Florida and back. Dale, meanwhile, now volunteers to speak to teenagers taking driver's education classes about the toll unsafe driving practices can take on lives.

"If we didn't have a program like DARP in the London area," says Dale, "what would someone like me do?"

SOLVING AN URGENT GLOBAL NEED

St. Joseph's is playing a key role in helping to solve the world's medical isotope shortage through a \$7 million project and marshalling of the Nordal Cyclotron & PET Radiochemistry Facility.

Molecular imaging has become an essential part of diagnosis and treatment of disease. Technetium-99m (Tc99m) is the world's most widely-used medical isotope, and is vital to 5,500 diagnostic medical scans conducted in Canada daily. The bulk of the global supply is derived from a key raw material produced by a small number of nuclear reactors, including Canada's Chalk River. However, Chalk River is scheduled for decommissioning in 2016. The search is now on for alternative sources, and St. Joseph's is helping to lead the way.



This year, Lawson Health Research Institute's Imaging Group, based at St. Joseph's Hospital, and three partner organizations were awarded \$7 million to develop a non-reactor based Tc99m. Key to St. Joseph's role in the project is its medical cyclotron, a particle accelerator officially opened in 2010 and located deep within the hospital's lower level.

"We are currently using the cyclotron to produce the radioisotope, FDG, for use in positron emission tomography

(PET) scans here at St. Joseph's," says Dr. Michael Kovacs, Director of the Nordal Cyclotron & PET Radiochemistry Facility. "However, through our research, we have proven that we have the capability of producing Tc99m on our cyclotron."

After the isotope is injected into a patient, Tc99m acts like a tracer, enabling the SPECT scanner to produce three-dimensional images of the functional processes in the body. Clinicians use these images to identify – and target for treatment – areas of disease.

"If we successfully develop the technology to make Tc99m on our medium-energy medical cyclotron, we will be able to supply all of the London area's needs for this isotope," says Steven Foster, Business Manager of Lawson's Imaging Group. "In addition, the potential also exists to commercialize that technology and deploy it, not only Canada-wide, but worldwide."

There are a number of challenges inherent in cyclotron-based Tc99m production, which the project team is tackling head on. "We are working with our partners to perfect the production process and scale up to commercial production," explains Dr. Kovacs. "Then the next step will be conducting a clinical trial to ensure product safety and efficacy and to secure Health Canada's approval. We have a lot of work to do but we are determined to achieve success."

Partners in the project are Lawson, the Centre for Probe Development & Commercialization in Hamilton, Ontario, the BC Cancer Agency and TRIUMF, both in Vancouver, British Columbia.

CHANGING LIVES — ONE STEP AT A TIME

Locomotor training takes rehabilitation at Parkwood Hospital to a whole new level

- [Click here to watch a video of Janson Broome's story](#)

St. Joseph's Parkwood Hospital is one of the few hospitals in North America using an intensive new therapy to help people with a spinal cord or acquired brain injury regain lower body strength, and, in some cases, even walk again.

The rigorous therapy has been a giant step forward—literally—for Janson Broome, who hovered near death following a catastrophic car accident on Aug. 22, 2011. After multiple surgeries on his shattered bones and more than six months in hospital, the 25-year-old thought he would never walk properly again. But thanks to the new locomotor training (LT) program at Parkwood, and much perseverance, Janson's recovery has quickly gained momentum.

"After months of physiotherapy with little progress, I was skeptical the LT could help me," says Janson. His outlook changed after only two days on the program. Movement improved in his hips and the pain his back was significantly relieved.



Four staff members are needed for a locomotor training session. Here, Shannon McGuire (standing) provides support from behind for Janson Broome, while Janelle Wittig (left) and Sarah McLean (right, partially hidden) move each of his legs. The fourth staff member operates the body weight support treadmill.

The LT program uses a body weight support treadmill, which has a harness that supports and holds the patient upright on the treadmill. With the patient supported, the therapists' hands are free to work with the patient's limbs.

"It's all hands on deck during the LT workout on the body weight support treadmill," explains Shannon McGuire, a physiotherapist in the Neurotrauma Rehabilitation Program. "The therapists work together to optimize sensory cues for the participant. Walking is automatic—your brain doesn't seem to pay attention or put a lot of resources into it—unless you have a neurological injury."

The LT program was developed by the NeuroRecovery Network (NRN), which was started by the Christopher and Dana Reeve Foundation to make this type of intensive treatment available to the general public, explains Dr. Dalton Wolfe, spinal cord injury research lead at Lawson Health Research Institute. With only a handful of health care organizations in the United States and Canada now using the approach, the NRN is developing an evidence- and research-based method of therapy.

"The LT program is based on the assumption that the nervous system has plasticity, and that with facilitation of the right movements at a certain level of intensity, we can train or mold it to get more normal movement back," explains physiotherapist Janelle Wittig. "For some, it means regaining the ability to walk. For others, it means having the strength to support themselves sitting, being more independent with transfers, being able to put on their own shirts, or a decrease in pain or reduction in medications needed."

For Janson, the results speak for themselves. He is the first graduate of the LT program at Parkwood, having completed 44 intensive 90 minute sessions. "More people need to do this program," he says. "It needs to be a necessary component of the recovery journey. It changed my life."

'WE'VE ONLY JUST BEGUN'

From its humble beginnings in 1963, the Parkwood Hospital Auxiliary has grown into a robust organization that has raised nearly \$1 million to benefit patients and residents at Parkwood Hospital. They were honoured for their service in January 2013.

"Fifty years of serving Parkwood patients and residents - wow is the only word I can think of to express the difference the auxiliary has made to the lives of the patients and residents at Parkwood Hospital," says Elaine Gibson, Vice President, Complex, Specialty Aging and Rehabilitation. "Your welcome smiles, friendly conversations and caring presence have also made a tremendous difference to staff members and visitors."



The first Parkwood Hospital Auxiliary president Marieon Mara, left, with members of the Hospital Auxiliaries Association of Ontario in the early 1960s.

Today the auxiliary has 60 members from all walks of life and the tradition is continuing. "We are delighted that some of our auxiliary members are retired employees who have returned to volunteer," says auxiliary Vice President Chris Livingstone. "This is a most welcome and growing trend."



Charter Parkwood Hospital Auxiliary members Marieon Mara and Helen Osborne.

Auxiliary members raise funds by running two thriving gift shops and the lottery booth. In 1988, auxiliary profits started flowing through the St. Joseph's Health Care Foundation and since then \$838,000 has been raised for various patient comfort, research, and program initiatives. Considering the auxiliary was in action for 25 years before that, nearly \$1 million has been raised through their efforts. In addition the

auxiliary has organized and hosted more than 500 birthday parties for residents since 1963 and their well-loved strawberry socials have, for 50 years, heralded the start of summer at Parkwood.



Past presidents of the Parkwood Hospital Auxiliary were presented with a plaque recognizing the auxiliary's service. From left, Joan McCarthy, Dorothy Sillifant, Mary Lou Hamblin, Marieon Mara, Lisette Walker, Marg Somers (behind) and Joyce Planques.

Expressing her thanks to St. Joseph's for recognizing the auxiliary's service, Chris said, "You have made us feel honored and validated for the work we've done – and we've only just begun."

By The Numbers

In 2012 alone auxiliary members:

- volunteered more than 8,000 hours of service
- sold, among other things:
 - 7,000 cups of coffee
 - 18,000 cans of pop
 - 3,000 newspapers

Auxiliary charter members Marieon Mara, left, and Helen Osborne, right, with current auxiliary vice president Chris Livingstone.



TURNING CREATIVE CONCEPTS INTO REALITY

The President's Grants for Innovation, established in 2011 by Dr. Gillian Kernaghan, President and CEO of St. Joseph's, are available to all front line staff, volunteers and professional staff for an innovative idea that will improve quality. Twice a year, all are invited to present their ideas to a panel – a kinder and gentler version of Dragon's Den. Up to \$10,000 in one time funding is awarded to successful submissions.



St. Joseph's President and CEO Dr. Gillian Kernaghan, left, unveils the patient tracking system monitor with project leads Michelle Soave and Karen Rogers.

To date, 16 innovative ideas have been awarded funding to help make creative concepts a reality, including the Steele Street project featured in this annual report. The other successful projects include:

- **One-stop Pituitary Clinic:** Implementation of coordinated one-day assessment for patients with pituitary tumors to reduce wait time and travel and anxiety for patients and their families.
- **Moving with care:** Creation of a Veterans Care moving team to assist older adults and their families with the experience of admission or changing units through emotional and practical support..
- **Blending spirituality and nursing:** The implementation of a spiritual assessment tool by nurses as part of the admissions process to provide a more comprehensive understanding of client and family needs.
- **Patient tracking:** Implementation of a system that allows family members to follow their loved ones progress in surgery by use of a unique patient identifier to maintain privacy and monitors in waiting areas that indicate where the patient is in the care journey.
- **More informed decisions:** The creation of an electronic decision support tool to achieve the best care plan for patients with amputations. Patients would be able to enter their current functional information into this application to inform the care team in developing the care plans with information trended over time.
- **Reducing falls, increasing patient satisfaction:** Implementation of hourly rounds in Complex Care during which nurses assess such factors as the patient's pain, comfort, position, surroundings and whether their needs are being met.
- **Portable tablets for speech language pathologists:** The goal is to investigate whether these tools can provide benefits similar to those achieved with SMART board programming.
- **Interactive learning for care providers:** The purpose is to challenge and advance skills that enhance patient safety, such as critical thinking, decision making, problem solving, documentation and communication.

- **Motoring safely:** A review of medical and legal literature regarding power wheelchair accidents and unsafe driving occurrences with the goal of developing processes and strategies in managing the use of power wheelchairs.
- **Easing the transition to residential care:** Making the potential benefits of communal living explicit in the information provided to patients and families.
- **Improving effectiveness of hand therapy:** Creation of a “digital home program area” where the patient can be videotaped or photographed performing their exercises under the supervision of the therapist. This digital media will then be uploaded to a secure web portal that the patient can access. The purpose is to help the patient exercise effectively and wear their splints correctly when at home.
- **Introducing new possibilities:** Implementation of adventure-based counseling for mental health patients.
- **Detecting falls:** Testing of an automated fall detection and patient monitoring system that uses computer vision techniques to detect if a patient falls in their room.
- **Therapy through art:** The introduction of art activities to clients of the Operational Stress Injury Clinic, allowing them to express feelings, externalize difficult emotions and gain insight into their operational stress injury symptoms through art making.
- **Walking with poles:** The introducing of urban poles (Nordic Walking) in therapeutic recreation programming for mental health clients in the community with the goal of increasing physical activity and increasing well-being.

'A PLACE WHERE HOPE STARTS TO GROW'

The Wellness Centre plays an integral role in the care of patients at St. Joseph's Regional Mental Health Care St. Thomas.

Zee knows he won't be here forever. He knows one day he will go home – back out into the world that exists beyond the hospital walls. And he wants to be ready for that day in more ways than one. He knows that being an active participant in his own recovery means a greater chance of continued success in managing his mental illness, both upon discharge and throughout the course of his life.



Zee utilizes the Wellness Centre's fitness room at least five times a week and helps other patients with their work out routines.

Zee is an inpatient on the forensic unit at St. Joseph's Regional Mental Health Care (RMHC) St. Thomas, where a multi-disciplinary group of staff spent months planning for, and bringing to life, the Wellness Centre. Zee uses the centre daily, accompanied by someone from his care team.

Consisting of two main components that go hand-in-hand - group therapy and quality of life activity pods - the centre's purpose is to offer opportunities for patients of the Forensic Psychiatry Program to take part in activities that support recovery through education, skill-building, and maintenance of a balanced and healthy daily routine.

Therapeutic groups for patients include: illness management and recovery; adventure based counselling; spirituality; concurrent disorders management; and smoking cessation.

The quality-of-life pods are activity areas within the centre, such as a reflection room, creative expressions area, gardening centre, games and media area, resource room for pre-vocational work, kitchen for meal-planning and preparation, and a music appreciation room.

"All of the quality-of-life pods were chosen because they are portable and affordable activities that patients can continue to participate in at home upon discharge," says occupational therapist Maureen Ellis. "We teach patients skills in budgeting and responsibility for their own resources, and encourage something they can afford to do on their own budget. This is a place where hope starts to grow."

Zee works out in the fitness room at least five times a week. "It has really helped to keep me both physically and mentally fit," he says in between sets.

In addition to keeping in shape, Zee has discovered that the Wellness Centre has had many other positive benefits. He is working on kicking his smoking habit and has gained control over his eating

disorder by learning to make healthier meal choices. He has also found a way to connect with other patients and provide positive peer support.

"I've been able to work out with and train other patients to help them improve their physical fitness," says Zee smiling. He also enjoys playing Wii games with his friends in the games and media area and pondering the next phase of his life in the reflection room.



Occupational therapist Maureen Ellis assists Robert in the gardening area.

Robert, meanwhile, relishes his time in the gardening area where all types of plants, flowers, vegetables and herbs are potted and tenderly attended to. In the warmer months some are moved to the courtyard where patients continue to care for them outdoors and use them to prepare healthy meals.



Vince jams with recreational therapist Bob Finlay in the music appreciation room.

In the music appreciation room, where drums, a guitar, keyboards and vocal equipment are available to patients, Vince is rekindling his interest in playing the drums. The room even boasts the technology for patients to record their own tracks. Between beats, Vince, who often jams with recreation therapist Bob Finlay, recalls playing drums as a kid and explains how music helps him with his personal recovery.

“It’s an excellent way to release energy while at the same time produce a creative expression piece,” says the musician.

Vince and Bob hope to put together a forensic rock band with the goal of playing at the opening in June 2013 of St. Joseph’s new mental health facility being built in Central Elgin. The new facility, to be called the Southwest Centre for Forensic Mental Health Care, will replace the existing RMHC St. Thomas building and will be dedicated entirely to forensic mental health care.

Over in the expressions area, Robin enjoys painting by numbers, which has helped ignite her hope for the future.



Robin enjoys painting by numbers in the Wellness Centre’s creative expressions area while social worker Mary Ellen Ruddell looks on.

“When I’m with Robin in the Wellness Centre, she talks, not about painting by numbers, but about her life, her goals,” says social worker Mary Ellen Ruddell. “We are excited that the centre and all of its activity pods will come with us when we move into our new facility.”

Stressing the importance of balance, structure and routine Mary Ellen says the therapy sessions and activities provided by the Wellness Centre go a long way in helping patients move forward in their lives.

“These are things that patients can do to take an active part in their own recovery and well-being. It is a rewarding experience to watch one of our patients light up when they connect with an activity that has meaning for them, or reminds them that they are good at something such as gardening or painting,” explains Mary Ellen. “It’s like ‘I can still do this despite the fact that I have a mental illness and came into contact with the law. Be it a drummer or a good cook, a gardener or a musician I’m still the person I was before.’”

2012-2013 Treasurer's Report

St. Joseph's tradition of fiscal accountability and stewardship of funds continued again in fiscal 2012/13. We remain committed to ethical and effective business practice and improved openness and transparency. The hospital's year-end financial statements reflect a number of changes to accounting standards and disclosures that impacted all government not for profit entities, beginning April 1, 2012. Our overall results were also made possible through the implementation of approximately \$8 million in budget efficiency savings, required to achieve a balanced budget plan for the year, given continued inflation and decreasing funding.

Operational Results

St. Joseph's ended the fiscal year with a GAAP surplus of \$3.6 million which is less than 1% of operations, primarily due to investment income for the year, which totaled \$3.9 million. The remaining \$0.3 million deficit is the net result of both restructuring and operating costs, against a total budget of \$418 million.

This balanced position was achieved during a year of major hospital funding reform, which included the introduction of Quality Based Procedures, and a movement towards a more 'activity based' funding allocation methodology for hospitals.

Working Capital Results

St. Joseph's working capital remains strong at a ratio of 1.6:1, well within the guidelines established through our Hospital Services Accountability Agreement with the South West Local Health Integration Network. For hospitals, a healthy working capital position allows for the restriction of funds in support of reinvestment and renewal of facilities and equipment, both in the short and long term.

St. Joseph's restricted investments for current and future commitments remain secure and total \$177.1 million at March 31, 2013. These investments are externally managed by professional firms under the stewardship of the Investment Subcommittee of our Board.

Supporting St. Joseph's care, teaching and research mission, capital investments during the year totaled \$54.7 million. Of this total, \$39 million was spent on building projects and \$15.7 million on capital equipment. These expenditures were supported by \$22.2 million of internal funds and \$32.5 million in external funds, primarily through contributions from the provincial government and the St. Joseph's Health Care Foundation. The generous support of donors through the St. Joseph's Health Care Foundation is vital to our ability to invest in the future while responding to today's care, comfort and research needs.

The total estimated hospital or 'local share' contribution for our three current major redevelopment initiatives – St. Joseph's Hospital, the new Southwest Centre for Forensic Mental Health Care and the future new specialized mental health facility beside Parkwood Hospital - is \$43.3 million. The hospital also funded the \$5 million demolition and site completion of the old St. Mary's Annex at the corner of Richmond and Grosvenor Streets.

All patient volume accountabilities as established in the Hospital Services Accountability Agreement between St. Joseph's and the South West Local Health Integration Network were met.

We continue to learn more about the future impacts of provincial Health System Funding Reform and remain diligent to our budget planning processes to ensure we continue preparing for future years with the best information available. We understand that funding reform of this magnitude will hold challenges for all hospitals, including St. Joseph's. It must be noted that the timeliness of Ministry funding confirmations, including volume expectations, must be improved to support the ability of all hospitals to respond while sustaining the delivery of quality, safe patient care and balanced operations.

Change, economic uncertainty and growing need continue to be the backdrop for health care and indeed, all sectors of our society. St. Joseph's continues to rise to the challenges through our mission and ministry of service, rooted in strong values, a clear strategic plan, and durable fiduciary and leadership principles.

St. Joseph's is blessed with the support of dedicated, skilled staff and physicians, compassionate volunteers, responsive partners, and a supportive community. It is with appreciation to all that we present these financial results.

Scott Player

Treasurer, Board of Directors

Lori Higgs

Vice President Corporate Services and Chief Financial Officer

[View our full audited financial statements here.](#)

Quality & Performance Report

St. Joseph's is committed to providing quality care for our patients and residents and fostering a healthy work environment for our staff and physicians. We are proud of our reputation as one of the leading health care organizations in Ontario and have demonstrated our high standards in various ways such as our achievement of Accreditation with Exemplary Standing, the highest level of performance and quality awarded by Accreditation Canada and our 2012 Quality Healthcare Workplace Award, Gold level, from the Ontario Hospital Association and HealthForceOntario.

We also continue the quest to be transparent in all we do and regularly report publicly on our performance in various key areas such as: patient safety indicators, patient satisfaction and our quality improvement plan.

Our People

Over the past year we have focused efforts on strategies to improve the well-being and safety of our staff and physicians. Our commitment to a healthy work environment continues as we build on our successes in key areas such as influenza vaccination and improving employee attendance and decreasing workplace injuries.

Influenza Vaccination

Receiving the influenza vaccination is an important strategy to protect both our staff and patients from getting influenza and reducing the severity of the impact on those who do. In 2012 our goal was to have 55 per cent of our staff and physicians vaccinated. To achieve this we:

- implemented an online survey for staff and physicians which provided feedback and ideas used to improve our vaccination program
- improved the convenience and access to the vaccination in our facilities
- created an e-learning training module to ensure staff and physicians have all of the facts and science behind the vaccination
- enhanced our reporting by posting our vaccination rates weekly to our intranet
- encouraged participation and accountability through use of placing a sticker on ID badges of staff and physicians who had been vaccinated



Our Result

In 2012, 56.2 per cent of staff and 81.9 per cent of physicians received the influenza vaccination.

Improving Our Employee Attendance

St. Joseph's has a proud history of having a supportive and vibrant culture of care and service. We consistently strive to be, "a great place to work" and continue this journey through goals set in our corporate strategic plan. We know a key factor in employee and patient engagement is in ensuring staff feel

supported to attend work. Attendance at work is a commitment we make to ourselves, to each other and to our patients and residents.

Our Result

By working together over the past three years we have made improvements in our staff attendance and have reduced the average number of sick days per eligible full-time employee by two days. We know there is still improvement that can occur and have a continued commitment for this as an ongoing priority.

Decreasing Workplace Injuries



At St. Joseph's, having a safe work environment isn't a goal, it's an expectation. The safety of our staff, physicians and patients is paramount to what we do. There are many factors involved in workplace injuries and through evaluation, planning, education, streamlined reporting processes and monitoring of our progress we are working to decrease the occurrence of injuries. In 2012 our goal was to reduce our staff injury rate by five per cent. Our target was to have 46 workplace injuries at Mount Hope Centre for Long Term Care and 108 as a combined total from our other sites.

Our Result

The number of workplace injuries – 113 (combined total excluding Mount Hope Centre for Long Term Care)

The number of workplace injuries at Mount Hope Centre for Long Term Care - 33

Our Patients

Our commitment to quality and safe care is reflected in the positive feedback we receive from patients and residents every day and through our formal satisfaction surveys. In 2012, we realized success in areas of focus related to patient safety and the quality such as hand hygiene rates and cancer surgery wait times. We also increased our transparency by sharing our patient satisfaction results on our website.

Hand Hygiene



Proper hand washing is a key component to protecting our patients and staff and preventing the spread of infection in our facilities. In 2012, our goal was to achieve 85 per cent hand hygiene compliance before patient contact. To do this we:

- enhanced our auditing and reporting of hand hygiene rates
- shared success from areas with high compliance
- created a program to target specific staff and physician groups

Our Result

We achieved 87 per cent compliance before patient contact.

Patient Satisfaction



By listening to our patients, reporting our successes and areas in need of improvement and holding ourselves accountable we foster a culture of enhanced patient care, leading to better clinical outcomes.

The Patient Satisfaction Process

Feedback from St. Joseph's patients, residents and families is gathered through one-on-one interviews, mailed surveys, comment cards, website forms, from leaders and staff and the organization's patient, resident and family councils. To ensure a standardized approach, results are gathered and compiled by NRC Picker Canada, an organization used by hospitals across Ontario, allowing results to be compared.

Our Result

We consistently receive ratings that are similar or above the average ratings of similar hospital organizations in Ontario. In a 2012 NRC Picker report comparing patient satisfaction across the province, St. Joseph's achieved the highest rating for "overall care" among Ontario teaching hospitals for acute inpatient care.

Cancer Surgery Wait Times



After a cancer diagnosis waiting for treatment can be overwhelming for patients and their families, creating a great deal of anxiety. The longer the wait, the greater the anxiety can be. St. Joseph's is dedicated to decreasing wait times for cancer surgeries from the decision to treat to the surgery and in 2012 our goal was 84 days. To reach this we:

- enhanced our reports to individual physician offices to assist in scheduling patients to meet wait times
- had one-on-one visits with physician offices to increase awareness and reinforce the use of DART (decision and readiness to treat date) dates.
- had monthly follow up calls to assist in rescheduling patient cases where possible to meet wait times

Our Result

Our current wait time from decision to treat to surgery for all cancers is 55 days.

Report on Mission, Spiritual Care and Health Care Ethics

The report on mission, spiritual care and health care ethics is produced annually by St. Joseph's Health Care London for the St. Joseph's Health Care Society. Our thanks to clinical ethicist Marleen Van Laethem and the ethics committees, and to spiritual care coordinator Ciaran McKenna and the spiritual care team.

This year, this report joins with our web-based annual reports to the community.



A Good Neighbor

The parable of the Good Samaritan is one of the important lessons from which Catholic health care derives its enduring mission. It is a lesson on being a good neighbor by giving care and compassion to those in need. Security guard Shawn Willows embodied this lesson when he went above and beyond to help Debbie Defeo and her mother.

St. Joseph's Health Care London is a proud member of the Catholic Health Alliance of Canada and the Catholic Health Association of Ontario.

Report on Governance and Leadership

Our roots and responsibilities as a Canadian Catholic health organization are inherent in St. Joseph's corporate mission, vision and values. Instilled by the Sisters of St. Joseph and our sister founding organizations, the Women's Christian Association and early psychiatric care groundbreakers, we are here to serve, to alleviate suffering and to restore health and well-being, We are called to uphold the dignity and compassion of the human spirit and through our actions, share God's love.

Performance

The past year has blessed us with many opportunities and accomplishments in governance and leadership. Whatever success has been achieved, it is through the efforts and support of so many. This is especially exemplified in [St. Joseph's achievement of Accreditation](#) with Exemplary Standing from Accreditation Canada and the [Ontario Hospital Association's Gold Quality Healthcare Workplace Award](#).

The work of the board and its committees has continued to help strengthen our organization's focus on performance. We are pleased to report Q4 progress in quality and safety, including: achieving 87.1 per cent hand hygiene compliance prior to patient contact (12 per cent above the provincial average), and reducing wait time from an abnormal breast care screen to breast surgery to eight weeks (exceeding our target by 5 weeks).



Deb Miller, director of organizational development and learning services, received the 2012/13 Leadership in Mission Award from president and CEO Dr. Gillian Kernaghan. This award celebrates extraordinary efforts to exemplify and advance St. Joseph's roles and values as a Catholic, academic and community-oriented health care provider. Deb's many accomplishments include sitting on the board of Mission Services of London for several years which serves the most vulnerable in our community. At St. Joseph's Deb led the creation of the now nationally-acclaimed Leadership in Mission program, is a highly-skilled participant on clinical ethics projects, and is a member of St. Joseph's Quality Council.

Board Learning and Development

Board members have devoted significant time and effort to governance and organization development in relation to mission effectiveness. They participated in St. Joseph's Leadership in Mission program, where engagement with leaders from across the organization added to our culture of shared learning and leadership.

Members of the board also took the Crucial Conversations® course as part of St. Joseph's commitment to best practice through effective team and interpersonal communication. The level of board and physician involvement in this program is unique in North America. St. Joseph's is becoming a spotlight organization in this regard.

Orientation of new and returning board members occurred once again in collaboration with our partners at London Health Sciences Centre. As well, each board meeting includes presentations and information for ongoing awareness and understanding, both internally and in relation to our external environment.

Community Engagement

St. Joseph's board of directors' website and the hospital website demonstrate the organization's continued commitment to public accountability, performance reporting and engagement.

The board ensures personal representation at local, regional and provincial governance planning tables. This year, board member Gaétan Labbé was appointed to the Ontario Hospital Association's (OHA) French Language Services Provincial Leadership Council. This Council advises the OHA on issues affecting health care organizations that provide care to Ontario's Francophone community.

We are actively engaged in the many events and activities that draw individuals and groups to our organization and the region's health care initiatives in general. Of great importance are the events that mark milestones of care, teaching and research for our staff, physicians, donors and partners, including service awards, awards of excellence and achievement, research events, and donor activities and events through the St. Joseph's Health Care Foundation.

Our relationship with the board of the St. Joseph's Health Care Foundation has grown even stronger. We have aligned our plans and work together to speak to the presence of St. Joseph's in our community and to build strong relationships through engagement and philanthropy. The hospital and foundation boards have also achieved 100 percent personal participation in the foundation's current major giving initiative.

Back to Mission

The mission committee, a joint committee of the hospital board and the St. Joseph's Health Care Society, continues to fulfill its role in helping to review and advance how St. Joseph's lives its Catholic mission. One of this year's notable achievements was the presentation made at the 2012 Catholic Health Alliance of Canada (CHAC) Conference in May called Building mission leadership: furthering our legacy of compassionate care.

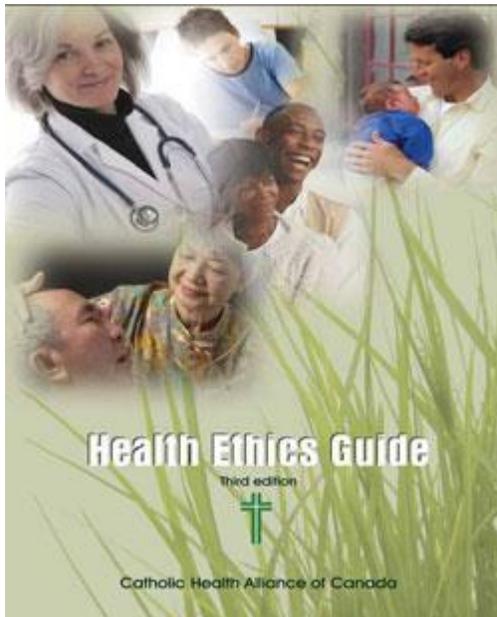


Mission course faculty members Karen Stone, Deb Miller Ciaran McKenna and John Callaghan (absent from photo) conducted a workshop about the mission leadership program at St. Joseph's at the 2012 Catholic Health Alliance of Canada Conference. Other faculty members include Kathy Burrill, Karen Perkin, Father M. Prieur, Deb Wiltshire and Marleen Van Laethem.

We extend our deep appreciation to Father Michael Prieur for chairing the core group that revised the CHAC's Health Ethics Guide (Third Edition). This work started in 2007 and exemplifies how a national community of health organizations can achieve common ground on which to advance care and science within an informed conscience of

Catholic health care. Many others from the St. Joseph's London family contributed to this guide along the way, including our ethics committee of the board – to each and every one, we say thank you. The new Health Ethics Guide has been introduced to the board and leadership and continues to underpin mission education and ethical discernment.

We also thank John Callaghan, chair of the mission committee and Karen Stone in her capacity as mission leader, for their support of our mission-focused accomplishments this past year.



Catholic Mission Leadership Program

Since our pilot program began in 2010, approximately 85 per cent of St. Joseph's leaders have engaged in our Catholic mission leadership program which supports deepening our awareness of Catholic health care and ethics principles, and key Church teachings.

After the June 2013 leadership program we are moving to an annual offering for leaders. We are also exploring ways to encapsulate key messages into a short video presentation to show at staff orientations and for a discussion starter for staff education. Other methods will be determined in collaboration with our leaders, the mission committee and human resources planning council.

The following summaries, stories and photos reflect our work in mission leadership, health care ethics and spiritual care this year.

Report on Health Care Ethics

Among the noteworthy health care ethics events this past year are the publication of the revised Health Ethics Guide from the Catholic Health Alliance of Canada, and a year-long project to review and revise the policy and form for documenting patients' and residents' wishes in the event they need resuscitation.

In response to St. Joseph's emerging roles and priorities, the health care ethics committee of the board went through a process of discernment and planning to revise its mandate to better reflect needs in our changing environment.

Also underway is a review by all the ethics committees across St Joseph's to consider changes and strategies to enhance the ways we are addressing the needs for ethical discernment in our provision of health care.

Resuscitation Decision Making

To improve how we approach end-of-life conversations including who we have them with, when, and most importantly how we have these conversations, over the past year St. Joseph's conducted a sweeping review and revision of the end-of-life decision making policy and form. This review was done in conjunction with London Health Sciences Centre and medical affairs.

The revised policy and form will encourage patients to think about their end-of-life wishes before a crisis situation arises, and will give physicians additional resources to support fulsome end-of-life conversations. Clearer documentation will allow staff to respond with confidence when a patient is found without vital signs.

This policy and form are used at all St. Joseph's facilities with the exception of Mount Hope, which has its own policy and form.



Members of the team who revised the resuscitation decision making policy and form are, standing, Maureen Morrison, Tony O'Regan, Brenda Maxwell and Lisa Malbrecht; and sitting, Marleen Van Laethem, Judy Tigert and Cathy Parsons.

End-of-Life and Resuscitation

Issues concerning end-of-life were front and centre in the media this past year. In particular, there were two high-profile court cases concerning patients Gloria Taylor from British Columbia and Hassan Rasouli from Ontario.

In the first case, Ms. Taylor, a patient with amyotrophic lateral sclerosis (ALS) was granted an exception to the law so she could enlist the help of a physician to commit suicide at the time of her choosing. The judge also called upon the federal government to reconsider the law. The federal government is appealing this decision. In the meantime, Ms. Taylor passed away from an infection.

In the second case, Mr. Rasouli contracted a serious infection after brain surgery leaving him with minimal brain activity. His doctors feel life-support equipment is merely extending the dying process and therefore not a dignified way to treat Mr. Rasouli, and that it is a medical decision that life-support systems are no longer appropriate. However, Mr. Rasouli's family feels he is making slow improvements and does not agree with withdrawing life-support. They feel it is their decision to consent or dissent with the medical advice. This case has now been heard at the Supreme Court of Canada and we are awaiting the results.

For cases like these, the revised Health Ethics Guide provides good guidance in chapter five "Care at the End- of-Life." For example, 'treatment decisions ... are never to include actions or omissions that intentionally cause death'.

Having conversations with patients about their end-of-life wishes before a highly emotional health care crises occurs, can assist family members who might be called upon to make such decisions. With the revision of the resuscitation policy and form, we have improved upon our process for documenting such decisions.

SDM Brochure

It's not easy to make health care decisions for someone else. To help substitute decision makers (SDMs) navigate these decisions, social work created a brochure several years ago. This past year various groups including social work, risk management and ethics updated the brochure to enhance its content. The brochure reinforces that a capable person makes his or her own informed treatment or care decisions, but when a person is found to lack capacity for making decisions, the highest ranking SDM is asked to make the decision. SDMs must follow the rules in law when asked to make a care or treatment decision for a patient, based on the patient's prior capable wishes and best interests.

Ethics Cases

Ethics consultations occur at various levels ranging from dilemmas involving individual patients or residents to ethical implications in organizational-level decisions. Two examples of the latter include managing risk of power mobility devices and exploring the moral distress that staff may feel when trying to treat patients with extreme obesity issues.

Power Mobility – Balancing Independence and Safety

President's Innovation Grant

Power wheelchairs and scooters are wonderful devices for people robbed of their mobility by disability or accident. But just like other vehicles, sometimes these vehicles are driven in an unsafe manner whether intentional or not. This can result in injury to other residents, staff members, visitors and even the driver. This risk needs to be balanced with the serious impact that limiting the use, or even taking away the power wheelchair can have on a resident's independence.

To fully explore these issues and ensure the decisions made are supported by power mobility management best practices in clinical, legal and ethical areas, occupational therapist and former ethics committee member Sarah Trenker received a President's Innovation Grant. Links to the following

Based on her project, Sarah adapted existing power mobility guidelines which included Mount Hope's current process for managing risks, a review of related medical journal articles, a review of power mobility accident data at Mount Hope and a review of the legal rights and responsibilities of power mobility users.



Mount Hope occupational therapist Sarah Trenker helps resident Marianne Nuijten with her power mobility skills.

The guidelines also include a discussion of the ethical considerations inherent in managing power mobility, prepared in collaboration with clinical ethicist Marleen Van Laethem and ethics fellow Amanda Porter. "While we want to promote the independence a power wheelchair provides to residents, some have used their power wheelchairs in a menacing fashion towards staff or other residents" says Marleen. In other cases, the unsafe operation of the power wheelchair was not intentional but simply the result of diminishing physical or cognitive ability.

Marleen notes that to keep others safe it is sometimes justifiable to change the settings, for example by reducing the maximum speed, or by removing a resident's privileges to drive his/her power wheelchair and replacing it with a manual wheelchair, if appropriate. While some may feel this is infringing upon the resident's rights, there are many examples in society where our freedom is limited by safety for others.

"We are striving to find the balance between promoting residents' independence and ensuring our facilities are safe," says Sarah.

Extreme Obesity and Ethical Issues

At St. Joseph's we serve a wide diversity of patients and strive to meet their needs. Those who are extremely obese come to us for diagnostics, surgery, complex or continuing care needs, and/or mental health care needs in addition to care needs relating specifically to their extreme obesity. For some of these patients, weight loss is one of their goals of care. For others, it is not. We must recognize there are many causes of extreme obesity; solutions are not as simple as consuming fewer calories and exercising more.

What is our obligation to patients who are extremely obese in the face of mounting costs and budget pressures? How much special equipment can we afford to have on hand in the rare event that an extremely obese patient needs our services?

Sometimes staff may perceive caring for these patients as particularly difficult, frustrating or burdensome. One source of frustration relates to the feeling these patients might benefit from much more psychological, behavioural or psychiatric support and expertise than we are currently able to provide. Another source of frustration for some may be the misperception that an extremely obese person is solely at fault for their problems.

Addressing perceived difficulties or shortcomings in the care of patients who are extremely obese has the potential not only to improve the patient experience and further the goal of patient-centered care, but also to relieve what is a source of moral distress for many staff.

Ethics Fellowship

Our ethics fellowship, funded by the Westminster College Foundation and shared with London Health Sciences Centre, was successfully completed this past year by Dr. Amanda Porter. Amanda, having lectured in ethics and philosophy at various universities, sought to apply her bioethics knowledge in the real life patient and hospital experience. This proved to be a very successful alliance for all parties. As well as collaborating on consultations, education events and policy review, Amanda organized a conference on capacity assessment, attracting health professionals from across southwestern Ontario.

Ethics Awareness Week 2013

Linked with World Day of the Sick on February 11, St Joseph's Ethics Awareness Week was celebrated with activities that heightened awareness of ethical issues in health care.

Staff and physicians attended three thought-provoking presentations:

- Ethical Issues and Regulatory Myths of Alternate Level of Care: Managing the Transitions to Care;
- Mental Health in the Age of Social Media: Reflecting on Ethical Concerns; and
- Practical Wisdom: When Wise Choices Pay Off.



Working through the Ethics Awareness Week crossword puzzle, with clues referencing the Health Ethics Guide, are clinical ethicist Marleen Van Laethem and Gloria Aykroyd, a social worker with the infectious diseases care program and co-chair of the ethics education and consultation committee for St Joseph's Hospital.

Long-Time Ethics Committee Member Retires

After serving with St. Joseph's Hospital ethics education and consultation committee (EECC) for over 25 years, neurologist Dr. Sally Stewart retired in August.

"This committee gave me an appreciation for the things that distress patients, family members and team members," she says. "When there was an issue, everyone involved met with the EECC to listen. Having

all the players present to bring issues to light and to hear each other's points of view really helped in coming to resolutions."

"Different disciplines often bring differing perspectives to the conversation so it's really important for the EECC to have physician input," says Marleen Van Laethem, clinical ethicist. "Dr. Stewart's generosity of her time and willingness to share her experience will be sorely missed."



Dr. Stewart adds that through the committee she learned a lot about Roman Catholic values from committee colleague Father Michael Prieur. "I'm not Catholic, but values such as respect for life and dignity of the person resonate with me," she says. "Throughout the years St. Joseph's has put social justice into action through initiatives such as the Infection Diseases Care Program and the Sexual Assault and Domestic Violence Treatment Centre."

"Working at St. Joseph's Hospital was like being part of a family – I will miss seeing my patients, colleagues and the beautiful chapel," says Dr. Stewart.

Report on Spiritual Care

A Window on the Past - A Vision of Our Future

While this past year saw farewells to familiar and comforting facilities, so too did we welcome the new, emerging walls that will embrace the care we provide into the future.

Here we capture highlights from spiritual care's initiatives this past year.

Meditation groups are flourishing. Over the past year, one of the most poignant was at St Joseph's Hospital on Sept. 20, where Chaplain Heather Vanderstelt guided staff through the ritual of saying goodbye to the often travelled halls before demolition began. Links to following

A Walk Through Time

Staff at St. Joseph's Hospital reflected on their past, present, and future as they walked the hallways at St. Joseph's Hospital that were about to close for construction.



"It was a walk down memory lane, an opportunity to remember people and events that have been a part of our lives working at St. Joseph's Hospital," says chaplain Heather Vanderstelt. "As we walked these spaces one last time we remembered past emotions, acknowledged present emotions, and looked towards the future."

The "A" wing at St Joseph's Hospital was not the only part of St Joseph's where memories stirred emotions. In Demolition and Hope: A Chaplain Remembers, chaplain and teaching supervisor Marvin Shank looks back over the past 30 years.

Demolition and Hope: A Chaplain Remembers

The demolition of the old St. Mary's annex at Mount Hope Centre for Long Term Care brought back memories of the evolution of St. Joseph's as an organization for Chaplain Marvin Shank.

"I remember when St. Joseph's Hospital, St. Mary's Hospital and Marian Villa were three separate organizations operated by the Sisters of St. Joseph," he says. "Under the leadership of Sister Mary Doyle, the three were merged into St. Joseph's Health Centre. Next, the provincial health services restructuring saw Parkwood Hospital and the psychiatric hospitals in London and St. Thomas join the organization which then became St. Joseph's Health Care London.



Marvin Shank points to the office being demolished where he began his chaplaincy career at Mount Hope in 1982.

The profession of spiritual care has evolved significantly since 1982 when Marvin was the only non-Roman Catholic chaplain in a team that included Sisters and priests.

While professional chaplaincy and training started in mental health hospitals in the 1960s, volunteers who were often retired Sisters offered spiritual care at St. Joseph's Hospital and Mount Hope until the 1980s. The 1980s ushered in many changes including a budget dedicated to spiritual care, professional health care training for spiritual care providers, field education for seminarians, and the advent of accredited Clinical Pastoral Education programs which continue to this day. Today, spiritual care serves the patients, residents and staff at all St. Joseph's facilities.

Spiritual care continues to evolve. St. Joseph's chaplains are now trained and certified by the Canadian Association for Spiritual Care, and in 2014 spiritual care will be included in a new Ontario

regulatory college.

The Sisters of St. Joseph brought compassion, respect, and personal presence to all aspects of service, believing that such qualities contribute to health and well-being. They led the way for the expanding engagement of spiritual, religious, human and ethical features of Catholic health care. And they fed the roots of spiritual care that has become a strong allied health care profession.

Yes there has been much demolition and reconstruction to our buildings of late. However preservation of the chapel built in 1915, and preservation of St. Joseph's legacy of providing the London community with compassionate care was the underlying theme when the chapel at [St. Joseph's Hospital closed its doors in September](#). Until the new chapel opens in 2015, a temporary chapel is in place in a separate room next to the cafeteria atrium.



Preserving Our Sacred Space: *A special Roman Catholic Mass was held before this historic chapel at St. Joseph's Hospital closed for safekeeping during construction.*

Celebrating what has been and what will be preserved, blessings continue to be central to the celebrations when new areas open. These blessings will continue as we look forward to the opening of our new Southwest Centre for Forensic Mental Health Care in St. Thomas on June 14.

Father Michael Prieur blessing the newly-created space for the Regional Sexual Assault and Domestic Violence Treatment Centre at St. Joseph's Hospital.

Not only have we been reminiscing and visioning in the past year, but there has also been some creative work done in the field of qualitative study within the Breast Care Centre led by chaplain Heather Vanderstelt.



Spiritual Care for Breast Care Patients

Chaplain Heather Vanderstelt at St Joseph's Hospital is working with the nurse navigators and advanced practice nurses in the Breast Care Centre to conduct a study aimed at improving the care journey for breast care patients and highlighting the importance of spiritual care for them.

Research shows that women tend to experience heightened levels of anxiety/distress throughout the diagnostic and treatment process for breast abnormalities, regardless of whether it is a benign or cancerous diagnosis. For some women, this anxiety lingers even after the threat of breast cancer has passed.

Using surveys and the 'Perceived Stress Scale', this qualitative improvement project will assess the emotional and spiritual experience of the typical patient being seen by the Breast Care Centre for a breast abnormality during the diagnostic and post-operative phases. This data will then be used to evaluate the adequacy of the support being offered to these patients and to enhance support as needed.

So on our walk into the future with a necessary look to our proud heritage, spiritual care continues to make a difference at St. Joseph's Health Care London.

Ciaran McKenna

Spiritual Care Coordinator

Spiritual Care – Moments in Time



A quilt to help Mount Hope residents pass from this world into the next with dignity was created by the quilters of Anglican Church of the Ascension. This dignity quilt symbolizes the respect and compassion Mount Hope holds for residents at the end of their life journeys.



Through the St. Joseph's Health Care Foundation's Rhoda Thompson Fund for Pastoral Care, new chairs were purchased for the Parkwood Hospital chapel with improved seating to facilitate safe transfers. Here chaplain Kathy McLellan Lant and patient Jim Nixon share a spiritual reflection while relaxing on the new chairs.



St. Joseph's Clinical Pastoral Education (CPE) program gives chaplain interns an opportunity to work in collaboration with staff chaplains to provide spiritual care to patients, families and staff members. Pictured here with chaplains Dawn Dyer and Stephen Yeo (seated), are CPE interns Danny Santos, Matt Koovisk, Andrew White and Fernanda Estoesta. Chaplain Marvin Shank also offers the CPE course at Regional Mental Health Care London.



This year the food collected at the Christmas Food Drive at Regional Mental Health Care St. Thomas was more than double that of last year. "The incredible generosity of staff has a significant impact on people in our local community," says chaplain Stephen Yeo. Stephen, Gabriele Elms, Holly Rycroft and Deb McFadden (absent from photo) spearheaded this year's food drive.



Margo Bettger Hahn, from the Breast Care Centre, participates in the Christmas candle-lighting ceremony at St. Joseph's Hospital.



Pauline Dewan receives the Sacrament of the Sick from Bishop Ronald Fabbro at the World Day of the Sick service on Feb. 11 at Mount Hope Centre for Long Term Care.

World Day of the Sick service at St. Joseph's Health Care London.



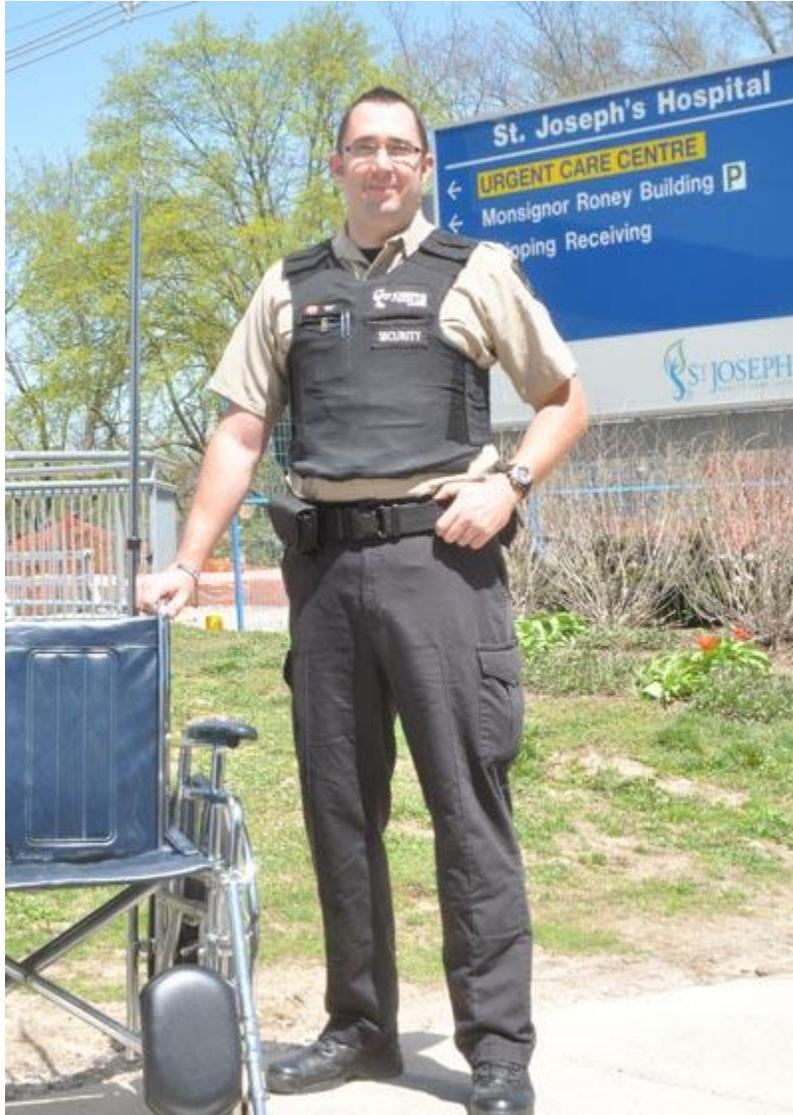
On March 17 a special joint worship service took place to celebrate the 125th anniversaries of St. Joseph's Hospital and its neighbor St. John the Evangelist Anglican Church. Choirs from both organizations joined together for this special joint worship service.

Living Our Mission

From a Grateful Daughter

Debbie Defeo wrote this note of thanks.

My mother and I recently spent two nights in your residence by St. Joseph's Hospital where mom was receiving treatment. Here we met security officer Shawn Willows, who is the reason for my note. He chauffeured us to the residence by pushing mom's wheelchair, caught her when she almost fell while transferring from the wheelchair, came back early the morning of the appointment and escorted us to the hospital, then brought us back to the residence when it was over.



Security guard Shawn Willows

During this time Shawn was training another young security officer who witnessed an example of a kind man doing an excellent job for his employer. Thanks to Shawn's caring ways he made two women feel comfortable who were both nervous coming from out-of-town for this excursion.

We also want to thank Dr. Husain and the nurses for taking the time to explain mom's treatment. The hospital care was outstanding.

The Veteran and the Violin



Lindsay Beharriell and Ken Ellis

When Ken Ellis' violin disappeared during World War II he never played again until this year. In January when the 92-year-old decided he wanted to rekindle his music roots, veterans care music therapist Demian Koguttek put out a call throughout St. Joseph's for a violin and two were donated. One came from occupational therapy student Lindsay Beharriell who was on placement at Parkwood Hospital. The other was donated as the result of a tweet sent by Mike Sealy, a primary care partner at Mount Hope. Brandon Hahn and his wife saw the tweet, and traded in their two older guitars at the Long & McQuade music store for a brand new violin for the veteran. "I know what music does for my soul, and I wanted to do what I could to bring that gift to a veteran," says Brandon.

View the above [video on YouTube](#)

Sowing Seeds of Gratitude



Two Quality of Workplace Committee (QWC) initiatives this year helped colleagues thank one another for contributing to a positive, healthy work and care environment, and the response was tremendous. In October 2012, staff could order a flower of gratitude for delivery to individual co-workers, along with a note of thanks. More than 640 carnations were purchased.

Also on the floral theme, the second event in March 2013 offered seeds for purchase and sending to a co-worker and more than 350 staff took part.

Proceeds from both initiatives went to the QWC's Bust a Move team, 'I Pink I Can.'

Sisters of St. Joseph Awards

At the annual Sisters of St. Joseph awards, those who share the remarkable attributes of our founding Sisters of St. Joseph – excellence, respect and compassion – are recognized and honoured. This year's

recipients were: speech language pathologist Penny Welch-West, ConnectCare volunteer Doug Varey, occupational therapy assistant Lorna Hanley, and the Parkwood Hospital Auxiliary.

In congratulating the recipients, Sister Cecilia Dronzek quoted author Ilia Delio, explaining that we live in “a web of relationships and just as we affect this web by our actions, we too are affected by it.” Sister Cecilia said she was struck by the recipients’ web with patients, residents, co-workers and their work.

"Woven throughout were threads of goodness, compassion and respect," said Sister Cecilia. "Know that your goodness and love for what you do have affected, in a very powerful and positive way, those around you and those to whom you minister. ...This goodness and excellence that we witness and acknowledge here today extends beyond these walls to affect our entire world which is in such need of healing."



Sisters of St. Joseph award recipients Lorna Hanley, Doug Vary and Penny Welch-West, and (below) the Parkwood Hospital Auxiliary.



Timeline

Spring 2012

Breast Care Centre Officially Opens

The exciting final step in the consolidation of breast imaging, diagnostic and surgery services at St. Joseph's Hospital took place in spring 2012.

Spring 2012

St. Joseph's Awarded Accreditation with Exemplary Standing

Receiving Accreditation Canada's highest award for accreditation illustrates a commitment to quality and excellence across all aspects of health care.

March 2012

Giving the Gift of Life

In March 2012, St. Joseph's joined the Canadian Blood Services' Partners for Life Program, set a blood donation goal of 50 units for the year and surpassed it by more than 400 per cent.

March 2012

The Latest and Best in Robotic Surgery

An updated daVinci Surgical System with the most sophisticated features available to enhance care and teaching was installed at St. Joseph's Hospital in March 2012

May 2012

Help at the Press of a Button

Marking 25 years in May 2012, ConnectCare's 24-hour emergency response has helped tens of thousands of people live independently and securely in their own homes.

May 2012

Are You Smarter Than a Fourth Grader?

In May 2012, Parkwood Hospital veterans honed their SMART board technology skills during a fun, intergenerational trivia game with fourth graders from Lord Roberts French Immersion Public School.

June 2012

St. Joseph's Rolls Out Road Map for the Future

The refreshed Strategic Plan was launched in June 2012 and focuses on where care will be needed most over the next three years.

September 2012

Inflammatory Bowel Disease Clinic Created

Serving about 1,200 patients a year, the new clinic opened in September 2012 to improve care and advance clinical science for this increasingly common chronic disease.

September 2012**A New Era Unfolds in Outpatient Care**

In September 2012, the move began of several clinics into brand new, centralized space for outpatient care, marking a major turning point for St. Joseph's Hospital.

October 2012**A Golden Workplace**

In October 2012, a commitment to the quality of work life won St. Joseph's the Quality Healthcare Workplace Award, Gold level, from the Ontario Hospital Association and HealthForceOntario.

2012-2013**Care Closer to Home**

In 2012-2013, 26 mental health inpatients, some who spent years in hospital, successfully transitioned to community living. In total, 84 long-stay patients are now enjoying life in the community since mental health transformation began in February

February 2013**World Day of the Sick**

This touching celebration in February 2013 at Mount Hope with Bishop Ronald Fabbro was deeply meaningful for residents and staff alike and embodied the roots of our healing mission.

Board of Directors

The St. Joseph's Board of Directors carries on a strong tradition of understanding the issues, while never losing sight of this organization's roots, values, mission and vision. Our mandate is fulfilled through a strong governance structure, advancing our capacity to use relevant, timely information, and the dedication of all those who are part of the St. Joseph's family.

- McLaughlin, Margaret (*Chair*)
- Griffin, Phil (*Vice Chair*)
- Beattie, Brad
- Callaghan, John
- Chesney, Kimberley
- DiCecco, Robert MD
- Faulkner, Murray
- Grail, Marcella
- Harris, Darcy
- Jarman, Sarah MD
- Kellow, Margaret
- Kernaghan, Gillian MD (*CEO*)
- Kiteley, Paul
- Labbé, Gaétan
- LeClair, Ron
- McNamara, Terrence Fr.
- Merchea, Mohan, MD (*PSOP Vice President*)
- Perkin, Karen
- Player, Scott
- Pocock, Patricia
- Smith, Bruce
- Strong, Michael MD
- Van Trigt, David