



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: October 23, 2012

The past month has been particularly busy during which I had the pleasure of participating in several significant events that highlighted our programs, teams and excellence in care. The naming of our Breast Care Centre, now the Norton and Lucille Wolf Breast Care Centre, the renaming of our Hand and Upper Limb Centre, now the Roth McFarlane Hand and Upper Limb Centre, the official opening of our central ambulatory medicine outpatient area in Zone B, Level 3 at St. Joseph's Hospital, and Tribute Dinner honouring London's Rea Family and showcasing our role in specialized mental health care were all meaningful and often moving events. These activities instill much pride and provide much-deserved recognition for staff, physicians, volunteers and donors. It was gratifying to be part of these events.

As a member of the board of directors of the Catholic Health Association of Ontario (CHAO) I attended the board meeting then the first part of the CHAO convention. A key message of the convention was to identify and continue to tell the founding story of Catholic health care so that the continuity of mission is sustained with a generation of staff who have never worked with, or even met, a Sister.

I also attended a fundraiser for St. Joseph's Hospice London. This organization is now under the management of St. Joseph's Health Care Society. They are excitedly anticipating moving into their new facilities within the Sisters of St. Joseph residence on Windermere Road.

We are continuing with the integration of leadership best practices guided by Studer Group. A two-day Leadership Development Institute was held to review and develop approaches to respond to the results of the staff and physician satisfaction surveys. Leaders were taught the practice and process regarding leadership "rounding" on staff. This has been shown to improve staff engagement.

St. Joseph's has established a LinkedIn company page with daily posts sharing news, job opportunities and information. We are encouraging staff, physicians, volunteers, board members, partners and others to follow this page if they have a LinkedIn profile.

As always, if you have suggestions to improve the context or format of this report, I welcome your input. Should you have questions regarding any items in this report, please ask questions during my verbal report at the meeting or email me directly at gillian.kernaghan@sjhc.london.on.ca.

Strategic Plan Update

Influenza vaccination program – an update

An influenza prevention and management intranet site has been launched as a resource for all staff – care providers who want to learn about influenza vaccination for their patients and those who want to learn more about health care worker choices regarding influenza vaccination. A required e-learning module on influenza prevention was also launched and within two weeks 1,306 employees (32 per cent) had completed the e-learning.

Staff vaccination clinics and blitz days, as well as broad communication about the influenza vaccination program, began the week of October 15.

Safety Initiatives

Failure Modes and Effects Analysis - mental health care

The Failure Modes and Effects Analysis (FMEA) is a practice where leaders identify problems that could arise in a process and determine how they might be addressed. Accreditation Canada requires health care organizations to conduct at least one prospective risk analysis per year and implement appropriate improvements as part of their accreditation requirement.

In 2013, a FMEA was conducted of the transition from being discharged from an inpatient unit at Regional Mental Health Care London to becoming an outpatient with ambulatory services. For this project, two separate process maps were created; pre-discharge and post-discharge. Process maps were created through team input and included both the normal/core process and process variations/diversions. Failure modes/risks associated with each process step were identified and possible recommendations generated.

Recommended strategies to improve processes were made in several areas including: education, information and communication for patients and families prior to discharge about their treatment plan; communication and documentation in the handoff from the inpatient team to the outpatient intake team; process for booking appointments post-discharge; and communication between inpatient and outpatient physician.

Infection rates drop at Parkwood Hospital

The hard work of staff focused on infection control has resulted in a sharp drop of *C. difficile* and MRSA rates at Parkwood Hospital:

- **C. difficile:** There has been a significant reduction in *C. difficile* cases at Parkwood Hospital, from 25 cases between September 2011 and September 2012, to seven cases between September 2012 and September 2013. This reduction is due to the implementation of broad staff education, various changes in cleaning practices and materials, and the introduction of hygie bags – a bedpan system that significantly reduces stool handling and bedpan cleaning and offers a safer method of bodily waste disposal.
- **MRSA:** The Parkwood Hospital MRSA Eradication Working Group completed the six-month eradication protocol pilot on three inpatient units. This project, which was reported in the March 2013 board report, involved prevalence screening for MRSA for each patient on the three units, staff education, and a five-day comprehensive treatment protocol for those patients who screen positive for MRSA. Over the six months, the MRSA burden was greatly reduced on all three units. Plans are currently underway to

roll out the protocol to remaining units at Parkwood by the end of March 2014. Hand hygiene adherence is being promoted in alignment with this initiative.

Quality and Service Excellence

Naming of Breast Care Centre

On October 9, St. Joseph's announced a grant of \$1.1 million received from The Bernard and Norton Wolf Family Foundation to the Breast Care Program. The Wolf family approached St. Joseph's Health Care Foundation with a desire to make a significant investment in health care at St. Joseph's that would inspire others and have a direct impact on patient care. As a result, they selected St. Joseph's innovative Breast Care Program as the area of impact for their philanthropy.

In recognition of The Bernard and Norton Wolf Family Foundation's grant, St. Joseph's has named its Breast Care Centre the Norton and Lucille Wolf Breast Care Centre. The centre is a unique, specially-designed space for breast care and the main hub of St. Joseph's Breast Care Program.

Official opening of Zone B, Level 3

On October 10, the central outpatient area on Zone B, Level 3 at St. Joseph's Hospital was officially opened representing a growing role focused on chronic disease management. The 42,000 square-foot outpatient area was formerly home to the Perinatal Program, which transferred to London Health Sciences Centre in June 2011. The space has been completely transformed into a unique environment for outpatient treatment of complex medical and chronic disease.

Several vital ambulatory medicine programs and services are now housed in the purpose-built space. They include the: Allergy and Immunology Program; Cardiac Rehabilitation and Secondary Prevention Program; Infectious Diseases Care Program; Lung Diseases Program (including general respirology, the Asthma Centre and Chronic Obstructive Lung Disease Program); Pain Management Program; Pulmonary Function Lab; and Cardiovascular Investigation Unit. These programs see a total of 36,400 patients every year. Patients range from infants to people well into their 90's.

Those who attended the opening had an opportunity to tour the new space and learn how the programs and expert teams are making a difference in the lives of patients. Among them were many former St. Joseph's staff members from the Perinatal Program who turned out to see the transformation. In the tradition of St. Joseph's, the space was also officially blessed during the opening festivities. A [video](#) is available featuring one of the patients who spoke at the opening.

Planting seeds to improve breast care – an update

A trial of 10 patient cases has been completed by the Breast Care Program team using radioactive I-125 seeds versus wire needle localization for breast cancer patients. The team has approved moving forward with adding additional surgeons to this new protocol.

As previously reported, before breast care patients undergo surgery for a biopsy or to remove a tumour, a radiologist locates the tumor so that the surgeon knows exactly where to operate. Traditionally, this has been done by marking the spot with a wire that is inserted into the breast. Patients must have the wire localization done the same day as the surgery or the afternoon prior and surgeries have to be carefully scheduled around this procedure.

The I-125 seeds replace the wire. The tiny capsules contain a small amount of radioactive material and can be implanted up to two weeks in advance of the surgery. This allows for greater flexibility in scheduling surgeries and therefore increased access for breast cancer patients. During the operation, the surgeon locates the seed using a hand held probe.

New mental health guide

With mental health care undergoing significant change over a protracted period of time, it's challenging, even for the most engaged constituents, to keep abreast and informed of the changes. To help educate key constituents, such as hospital and foundation board members, our campaign cabinet, and foundation leaders and development team, a guide has been created called "A Guide to the Mental Health Care Landscape." This booklet provides an overview of: the reasons behind the system, care and facility changes currently underway; provincial directives; benefits of mental health transformation to date; the continuing issues; key mental health facts; and other valuable information. There is also a comprehensive question and answer section.

Hard copies are being created for targeted distribution and the document will also be available for leaders across the organization.

New mental health video

A new video, which premiered at Tribute Dinner in support of mental health, articulated that each of us is connected to mental illness. Using real patients, caregivers, family members, researchers, supporters, volunteers and others, the video is powerful and poignant and an excellent tool for various educational and promotional purposes related to mental health awareness and the reduction of stigma. Called *Rethinking Mental Illness*, the video is available on St. Joseph's [YouTube channel](#).

23-hour prostatectomy

Staff on the inpatient unit at St. Joseph's Hospital continue to support urologist Dr. Stephen Pautler's research to evaluate the opportunity for early discharge – less than 24 hours – of patients undergoing a robot assisted radical prostatectomy (RARP). A RARP is surgery that involves removing all of a cancerous prostate gland and reconstruction of the urinary tract in men with this disease. Using the da Vinci Surgical System, Dr. Pautler has been able to shorten the length of hospital stay from three days to 23 hours, allowing patients, with proper home support, to recover in the privacy of their home. This pilot project is believed to be the first of its kind in Canada. The ultimate goal is to move toward outpatient surgery. Twenty years ago, patients were admitted for two weeks following this operation. The use of the robotic approach has dramatically changed the patient's journey.

To date, six patients have been placed on this short-stay pathway with five of six discharged by the 23-hour target. One patient whose surgery was performed in June recently returned for follow up and commented, "It's like the surgery never happened. I'm perfect." In his case, he is cancer-free, continent and potent – 'the urologic trifecta', says Dr. Pautler.

Diabetes Education Centre celebrates 40 years

On November 14, 2013 – World Diabetes Day – St. Joseph's will mark the 40th anniversary of the Diabetes Education Centre (DEC). An invitation to this event was sent to the board.

St. Joseph's DEC was one of the first in Canada and an important turning point in the management of diabetes. It was spearheaded by two visionaries, Dr. Wilson Rodger and Dr. Gerald Tevaarwerk, who recognized that medical treatment alone wasn't enough to manage

diabetes. Patients needed to be partners in their care and education to help them to take charge of their health.

The anniversary will be marked by a presentation in the Shuttleworth Auditorium, which will include the Half Century Diabetes Awards presented every year to select patients who have reached 50 years of living with insulin-dependent diabetes. These patients are celebrated for their commitment to their health and the contributions they have made as patients to great strides in diabetes care and education. The event will then continue in the DEC where the history of the centre will be on display. As well, a website featuring the DEC history is currently being developed.

Transition of long stay mental health patients

At its board meeting on October 23, the South West LHIN will consider a motion for funding to provide safe and secure placement in the community of three long-stay patients at Regional Mental Health Care London. The patients have specific dual diagnosis (developmental delay and mental illness) care needs and would enjoy a better quality of life in the community. If funding is approved, a transition plan will be prepared for these patients, who will be transferred to three non-LHIN funded agencies: Community Living London, South East Grey Support Services and Community Living Elgin.

Modified vehicle show

For the seventh year, the Spinal Cord Injury Rehabilitation Program hosted a modified vehicle show for inpatients and outpatients. The show gives spinal cord injury outpatients, inpatients and their families a chance to see new and innovative modifications to help them recapture their independence through driving. It also provides patients and families with an opportunity to network with one another. This year, 15 accessible vans and trucks were showcased courtesy of local vendors and Parkwood Hospital alumni. A unique opportunity to view two robotic exoskeletons was also available. Exoskeletons are a wearable robotic suits now being used to help people with disabilities step out of wheelchairs and stand upright.

Rock the Parkwood

Rock tunes vibrated through the halls of Parkwood Hospital at a concert September 20, 2013 for young and young-at-heart patients who can't attend concerts like London's Rock the Park because of their complex medical needs. This is the fourth year the rock band RBC/DC has donated their time and talent for this concert.

Veterans go to camp

This summer, more than 30 veterans enjoyed a one-day getaway at the Easter Seals' Camp Woodeden. At the camp veterans created nature-inspired art, took walks in the woods, spotted wildlife, joined in campfire sing-alongs, and savoured traditional camp food, like roasted marshmallows, wieners, and s'mores. Veterans were able to attend the camp through the generous sponsorship of the Royal Canadian Legion District Ladies' Auxiliary.

The Vision Coach

The Rehabilitation Program at Parkwood Hospital will become the first in Canada to begin using a novel piece of equipment called The Vision Coach for acquired brain injury and stroke patients. The Vision Coach is an interactive light board that can be used to train a number of visual skills that are impacted after a brain injury or stroke. It also helps patients practice eye movements and hand/eye coordination. The height of the board, various aspects of the visual stimulus and complexity of the visual task can be adjusted to the patient.

The Vision Coach will be an excellent addition to the visual treatment strategies currently in use. It will be used regularly by a new outpatient group – the BrainEx 90 mild traumatic brain injury group. It will also be accessed by the Stroke Rehabilitation Program, inpatient acquired brain injury program and Neurotrauma Rehab. To learn more about The Vision Coach and see how it is used, visit the company's [website](#).

Falls clinic for patients

Specialized Geriatric Services (SGS) is piloting a falls clinic for seniors in an effort to prevent falls. Having reviewed the literature and a number of the falls programs in Canada and the United States, the program was developed and will be offered twice a week for six weeks at Parkwood Hospital's Geriatric Rehabilitation Day Hospital.

The program is geared for existing SGS patients with a history of falls. All will have already been seen by a clinician or geriatrician and the underlying reason(s) for their falls assessed. The program will involve circuit training with patients rotating through seven stations. Each station is focused on a different skill, such as balance, strength, endurance, how to get up from a fall, and one station will provide practical falls prevention education tailored to each participant's own situation.

Falls are a problem for many of the patients seen in SGS and research shows a program of this type can help reduce the incidence. Grouping patients in this way allows for an evidenced-based approach to care that can also reduce the wait for patients to be seen or followed up in other areas of the program, such as the geriatric clinics.

Trees for pennies

On September 28, 2013 the veterans of 2 Perth at Parkwood Hospital participated in the Veterans Memorial Parkway tree planting project having raised and received matching donations to support the planting of nearly 50 trees. The veterans collect pennies and rolled nearly \$1,500 worth to make this happen.

Travelling meet and greet

Members of the Patients' Council and the Family Council at the Southwest Centre for Forensic Mental Health Care have started a joint traveling coffee meet and greet on each of the units. These bi-weekly gatherings give each council an opportunity to provide information on services available for patients and families. The response has been very positive. The Patients' Council also uses this time to recruit those who may be interested in joining the council.

BRA Day

For the second year, St. Joseph's and London Health Sciences Centre presented BRA Day (Breast Reconstruction Awareness Day). Held October 16, the event is part of a national campaign to promote education and awareness of the benefits of breast reconstruction post mastectomy. Open to the public, BRA Day was an opportunity for anyone who has been touched by breast cancer to:

- learn about reconstruction options from plastic surgeons
- hear from women who have undergone the surgery
- view real results first hand in the women's only 'show and tell lounge'
- discover the "Circle of Sharing", a unique support group that helps women who have undergone breast reconstruction reclaim wholeness

New this year was the "show and tell lounge" where women who have undergone breast reconstruction bravely and graciously offered to show their results to other women. There were nine such volunteers and an excellent turnout to the lounge. Women considering breast

reconstruction commented how helpful it was to see and meet these volunteers.

Breast reconstruction is an option available to most women following mastectomy yet many are not aware of the options or realize that it is a fully insured procedure. While it's considered elective surgery, breast reconstruction can have far-reaching emotional and practical benefits.

Southwest Centre for Forensic Mental Health Care – the three month mark

Since the momentous move to the Southwest Centre for Forensic Mental Health Care three months ago, the positive impact on staff and patients has been significant. Below are some of positive outcomes, observations and comments of the past 90 days:

Patients

- As a result of the secure main entry, many more patients are able to get off the units and access the spaces and activities available throughout the facility.
- Patients and staff comment on the abundance of natural light.
- There is optimal visibility as staff, patients and visitors move through the building.
- There have been no code whites (disturbed behaviour codes).
- Patients have expressed how happy/independent they feel in being able to control the opening of doors with their wristbands to enter their own bedrooms. It has had an empowering impact and is in line with patient-driven care and enhancing independence.
- One staff member noted that "Last week all of our patients were off the unit in programs and activities except for two. This is remarkable and what rehabilitation is all about."
- The dignity and privacy afforded by the private bedrooms has had a monumental impact on the patients. For example:
 - A patient who had been very psychotic and unable to follow direction went into his new room and was found setting up his monitor/DVD. He told staff very lucidly he was setting up his office.
 - A patient who hadn't slept in a bed for 18 months went right to his room on arrival and lay down on the bed. He's been sleeping in it ever since and is now showering regularly in his own room.
 - A patient who only showered with much direction went into his room and began showering.

Staff

- A formal, systematic, structured risk assessment tool used widely internationally is being introduced as part of ensuring evidence-based risk assessment.
- Staff training in motivational interviewing, dialectical behaviour therapy, and cognitive behaviour therapy is getting underway. These training opportunities are part of an effort to raise staff clinical intervention skills and promote evidence-based interventions.
- A full psychiatrist complement has been successfully recruited, with additional psychiatrists coming from the United Kingdom and the United States.
- One staff member noted: "It feels like we have progressed so much and that more positive change is coming. I like that there are more opportunities for staff development, education, and training. That is important to me."
- Leaders are enjoying the opportunities to leverage the new environment for practice changes that enhance the quality of care.

Going smoke-free

As you may know, the Southwest Centre for Forensic Mental Health Care opened as a smoke-free site. It was the first St. Joseph's facility to go smoke-free as part of a corporate-wide project to phase in smoke-free environments at all our facilities. While we continue to work through

challenges at the Southwest Centre, the task team is preparing for the second site – St. Joseph's Hospital – to go smoke-free by the end of the year.

As part of this corporate project, initiation of staff smoking cessation support has begun for employees of Healthcare Materials Management Services (HMMS). This support was requested by HMMS leadership and includes individual coaching, group sessions, financial support for smoking cessation medication, and follow up. So far, 10 staff members have signed up to participate and have begun accessing the program, which begins with an individual coaching session offered by an employee health nurse.

People Initiatives

'Improving Your Workplace' survey – an update

A formal employee survey process has been completed using a survey tool entitled "Improving Your Workplace". This tool was mailed by our survey company, NRC Picker, to 75 per cent of staff who were randomly selected, and 100 per cent physicians with a primary appointment at St. Joseph's. The staff and physician response rate was 30 per cent.

The staff survey consists of 90 questions that form 11 "dimensions" garnering opinions on: engagement; overall job; work team or unit; supervisor; organization; training and development; health and safety; infection control; patient care; patient safety; and non-clinical/support services.

Results were compared against our own 2011 results as well as the results of comparator organizations. The Ontario Hospital Association (OHA) employee average consists of 48 hospitals from across Ontario and our 'custom' St Joseph's average consists of 20 Ontario hospitals – a mix of academic, rehabilitation/complex care, community, and mental health hospitals. The physician survey consists of 75 questions with eight similar dimensions. Physician results are compared to their 2011 results and with 33 OHA hospitals' physician responses, and 11 custom comparator hospitals.

Overall, results for the employee and physician survey are very similar to 2011 and similar to comparator benchmarks.

Leaders and union leaders reviewed the corporate results in early October with priority areas identified for further discussion by the Senior Leadership Team, Human Resources Planning Council, and the Quality Workplace Committee. The work plans of these groups will reflect initiatives derived from the review of the data. All senior leaders and program directors have received their program reports in order to begin action planning with their teams. Medical Affairs is leading the analysis and action planning of the physician survey.

Communication of the results to staff will occur through corporate communication mechanisms as well as through dialogue with their leaders. Implementation of action plans are expected in early 2014, with clear communication to staff of what we are doing as a result of their feedback.

Share the Spirit

The annual Share the Spirit campaign geared to employee giving launched on October 11. By making a donation to Share the Spirit, St. Joseph's staff and physicians have the opportunity to support St. Joseph's Health Care Foundation, the United Way, or both, to improve the lives of people in our community. The goal for 2013 is to increase the number of staff donors by 100.

New this year, a [video](#) was created featuring this year's theme "Why I give", and a call went out for staff willing to be "Spirit Champions". These champions act as ambassadors for the campaign and spread the word among teams and departments. For more information on Share the Spirit, visit the [intranet](#), where you can find testimonials from staff about why they give.

E-learning and LearningEdge – an update

The e-learning and LearningEdge teams of Organizational Development and Learning Services continue to add new staff e-learning opportunities to support education about key safety priorities and staff and leader accountabilities. Also ongoing is the training and coaching of subject matter experts to build web-based training/instructional design skills so they can make specific programs unique to their areas of accountability. This initiative is called the 'ePartner Program'.

New e-learning programs launched since the last update provided in February 2013 are:

- Healthcare Materials Management Services (HMMS) Code of Ethics (ePartner module)
- Radiation Safety: X-Ray (ePartner module)
- Non-Emergency Transport (this e-learning has been acknowledged by the LHIN)
- Influenza Prevention
- Standards for Relationships
- Non-Violence in the Workplace
- Falls Prevention

E-learning programs currently in development are:

- Emergency codes
- Venipuncture training
- Glucometer training (citywide)
- Accessibility for Ontarians with Disabilities Act – next phase of legislation for implementation January 2014

Budget Initiatives

Cataract funding

The South West LHIN has released our 2013-2014 cataract surgery volumes and 4,170 single cataract cases have been approved. This is 80 cases fewer than last year. Working with the physicians and staff, we have decided to close the cataract suite the weeks of November 11, 2013 and February 17, 2014 in addition to the two weeks at Christmas and two weeks in March 2014 that were originally planned. We will continue to monitor volumes and adjust if needed.

Hydrotherapy pool – an update

As previously reported, closing of the hydrotherapy pool at St. Joseph's Hospital went forward as planned on August 29, 2013 and, as an additional option for patrons, classes were made available at Parkwood Hospital's hydrotherapy pool. To date, 30 patrons have registered for the Parkwood pool classes. There has been also interest in the classes from Parkwood's Geriatric Rehabilitation Day Hospital and from the Rheumatology Program at St. Joseph's Hospital. Meetings will be held with these groups to identify need and alignment with current pool classes. If there is a fit, criteria for referral will be developed.

Single vendor for transportation of samples

Pathology and Laboratory Medicine has successfully negotiated a request for proposal for the transportation of samples citywide. All Canadian Courier is the successful vendor to deliver a

service 24 hours a day, seven days a week. This all-encompassing approach will attempt to eliminate the dependency on city cabs to deliver samples on an urgent basis. The five-year contract, which took effect September 3, 2013, will yield significant savings and improve quality and tracking of samples across the city.

Legislation

Protection of privacy

The final stage of work related to protection of privacy in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) is nearing completion with the installation of exterior signage on our buildings. The signs let staff and the public know that video surveillance is taking place. This is necessary as collection of video footage of people is classified under FIPPA as personal information. Under the act, individuals must be notified when his or her information is being collected directly.

Sign installation has started at Mount Hope and St. Joseph's Hospital and will follow at Regional Mental Health Care London and the Southwest Centre for Forensic Mental Health Care.

Legislative review of LHINS

A comprehensive review of LHINS and their governing legislation (the LHSIA Review) is required under section 39 of the Local Health System Integration Act, 2006. The review was expected to take place in the fall of 2012; however, a number of events have led to delays. It's now expected to begin in fall 2013.

The review will be led by a legislative committee, the Standing Committee on Social Policy, which includes representatives from all three parties. The Standing Committee is mandated to review the mandate, management, organization or operation of the ministries and agencies as assigned to it, including Health and Long-Term Care. As part of the detailed review, the committee will seek input from interested individuals/groups. Consultations may be scheduled across the province, but the approach to be taken will not be known until their work begins.

At the end of their work, the committee is expected to report their findings and recommendations to the House for consideration. It's expected that the report would then be referred to the Minister of Health and Long Term Care to respond to the recommendations.

The review will put a spotlight on the role and performance of the health system and will provide the LHINS with an opportunity to demonstrate their successes to date and explain the changes required to improve the health system in the future.

Collaboration and Integration

Accelerating admission for stroke rehabilitation

The Rapid Quality Improvement Project for stroke rehabilitation referrals from University Hospital to Parkwood Hospital began on August 12, 2013 with the goal of expediting the admission process for select stroke patients. The benchmark target for admission for stroke rehabilitation patients is two days. In September 2013, there were 10 admissions through the improvement project of which six were admitted within the two day benchmark target and four patients were admitted within three days.

This project has created new understanding in acute care about the information that is needed to determine a patient's rehabilitation readiness and medical stability. Discussion has increased timeliness of admissions by raising awareness of upcoming referrals in weekly reviews.

Once the project is complete, the data will be reviewed and possible recommendations made to influence our processes for both University Hospital and Parkwood Hospital. This illustrates a true collaboration and a systems-approach to provide timely access to care and efficiently use resources.

Outreach brain injury education

Kelly Williston Wardell, an occupational therapist with the Acquired Brain Injury Rehabilitation Program at Parkwood Hospital, presented four in-service sessions to frontline staff at Chateau Gardens long term care facility in London. This request was originally initiated by a family member but the Chateau Gardens Director of Care, Laura Bonastas, was very supportive and made arrangements for all of the facility's staff to access the in-service sessions. The topic of "Brain Injury 101" helped to improve understanding of the impact of brain injuries on behavior and provided strategies on how to best support these residents.

In another outreach initiative, Parkwood clinical consultants Dave Furac and Dan Pettapiece facilitated a three-hour workshop in Chatham on brain injury and behavior management to 90 individuals from New Beginnings, ABI and Stroke Recovery Association, Behavioural Supports Ontario, Christian Horizons and Community Living Chatham.

Defining direction and priorities

Rehabilitation Program team members at Parkwood Hospital are taking part in work groups at London Health Sciences Centre (LHSC) to assist with defining the direction and priorities of clinical services at LHSC. Julie Gagliardi, a Rehabilitation Program coordinator, is the rehabilitation representative on LHSC's Clinical Strategy Workgroup for Trauma and Surgery, and Julie Gilvesy, Rehabilitation Program Director, will be participating on the Clinical Neurosciences Workgroup. The working groups are looking at ideas to significantly advance clinical care, education and research as well as areas to be sustained and/or strengthened for the future. Alternative approaches to care delivery, including regional hospital and community based care options, will also be considered. The Parkwood Hospital leaders were asked to join as key clinical partners to help inform the process, particularly related to continuity and flow of patients.

Seeing results

The Behavioural Supports Ontario (BSO) Collaboration Day was held September 13, 2013 with participants from various sectors across the region – long term care homes, Adult Day Program, Discharge Liaison Team, Regional Psychiatry Program and Schedule 1 hospitals. The event was well attended with 165 individuals participating. The purpose of the BSO Collaboration Day was to share best practices, celebrate quality improvement achievements, collaborate and network. Interactive sessions were held on a variety of topics with additional opportunities for organizations to share BSO success stories. More than 40 success stories were submitted by long term care homes. These stories will be used in future presentations and reports to highlight the great success the BSO project is beginning to achieve.

The BSO project aims to enhance services for older people with responsive behaviours associated with complex and challenging mental health, dementia or other neurological conditions, and their caregivers; providing them with the right care, at the right time and in the

right place (at home, in long-term care or elsewhere). St. Joseph's is the lead organization for the BSO project in the South West LHIN.

For more information, a [BSO website](#) has been developed and is now live.

Enhancing simulation-based training and education

As previously reported, the Southwestern Academic Health Sciences Network (SWAHN) brings together ideas, talents and efforts of partners from across Southwestern Ontario to improve health outcomes. Partners include education and research institutes, health care organizations, and community networks. The vision is to optimize life-long health, education and research in the region.

On September 21, 2013, SWAHN hosted the Simulation Consortium Retreat. The purpose was to:

- Identify synergies among the SWAHN's simulation training programs.
- Create an inventory of SWAHN's simulation training assets, including experts, resources and programs.
- Develop an integrated strategic plan for the SWAHN's simulation training.
- Improve access to provincial, national and international simulation training funding and support programs.
- Enhance recruitment and training of highly qualified simulation training experts.
- Elevate the SWAHN's profile as an international in simulation training.
- Explore opportunities for interdisciplinary simulation-based health care education.
- Share best practices in simulation-based education and research.
- Identify opportunities for enhancing patient care in both the community and academic settings using simulation training and education.

The retreat featured two keynote speakers: Dr. Viren Naik, Medical Director, University of Ottawa Skills and Simulation Centre; and Lt. General (Ret) Thomas L. Baptiste, President and Executive Director of the National Centre for Simulation in Florida.

As an example of capacity building at St. Joseph's, a simulation lab is being set up for October and November in which Organizational Development and Learning Services and the Forensic Psychiatry Program are teaming up to review best practices for intramuscular injections and urinary catheterizations.

Education and Research

Hand Therapy Fellowship Program

The Hand Therapy Fellowship Program of the Roth McFarlane Hand and Upper Limb Centre has been formalized and finalized. This includes a description of the program, application and acceptance process for fellows, and number of hours to be completed. Also developed are the goals the fellow is expected to achieve, a template for the evaluation of the fellow's performance and skills, and an evaluation process of the program and supervisor to be completed by the fellow.

This is the only formalized hand therapy fellowship program in Canada within a hospital setting. It provides a comprehensive and rich learning experience that focuses on both theoretical and practical knowledge. The learning is facilitated through consultation with surgeons and other

team members, exposure to surgeries and patients with complex injuries/conditions of the upper limb, and opportunities for participation in research.

It's anticipated that two to three fellows will be accommodated each year in the program, which is intended for occupational therapists or physiotherapists who want to gain knowledge, experience and specific skills in the specialized area of upper limb therapy.

There has been strong interest in the program locally, provincially and nationally. The first fellow is expected to begin in late October.

Tumour biobank

In the hope of fast tracking discoveries in breast cancer diagnosis, treatment and prevention from the lab to the bedside, Dr. Muriel Brackstone, surgical oncologist with St. Joseph's Breast Care Program, has developed a 'tumour biobank'. Patients coming to St. Joseph's for a biopsy to diagnose a potential cancer are being asked if they would donate a small fragment of the lump for this biobank. Information about any cancers diagnosed in these women will be stored to provide scientists with valuable clinical data on how these tumours behave in order to figure out how to outsmart them.

In London, many scientists with diverse expertise are working to better understand breast cancer. What's lacking, however, is access to patient tumour samples and blood in order to test their theories, develop their imaging tools and create new treatments. The goal is to overcome that obstacle, allowing these scientists, together with oncologists, to translate discoveries in the lab into real discoveries in months instead of years.

The tumour biobank is a collaborative project with Lawson Health Research Institute, where it is being housed. Dr. Brackstone, who is also a Lawson scientist, is working with Dr. David Hill and Todd Copeland on the initiative.

I*S.E.E project

Fundraising and planning for an Ivey Eye Institute project that screens three-year old patients for visual problems is underway. The clinical research program will test the use of portable screening equipment to better reach high-risk populations. Called the Ivey Eye Examination Services (I*S.E.E.), the three-year program has looked at who in the community may be high-risk of vision problems and have limited access to eye care. The initial group identified is preschool children who may have common, correctable, childhood eye disorders. Partnering with optometrists in the community is key to the success of the project to ensure sustainability for this screening in our community.

An essential piece of equipment that will be used during the I*S.E.E. trial is a 'photoscreener', a fully portable, battery-operated camera that produces instant images of the eye. With this non-invasive piece of equipment, screening for serious eye disorders takes less than a second, which makes it ideal for use on young children.

In December of 2012, the Arcangelo Rea Family Foundation made a donation of \$18,750 to St. Joseph's Health Care Foundation's Season of Celebration campaign for the funding of a photoscreener.

Compression vests in brain injury treatment

Physiotherapists Shannon McGuire and Laura Graham from the Acquired Brain Injury Rehabilitation Program are studying the use of weighted compression vests in the treatment of patients with minor traumatic brain injuries, including concussions.

Weighted compression vests made of neoprene have been used as standard treatment with mild traumatic brain injury (mTBI) patients at Parkwood for about two years. Clinicians have noticed that the vests can help with balance, anxiety, fatigue, attention, concentration and overstimulation in busy environments.

Unable to find research on the vests with this population of patients, Shannon and physiotherapist Dave Humphreys, a kinesiology professor at Western University, led a research project last year looking at the effect of a compression only vest (no weights) on functional balance tasks, walking speed, fatigue and anxiety in patients with balance deficits after a mild traumatic brain injury. The vest was found to significantly reduce anxiety and trended toward increasing balance. The study was presented at the Brain Injury Association of Canada's conference in September 2013.

This year's study is looking at the weighted compression vest and its impact on the same issues for patients with mTB. Final results are expected by July 2014.

Sought after expertise

- Lawson Health Research Institute scientist Dr. Gregor Reid was featured as an expert commentator on new vaginal microbiome research. The study, from the Institute for Genome Science at the University of Maryland, links postmenopausal vulvovaginal atrophy to age-related changes in vaginal bacteria. These results build upon previous studies published by Dr. Reid, Director of the Canadian Research and Development Centre for Probiotics located at St. Joseph's Hospital.
- Rheumatologist Dr. Janet Pope co-lead a committee that has developed a new classification criterion for scleroderma. Scleroderma is a rare autoimmune disease characterized by the hardening of skin tissue in the hands, arms, or face, or of the internal organs. The new criteria, published in *Arthritis and Rheumatism*, include the first changes in the criteria since 1980. According to Dr. Pope, the criteria make distinctions between different forms of the disease, making it easier for doctors to identify patients earlier and provide more effective treatments.

Attracting Chilean students to London

On October 16-17, Lawson Health Research Institute researchers participated in the joint International Postgraduate Workshop 2013, titled "Understanding Disease from Fetal Life to Adulthood", with the Universidad Católica de la Santísima Concepción, in Santiago, Chile. Lawson speakers included Drs. David Hill, Tim Regnault, Subrata Chakrabarti, Edith Arany, Ruud Veldhuizen, and Jim Koropatnick. This joint workshop provides an opportunity to attract Chilean postgraduate students to London, and is endorsed by Western University.

Recognitions and Celebrations

Hand and Upper Limb Centre renaming celebration

Physicians, researchers, staff and volunteers supporting the Roth McFarlane Hand and Upper Limb Centre work were delighted with the event recognizing the achievements and contributions of the late Drs. Jim Roth and Robert McFarlane. Staff had an opportunity to host tours and

participate in a video produced for the renaming. The event was successful on all levels and became a valuable quality of work life achievement for staff.

The event, held September 27, 2013, was also well received by the Roth and McFarlane families. To view the inspiring video presented at the dedication ceremony, visit St. Joseph's [YouTube channel](#).

Service Recognition Week

Recognition of the dedication and commitment of staff, physicians and volunteers is paramount at St. Joseph's. The hard work of all those who provide service continually contributes to St. Joseph's reaching new heights as an organization. This year, St. Joseph's Service Recognition Program is honouring 824 staff, physicians and volunteers who have given up to 50 years of service to the organization. A key component of the program is Service Recognition Week, which began October 21. Four site receptions will be held, as well as the 25-year Dinner for those who have reached a quarter of a century with St. Joseph's. These activities are well attended and a highlight every year. Be sure to read the story of Bella Leach, a volunteer with 45 years of service. It's available on the [intranet](#). Special thanks to Board Chair Margaret McLaughlin for co-hosting this busy week of recognition activities.

Taking Time to Remember

Rev. Darrell Shaule, a chaplain with the Veterans Care Program, authored an article, *Taking Time to Remember*, that was featured in the September 2013 issue of *The Canadian Funeral News*, a national publication of the Canadian Funeral Service Association. In the article, Darrell writes about the purpose and value of funerals and memorial services from a personal perspective. The article can be found on page 22 of the issue, which can be accessed [here](#).

Environmental Scan

Ontario to provide mental health screening for inmates

A settlement reached September 24, 2013 could result in significant changes to the way inmates with mental illness are treated in the Ontario's correctional facilities.

Christina Jahn, a woman with mental illness, addictions and cancer, filed an application with the Human Rights Tribunal of Ontario alleging that she was placed in segregation for 210 days at the Ottawa-Carleton Detention Centre because of her mental health disabilities. Jahn also alleged the Ministry of Community Safety and Correctional Services discriminated against her by failing to accommodate her mental health-related needs.

The Ontario Human Rights Commission intervened in Jahn's case to address the systemic issues that led to her not receiving appropriate mental health services and being placed in segregation. As a result of a settlement with Jahn, the ministry will review how to best serve women inmates with mental illness, and also put in place mental health screening for all inmates. The ministry also agreed to ensure people who need treatment plans and mental health services have access to them, and will train front line staff and managers on mental health issues and human rights obligations.

The ministry is to prepare a report for the commission within 18 months on how best to serve female inmates with major mental illness.

[CBC News, September 24, 2013](#)

Number of doctors in Canada rising, as are payments for their services

The number of physicians in Canada is at an all-time high and payments by government health plans have continued to rise, reaching \$22 billion in 2012, according to the Canadian Institute for Health Information.

Canada had more than 75,000 physicians working in 2012, a four per cent increase over the prior year – and growth is likely to continue for some time. A major factor for 2012's growth is the increased number of medical graduates, which has grown every year since 2001.

Growth in the number of physicians again outpaced population growth in Canada, continuing a six-year trend. The number of physicians per 100,000 people sat at 214 in 2012.

Overall payments to physicians for provincial and territorial-funded services increased by nine per cent in 2011-2012, surpassing the increases of the previous two years (six per cent and eight per cent). The average payment was around \$328,000 per physician in 2011-2012, about a five per cent increase over 2010-2011.

[Canadian Institute for Health Information, September 26, 2013](#)

For many Canadian doctors, managing pain is 'not a high priority'

According to the Canadian Pain Society, one in five Canadians suffers from chronic pain. Yet treatment has not been a priority in our health care system; instead, people who complain of chronic pain are all too often derided as whiners. They say doctors are incredulous that their pain – which might have no apparent cause – could possibly be that bad. Or else they're just counselled to grin and bear it.

That nonchalance reflects an attitude in western cultures, where pain is largely considered a sign of virtue and a test of character, says Dr. Fernando Cervero, director of the Alan Edwards Centre for Research on Pain at McGill University. But Dr. Cervero notes that social attitudes are changing. Patients and their advocates are demanding better and more timely treatment for chronic pain. But the medical establishment has not kept pace with those changes. For example, veterinary students receive much more training in pain management than medical students.

[CBC News, September 27, 2013](#)

Forty per cent of Canadians facing financial hardship after serious health event

Nearly half of all Canadians facing a major health crisis, such as cancer or a stroke, are struggling financially as a result, according to the latest research from Sun Life Financial. The company's annual health index found that 40 per cent of those surveyed reported feeling financially strapped after a serious health issue or diagnosis, while 53 per cent of 45- to 54-year-olds said they'd been hit hard by unforeseen health care costs.

While most Canadians realize a serious health event could impact their personal finances, only 13 per cent said they had money set aside for such an eventuality. The report showed that some Canadians underestimate out-of-pocket health costs, especially when it comes to prescription drugs.

The survey showed that in the past 12 months, Canadians spent an average of \$1,354 on medical or health care products and additional services. One-fifth of those surveyed had no

group insurance, personal insurance or health expense savings – and more than 81 per cent hadn't put any money aside for health care emergencies.

[Sun Life Financial, September 30, 2013](#)

Poll finds Canadian women unaware mammograms best way to detect breast cancer

Nearly half of women are unaware that a mammogram is considered the best way to detect breast cancer in its earliest, and most curable, stages, suggests a new poll from the Canadian Cancer Society. The poll of Ontario women also found that 20 per cent of eligible women have not had a mammogram in the last two years.

Breast cancer is the second-leading cause of death from cancer in Canadian women, behind lung cancer. It's estimated that, in 2013, 23,800 women will be diagnosed with breast cancer in Canada, and 5,000 will die from the disease.

The poll found that 62 per cent of women don't know when to start getting regular mammograms or how often to be screened, "and almost half (47 per cent) don't know that a mammogram is the best way to screen," said John Atkinson, director of cancer prevention at the Canadian Cancer Society. The group recommends that women ages 50 to 69 undergo mammography screening every two years.

"We were surprised. The message still is not making its way to all women that mammogram is the best way to detect breast cancer early," Atkinson said.

EnviroNics Research Group conducted the online poll of 807 women in early August 2013.

[National Post, September 27, 2013](#)

Women encouraged to strike up conversations about mammograms

A new movement is being launched by the Canadian Cancer Society in Ontario, which is bringing women face-to-face to talk about the importance of getting regular mammograms. The Women to Women campaign will see hundreds of Ontario women become lifesaving ambassadors to spread the message that mammograms save lives to their sisters, mothers and girlfriends. The fact that 72 per cent of Ontario women know someone who had or has breast cancer increases the need for women to be proactive and join the movement.

Women in Ontario can join the movement by registering at cancer.ca/womentowomen. Once registered, ambassadors will receive: 11 Thingamaboob key chains – one to keep and ten to give to others while having conversations about the importance of mammograms; tools to share the message online through e-mail and social media; and a personal fundraising page to raise funds for essential breast cancer research.

[Canadian Cancer Society, October 2, 2013](#)

Report finds most Canadians with serious mental illness jobless due to prejudice

Ninety per cent of Canadians with serious mental illnesses are unemployed due largely to prejudice about their conditions — a startling state of affairs that costs the Canadian economy an estimated \$50 billion a year, according to a sweeping new report.

[The Aspiring Workforce report](#), commissioned by the Mental Health Commission of Canada, delves into the challenges facing those Canadians, targeting all levels of government,

businesses, policy-makers and the not-for-profit sector in addition to the attitudes of Canadians themselves towards those who suffer from mental illness.

The report — conducted by the Centre for Addiction and Mental Health, the University of Toronto and Queen's University — recommends collaboration between all sectors to find work for mentally ill Canadians, many of whom have training and skills. In its executive summary, report urges a “national program of action to change this situation. There are effective ways to increase employment; this is a problem that has solutions.”

[Toronto Star, October 7, 2013](#)

Study finds seniors in long-term care homes have high risk of head injury from falls

Seniors in long-term care facilities have a high risk of falling, and a new study finds many hit their heads after taking a tumble.

Researchers at Simon Fraser University in B.C. say falls account for more than 60 per cent of hospital admissions for traumatic brain injury in seniors over the age of 65. And they say the incidence of such falls is increasing, especially in people over 80.

The researchers conducted a study based on video footage of 227 falls among 133 residents in long-term care homes. They found that in 37 per cent of falls, people hit their heads and the impact was most often on the ground – typically hard flooring such as tile or linoleum. Adding a type of compliant flooring that cushions impact but does not impair balance could help prevent head trauma, say the researchers.

[Globe and Mail, October 7, 2013](#)

Study shows growing number of new specialist physicians can't find jobs in Canada

A groundbreaking study by the Royal College of Physicians and Surgeons of Canada shows an increasing number of newly certified specialist physicians and surgeons in Canada cannot find jobs relevant to their skills and extensive training, despite the country's lengthy patient wait times for surgery and medical specialist appointments.

The two-year national study, titled [Too many, too few doctors? What's really behind Canada's unemployed specialists?](#), consisted of 50 in-depth interviews with physicians, hospital leaders, health system experts, residents and others, as well as an online survey of newly certified specialist physicians in 2011 and 2012.

Of the 4,233 new specialists and subspecialists who were certified in Canada during 2011 and 2012, 1,371 (32.4 per cent) responded to the survey. A total of 208 respondents (16 per cent) indicated that, after spending at least eight years training to be medical specialists, they were unable to secure employment. Of those, nine per cent were able to secure additional training, such as through paid fellowship positions, but seven per cent reported that they remained unemployed.

Another 414 respondents (31.2 per cent) indicated they chose not to enter the job market, opting to pursue further training because they believed it would make them more employable.

The study also indicated employment challenges appeared to increase in 2012 over 2011. Respondents who reported having employment issues increased by four percentage points

(from 13 per cent to 17 per cent) for specialists from 2011 to 2012, and by six percentage points for subspecialists (from 15 per cent to 21 per cent).

The main factors contributing to the problem, according to the study, are the economy, where a weakened stock market has forced many physicians to delay retirement, and hospital resources, such as operating rooms and hospital beds, that have been reduced to control costs.

[Royal College of Physicians and Surgeons of Canada, October 10, 2013](#)

Hospital pharmacy inspections planned in Ontario

On October 10, 2013, Ontario Minister of Health Deb Matthews introduced Bill 117, the *Enhancing Patient Care and Pharmacy Safety (Statute Law Amendment) Act, 2013*. The bill amends a number of different pieces of health-related legislation. This includes amendments to the *Drug and Pharmacies Regulation Act* which would allow the Ontario College of Pharmacists (OCP) to inspect and license hospital pharmacies. A backgrounder on Bill 117 can be found [here](#).

Bill 117 follows an investigation into chemotherapy over-dilutions that affected 1,202 patients. Among recommendations of independent investigator Jake Thiessen was that that provincial legislation be introduced to give the OCP the power to inspect and license hospital pharmacies.

If Bill 117 is passed, the OCP's authority would expand from community pharmacies to include more than 200 hospital pharmacies in the province. The bill also includes mandatory reporting requirements when health care issues are identified and information-sharing guidelines for regulatory bodies, authorities and hospitals.

Other provinces including British Columbia, Newfoundland and Labrador, Prince Edward Island and New Brunswick require their pharmacy regulators to license and inspect hospital pharmacies.

The Health Ministry also proposes amendments to the *Public Hospitals Act* and the *Regulated Health Professions Act* that would require a hospital or employer to report to health regulatory colleges if a regulated health professional has voluntarily restricted his or her practice or privileges because of concerns regarding the member's conduct or practice, and permit health regulatory colleges in certain instances to share complaints-related information with a hospital.

[CBC News, October 10, 2013](#)

Western Centre for Public Health and Family Medicine opens

On October 16, 2013 Western University's Schulich School of Medicine & Dentistry officially opened The Western Centre for Public Health and Family Medicine. The \$17 million, 66,700 square-foot building off Richmond Street, houses the academic and research sides of the Department of Family Medicine, along with the new Schulich Interfaculty Program in Public Health which has its inaugural class of 32 students enrolled in a Master of Public Health (MPH) program.

"This building will serve as Western's hub for knowledge creation and translation in the realm of public health," says Western president Amit Chakma. "Along with Schulich Medicine & Dentistry, the MPH program taps into eight other Western Faculties as well as Brescia University College. It is interdisciplinary initiative that will facilitate the training of our future

leaders in public health and is a perfect complement to one of our oldest and most celebrated medical departments, Family Medicine.”

[Schulich School of Medicine and Dentistry, October 16, 2013](#)

Doctors can't end Hassan Rasouli's life support without consent, Supreme Court rules

The Supreme Court of Canada has issued its judgment in the matter of *Cuthbertson v. Rasouli*. The dispute related to whether consent was required to withdraw life-support where the physician believes it is no longer medically indicated. The court has dismissed an appeal that would have permitted doctors to end life support for a severely brain-damaged man without the consent of his family or a substitute decision maker

Life-support and its withdrawal are treatments for the purposes of the *Health Care Consent Act*, the Supreme Court ruled. Where there is a disagreement between a physician, patient and/or substitute decision-maker, the dispute can be settled by the Consent and Capacity Board. The Supreme Court's decision places cases such as Mr. Rasouli within the Board's jurisdiction.

The court's [decision](#) outlines a summary of the steps that should be taken in a case such as Mr. Rasouli (paragraph 116 of the decision.)

Physicians involved in the case had argued that consent under Ontario's 1996 consent act was not required because withdrawal of life support does not provide any medical benefit to the patient. Two lower Ontario courts disagreed and the Supreme Court, in a 5-2 ruling, upheld those lower court rulings.

The Supreme Court stressed, however, that its ruling applied only to cases in Ontario, and did not address the broader ethical question of who has the final say – doctors or family – in end-of-life care for incapacitated people. In effect, it said that Ontario has a board set up for determining such matters, and that Rasouli's case should have been brought before it.

[National Post, October 18, 2013](#)

Western, London 'Rise' up for vulnerable populations

Through collaboration with Western's Ivey Business School and multiple community agencies in London, [Rise Asset Development \(Rise\)](#) has launched a new avenue to economic independence through entrepreneurship for people with mental health or addiction challenges.

At its heart, Rise, created by the Rotman School of Management and the Centre for Addiction and Mental Health (CAMH) in 2009, provides small-business loans and mentorship to individuals living with mental-health and addiction challenges who are interested in pursuing self-employment.

The Rise London model was designed to meet the community's specific needs. It was informed by an advisory group of senior leaders from several London-based agencies who provide social and employment services for youth and adults. Those agencies include WOTCH Community Mental Health Services, Goodwill Industries, United Way London & Middlesex, Sisters of St. Joseph, London Small Business Centre, Emerging Leaders, MindYourMind and Youth Opportunities Unlimited (YOU). These organizations will continue to shape the design and roll-out of the program in the coming months.

[Western News, October 17, 2013](#)

St. Joseph's in the News

[The 28 top North American shoulder surgeons](#), Orthopedics This Week, September 23, 2013

[London ladies shattering 'glass ceiling'](#), Metro News, September 24, 2013

[Hundreds call for London doctor's release](#), Blackburn News, September 24, 2013

[Hundreds rally in London for Tarek Loubani, John Greyson](#), Metro News, September 24, 2013

[Hundreds rally in London, Ontario for Canadians imprisoned in Egypt](#), Sun News Network, September 24, 2013

[Twenty under 40 recipients reveal London's "new economic trailblazers"](#), Business London, September 24, 2013

[National tennis pro works with local talent](#), London Community News, September 25, 2013

[Boo! Welcome to the dark side of Doors Open London](#), Metro News, September 26, 2013

[London, Western rally for release of detained professors](#), Western News, September 26, 2013

[London hand and limb centre at St. Joseph's Health Care renamed to honour founders](#), London Free Press, September 27, 2013

[St. Joseph upper limb centre renamed for 'visionary' founders](#), London Community News, September 27, 2013

[A new entity will combine the strengths of WOTCH, CMHA and Search](#), London Free Press, September 27, 2013

[Hand and Upper Limb Centre renamed](#), CTV London, September 27, 2013

[St. Joseph's honours two legendary physicians](#), Blackburn News, September 28, 2013

[London group hosting session on rare dementia](#), London Community News, September 29, 2013

[Designers, consultants and builder collaborate with hospital and province to complete extensive project within two years](#), Construction News and Report (Page 12-13), September 30, 2013

[Detention extended for two Canadians in Egypt](#), London Community News, September 30, 2013

[Around the town: Decoding Annie Parker Gala, St. Joseph's Breast Care Centre](#), London Free Press, September 30, 2013

[Canada disappointed by Egypt ruling on jailed Canadians](#), London Free Press, September 30, 2013

[Tougher laws regarding smoking could be on the horizon](#), CTV London, September 30, 2013

[Tarek Loubani and John Greyson are being urged to abandon their hunger strike](#), London Free Press, September 30, 2013

[Are you eating enough](#), Good Times magazine, October 2013

[Robots in the OR: Two London facilities see faster recovery times and savings to the system](#), CAHO Catalyst, October 2013

[Decoding Annie Parker benefit movie screening](#), Snapd London, October 2013

[John Greyson and Tarek Loubani: Egypt considering murder charges against Canadians](#), Toronto Star, October 2, 2013

[Scientist receives research award](#), Brantford Expositor, October 2, 2013

[Updated systemic sclerosis criteria improve disease classification](#), Medical Xpress, October 3, 2013

[Jail conditions improve for detained Canadians in Egypt: lawyer](#), London Community News, October 4, 2013

[Updated systemic sclerosis criteria improve disease classification](#), Science Daily, October 3, 2013

[New criteria could lead to earlier diagnosis of scleroderma](#), National Pain Report, October 5, 2013

[Egypt frees jailed Canadians Tarek Loubani and John Greyson](#), Metro News, October 6, 2013

[A last-minute glitch in Cairo grounds two Canadians trying to fly out](#), London Free Press, October 6, 2013

[Why share my darkness?](#) Hospital News, October 2013

[Canadians freed after 51 days in Egyptian jail not allowed to leave country, charges still possible](#), National Post, October 7, 2013

[Canadians freed from Egyptian prison barred from leaving country](#), Globe and Mail, October 7, 2013

[Red tape keeping London doctor Tarek Loubani and Toronto film maker John Greyson in Egypt, says Prime Minister Stephen Harper](#), London Free Press, October 8, 2013

[Tarek Loubani's Egypt trip was a personal choice, says Western University](#), Metro News, October 8, 2013

[St. Joseph's Breast Care Program receives \\$1.1 million grant](#), AM980, October 9, 2013

[John Greyson, Tarek Loubani thank supporters in video](#), Global News, October 9, 2013

[Young leaders feted](#), London Free Press, October 10, 2013

[Confusion reigns in Egypt as Greyson, Loubani wait](#), Toronto Star, October 10, 2013

[Dream homes, cars, cash up for grabs in fall Dream Lottery](#), AM980, October 10, 2013

[New one-stop shop for patients opens at St. Joseph's Hospital, London](#), Metro News, October 10, 2013

[Poignant video highlights impact of mental illness](#), CTV News, October 10, 2013

[Imaging may unlock new diagnosis options](#), Western News, October 10, 2013

[Doctor freed from Egypt jail no extremist, say colleagues](#), Canadian Medical Association Journal, October 10, 2013

[The Wolf family's \\$1.1-million donation makes a difference for patients at St. Joseph's breast care centre](#), London Free Press, October 10, 2013

[John Greyson, Tarek Loubani free to leave Egypt, lawyer says](#), CBC News, October 10, 2013

[More ways to win in fall Dream Lottery](#), London Community News, October 11, 2013

[Imaging may unlock new mental illness diagnosis options](#), Medical Xpress, October, 11, 2013

[Imaging may unlock new diagnostic options](#), Bioscience Technology, October 11, 2013

[Canadians Tarek Loubani, John Greyson leave Egypt for home](#), CTV London, October 11, 2013

[Why share my darkness? The face of mental healthcare](#), London Community News, October 11, 2013

[London and its main medical bodies aim for research dollars, jobs and commercial breakthroughs](#), London Free Press, October 12, 2013

[Loubani and Greyson home on Canadian soil](#), AM980, October 12, 2013

[London doctor Tarek Loubani and Toronto filmmaker John Greyson recall details leading up to arrest, time in prison and release](#), London Free Press, October 14, 2013

[Hospitals: Get vaccinated or wear a mask](#), Blackburn News, October 15, 2013

[London's innovation network out to invent a new future](#), Metro News, October 15, 2013

[London city council committee briefs](#), London Free Press, October 16, 2013

[Visitors must wear masks: London hospitals](#), London Community News, October 16, 2013

[All non-vaccinated staff, visitors at LHSC and St. Joe's must wear 'procedure masks'](#), AM980, October 15, 2013

[MDs, staff and visitors will face tough new rules when this year's flu bug arrives](#), St. Thomas Times Journal, October 16, 2013

[BRA Day held to learn about breast reconstruction surgery](#), CTV London, October 16, 2013

[BRA Day to help inform public on breast reconstruction](#), London Community News, October 17, 2013

[Reaney's Pick: John Hildebrandt](#), London Free Press, October 16, 2013

[Will masks be required for visitors and workers at SAH without flu shots](#), Sault Star, October 17, 2013

[Flu shot clinics get underway in London-Middlesex](#), CTV London, October 17, 2013

[Laptop theft puts Parkwood Hospital patient data at risk](#), CTV London, October 17, 2013