

annual report

care
is at our
core

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Care is at our core

This report reflects the efforts and skills of thousands of people who support our mission as one of Canada’s most unique health care and teaching hospital organizations, with diverse roles serving communities near and far. We are blessed to be both a hospital ‘without walls’ and to provide short- and long-stay treatment and supportive care.

Our challenges this year are due primarily to the gap between costs and provincial funding. Thanks to one-time, year-end funding from the province and the efforts of leaders, physicians and staff, St. Joseph’s ended the year without reducing patient care. We look to 2005/06 with the same budgetary concerns, uncertain funding and the provincial requirement to balance budgets by March 31, 2006.

Despite these challenges, we embarked on Milestone 1, the largest step toward acute care hospital renewal in London. This phase called for the transfer of emergency, critical care and other medical services from St. Joseph’s Hospital to London Health Sciences Centre. The farewells were difficult, yet we celebrated the legacy of these programs and the people who created them.

Through advocacy and community support, we press forward with system transformation and investment in the future of health care. As part of a Canada Health Infoway and provincially supported initiative, St. Joseph’s became the first hospital in the region to implement digital imaging. This, the advancement of the electronic patient record, and other information technologies, place Southwestern Ontario in the forefront of using information technology to improve access to care.

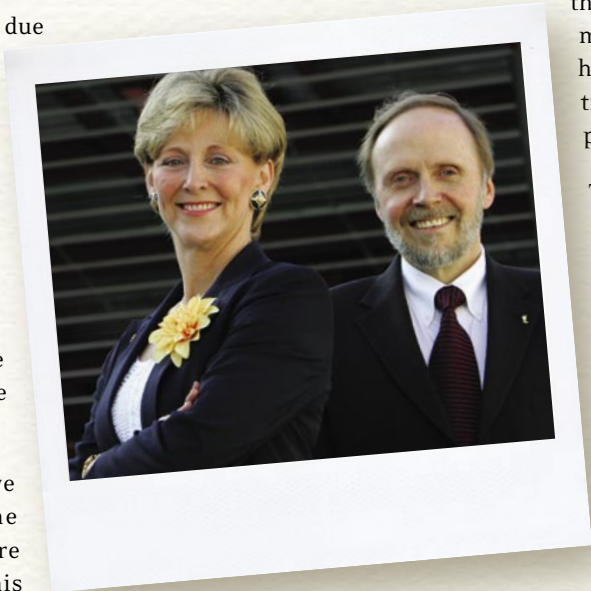
St. Joseph’s continues to develop its role in short-stay and day surgery with investment in a da Vinci surgical robot, enabling minimally invasive surgery in our specialty areas of care. We continue to develop our specialized role in mental health care and to advocate for mental health reform to uphold the need for treatment, education and research, build strong community support & reduce

the stigma associated with mental illness. This work has been challenging, particularly in a highly charged political environment.

The Board of Directors wishes to acknowledge the successful amalgamation of the former Parkwood Hospital and St. Joseph’s Health Care Foundations. Our congratulations to the foundation for having achieved its goals for the year through the dedication of foundation volunteers, staff and exceptional community support.

Over the past year, we have undertaken a thorough strategic planning exercise, which involved hundreds of staff and other vital stakeholders. This plan will provide the strategic directions and initiatives to guide our work over the next four years.

Care is at our core: the compassion inherent in our values, the advancement of our mission, research to achieve new and better outcomes, and excellence in all we do.



*Ruthe-Anne Conyngham, Chair,
Board of Directors, and Cliff Nardal,
President & CEO.*

Ruthe-Anne Conyngham
Chair, Board of Directors

Cliff Nardal
President & CEO



Mount Hope resident Gina Seendert finds new happiness through the art therapy program.

“As a young schoolgirl growing up in Indonesia during World War II, the nuns would encourage me to paint. One nun in particular told me I had a gift and was eager for me to paint a portrait of Mother Mary. I was not interested in learning then, I just wanted to play.

“When I got a little older I went to an art gallery in Holland and saw beautiful paintings. There were Rembrandts and many others, but still, I did not begin to paint. I am sorry now that I did not take the time to learn when I was young.

“Now I am an old woman living at Mount Hope and I am finally using my gift and learning to paint. I feel inside that God gave me these hands for painting. When I came to Mount Hope after my stroke, I had so much sadness. Creating art is a great inspiration for me. It heals my sadness, helps me to relax and brings me happiness. I give my paintings to my friends and it makes them happy too.”

Art therapy program provides residents an opportunity to grow and learn

The move from a family home in the community to a long-term care setting can often be a huge transition. For residents who live at Mount Hope Centre for Long Term Care, art therapy provides an opportunity for residents in long-term care to continue to grow, be creative and learn. Art therapy can also help residents put their lives into perspective.

THE ART THERAPY PROGRAM AT MOUNT HOPE GIVES RESIDENTS A SOCIAL SETTING WHERE THEY TEND TO FEEL LESS ISOLATED AND BECOME PART OF A GROUP.

Art therapist Emmy MacLachlan says, “It’s wonderful to see how residents in the art therapy program become so caring of each other, similar to that of a large family.”

For the past three years, residents have entered their artwork in London’s Fringe Theatre Festival. This year, as a group, they also entered a number of pieces in the Western Fair competition and won first place in their category.

Work programs provide clients with employment

ACE and ARC - two simple acronyms, yet with an abundance of meaning for people with mental illness. They represent opportunity, personal growth, and a chance for a brighter future.

ACE and ARC are rehabilitation services offered by the specialized adult programs of Regional Mental Health Care St. Thomas and London, located on the respective hospital grounds. ACE stands for Alternative to Competitive Employment, while its London counterpart is known in full as the Andrews Resource Centre.

In real work settings, ACE and ARC provide their clients with employment opportunities that are consistent with their occupational interests and career goals. It is a chance to earn money while preparing for the competitive job market.



A FEW YEARS AGO, SHIRLEY HAZEN BEGAN WORKING AT ACE ONE OR TWO DAYS A WEEK. THROUGH THE SUPPORT OF ACE’S CARING AND QUALIFIED STAFF, SHE REGAINED HER CONFIDENCE AND NOW JUGGLES A MATERIAL HANDLING POSITION AT ACE FIVE DAYS A WEEK, AS WELL AS TWO ADDITIONAL PART-TIME JOBS IN HER COMMUNITY.

“I enjoy coming to work here because it is such a great environment,” says Shirley. “I really like knowing that I am building something with my own hands that someone in my community needs.”

As Shirley and others benefit from ACE and ARC, big businesses that choose to outsource their production requirements through the programs are also benefiting. It is a win-win for all.

Shirley Hazen puts together sanding blocks at the ACE program in St. Thomas.

75 years in emergency care in London – the end of an era

This year marked a monumental change in emergency care. After 75 years of care to London and surrounding areas, the emergency department at St. Joseph's Hospital locked its doors for the very first time. The emergency department relocated to London Health Sciences Centre and a new Urgent Care Centre opened in its place. The staff at St. Joseph's Hospital took some time together to say goodbye, reflect on their impact to the community and to mark a distinguished ending.

The emergency department at St. Joseph's has been an integral part of the community for generations. Londoners have relied on its staff, nurses and physicians for expertise and compassionate care day and night. In its history, the department cared for more than 2.6 million patients and saved many, many lives.

THE IMPACT OF ST. JOSEPH'S EMERGENCY DEPARTMENT ON THE COMMUNITY REACHED BEYOND PHYSICAL CARE – ST. JOSEPH'S LED THE WAY IN THE TEACHING AND EDUCATION OF EMERGENCY HEALTH CARE PROFESSIONALS FROM VARIOUS MEDICAL SCHOOLS, UNIVERSITIES AND COLLEGES.



The emergency department sign is removed and the department locks its doors for the first time in 75 years as they prepare for the opening of the new Urgent Care Centre.

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The Urgent Care Centre – the beginning of an era

The St. Joseph's Urgent Care Centre opened its doors at 8 am on February 16, 2005, introducing a new health care service to the City of London. The centre cares for patients of all ages with urgent but non-life threatening illnesses and injuries. It also serves as an access point for various surgical specialties.

The community, though sad to see the end of an era with the emergency department leaving, embraced the concept of urgent care, and is taking full advantage of its services.

Prior to urgent care, the emergency department averaged 100 visits each day. With the success of urgent care, the centre is experiencing an 18 percent increase in visits, with the busiest day thus far reaching 148 patients. The centre will see approximately 43,000 patients this year, an increase of 6,000 visits over last year.

The care of patients in the Urgent Care Centre is in the hands of a multidisciplinary team, including physicians with a specialty in emergency medicine, registered nurses and registered practical nurses.

Certain injuries can have a personal or profound effect on an individual. The Urgent Care Centre serves as an access point for those needing care from the Sexual Assault and Domestic Violence Treatment Centre. In addition, through self-access, the Urgent Care Centre can provide an important link for pharmacist, social work or spiritual care consultations.

SERVICES AT THE URGENT CARE CENTRE INCLUDE THE TREATMENT AND CARE OF INFECTION, EARACHES, EYE INJURIES, SPRAINS, CUTS, FEVER, MINOR BURNS, BROKEN BONES AND MUCH MORE.



Dr. Don Gatoski applies a cast to the arm of nine-year-old Raelyn Murphy at the Urgent Care Centre at St. Joseph's Hospital.

Regional Sexual Assault and Domestic Violence Treatment Centre – where healing begins

For about 50 children a year, it's where the healing begins. Quickly, expertly, compassionately, dedicated specialists at St. Joseph's Hospital are providing care for the youngest victims of sexual assault. It shouldn't happen, but it does, to children as young as a few months old.

But amid the devastation, families find reassurance and a path to a safe future at the Regional Sexual Assault and Domestic Violence Treatment Centre at St. Joseph's.

Serving Middlesex, Elgin, and Oxford counties, the centre has been providing comprehensive emergency and follow-up care to victims of sexual assault and domestic violence for about 15 years. In the past two years, however, clinical staff have been specially trained and the centre equipped to treat children under 12 years of age.

In a brightly decorated treatment room, youngsters now receive expert care without waiting hours in regular emergency rooms. Families can access the centre for immediate assessment by a physician or nurse practitioner, registered nurse and social worker. A team is available 24 hours a day, seven days a week.

"THIS IS A TIME OF CRISIS FOR THE CHILD AND FAMILY, AND IF THEY CAN COME INTO A SYSTEM THAT'S WELL ORGANIZED, PROVIDES REASSURANCE, AND RESPONDS TO EACH FAMILY'S NEEDS, THE TRAUMA IS EASED, SAYS PROGRAM COORDINATOR ANNE FINIGAN. "IN THE MIDST OF CHAOS, THE FAMILY LEAVES WITH A PLAN AND ASSURANCES THEY ARE ON THE RIGHT PATH."

Emotional support, physical assessment, collection of forensic evidence, tests for sexually transmitted diseases and date rape drugs, treatment for physical injuries, referral to community resources, and follow-up care are provided at the centre.

For children, most important is knowing they are not to blame, says Anne. With that belief in themselves, they take their first steps on the healing journey.



Regional Sexual Assault and Domestic Violence Treatment Centre – statistics

- Every year, about 250 individuals are treated at the Regional Sexual Assault and Domestic Violence Treatment Centre – 200 for sexual assault, 50 for domestic abuse.
- Of the 200 sexual assault cases, 50 are children under age 15.
- About five per cent of all those treated for sexual assault are male.
- Among the children, about 10 per cent are boys.
- The youngest patient seen at the centre was a few months old. The oldest was 86.
- With an on-call team of three physicians, three nurse practitioners, 18 nurses and a social worker, the centre can provide multidisciplinary care at any time.
- Across the province, there are 32 sexual assault and domestic violence treatment centres.

Horticultural therapy program 'growing' at Mount Hope

The bright and sunny solarium at Mount Hope Centre for Long Term Care is a wonderful place for residents to spend some time just digging in the dirt. The horticultural therapy program has been "growing" since last October when a therapeutic gardening instructor joined the Mount Hope team.

JOAN DAWES ENJOYED A LIFE OF GARDENING BEFORE MOVING TO MOUNT HOPE AND IS HAPPY TO BE ABLE TO NOW CONTINUE THIS ENJOYABLE PASTIME. "IT IS GOOD TO BE ABLE TO GET MY HANDS IN THE DIRT AGAIN. WHEN I LIVED IN MY HOME, I HAD A BIG GARDEN, AND EACH YEAR, I WOULD FILL MY FREEZER WITH FRUIT AND VEGETABLES FROM THE GARDEN."



Deb Lines watches as Joan Dawes harvests a radish she grew in a planter on the window ledge in her room at Mount Hope Centre for Long Term Care.

The Year of the Veteran – remembering through care

They fought for our freedom, now it is our turn to pay tribute to Canada’s veterans.

During 2005, the Year of the Veteran, Canadians are celebrating, honouring, remembering and teaching youth about the contributions and sacrifices of our veterans in the First World War, the Second World War and the Korean War. 2005 is a fitting year to recognize veterans, as it marks the 60th anniversary of the end of the Second World War.

In 1979 Parkwood Hospital began providing chronic care and long-term care for veterans. Today, 326 veterans receive care that is tailored to their specific needs, to promote health and enhance their sense of well-being and quality of life.

AN INTERDISCIPLINARY TEAM PROVIDES THERAPEUTIC SUPPORT TO MEET THE PHYSICAL, COGNITIVE, SPIRITUAL AND PSYCHOSOCIAL NEEDS OF THE VETERANS AT PARKWOOD. AS WELL, A RESPITE PROGRAM HELPS VETERANS AND FAMILY MEMBERS CONTINUE TO MANAGE AT HOME BY PROVIDING A PERIOD OF RESPITE.

Not only in 2005, but in the years gone by and the years to come, Parkwood Hospital is honoured to care for the men and women who so valiantly served our country.



Don Imrie enjoys the spring blossoms.



Ken Pearce and George Ingham take a walk in the Parkwood Hospital gardens.

“SHARED CARE” – Regional Mental Health Care London’s approach to service delivery

Health Canada predicts that approximately 20 per cent of all Canadians will personally experience a mental illness in their lifetime. Despite this fact, the stigma attached to seeing a psychiatrist, therapist, or being a patient at a mental health facility prevents many people from seeking care. Dr. David Haslam, associate scientist at the Lawson Health Research Institute, and director/physician leader of shared mental health care services at Regional Mental Health Care London, is hoping to remove this stigma of mental illness, by implementing and evaluating a new primary care focused program of mental health care delivery.

The Transition into Primary-care Psychiatry (TIPP) program is currently in place at Regional Mental Health Care London. This collaborative care program is designed to enhance continuity of care, and increase accessibility to, and promotion of, a more efficient use of mental health services.

MODELED AFTER A HIGHLY SUCCESSFUL AUSTRALIAN PROGRAM, ST. JOSEPH’S REGIONAL MENTAL HEALTH CARE LONDON IS RIGOROUSLY EVALUATING THE TRANSFER OF SELECTED PSYCHIATRIC OUTPATIENTS TO THE CARE OF THEIR FAMILY DOCTORS IN A “SHARED CARE” APPROACH TO MENTAL HEALTH CARE. DR. HASLAM BELIEVES THAT THE TIPP PROGRAM “CAN BE ENVISIONED AS THE MISSING STEP BETWEEN THE FAMILY PHYSICIAN AND OUTPATIENT PSYCHIATRIC LEVELS OF MENTAL HEALTH SERVICE DELIVERY.”

The TIPP program, lead clinically by psychiatrist Dr. Jatinder Takhar, is the process of moving people from costly outpatient care to shared care within the community. To date, 45 patients living with mental illness have been moved from outpatient care at Regional Mental Health Care London into a “shared care” situation with support from their family physicians and TIPP team members. Dr. Henry Chapeskie, a physician at the Thorndale Lions Medical Centre describes the program as wonderfully successful. “The personal contact with the psychiatrist, nurses and patient allow for the sharing of ideas which improves communication and the integrity of continuity of care,” states Dr. Chapeskie. “My patients have been open to the idea (of shared care), and it has proven to be



quite helpful. The ability to access all of these services in the comfort of the physician’s office is an absolute benefit to patient care.”

It is hoped that through programs such as TIPP, the face of mental illness will change from one of fear to one of accomplishment, acceptance and wellness focused care.

Our family tree



DELIVERING CARE ACROSS OUR COMMUNITY.

LEADING TO THE FUTURE.

Acute/Ambulatory Care

- 3M Osteoporosis Clinic
- Breast Centre
- Centre for Lung Health and Home Oxygen Program
- Dental Surgery
- Diabetes Centre
- Diagnostic Imaging Centre
- Ear Nose and Throat Clinic
- Endoscopy and Gastrointestinal Clinics
- Family Birthing Centre
- G.A. Huot Surgical Centre
- Hand and Upper Limb Centre
- HIV Care Programme
- Ivey Eye Institute
- Minimally Invasive Gynecological Surgery
- Neonatal Intensive Care Unit
- Pain Management Centre
- Perinatal Services
- Rheumatology Centre
- St. Joseph's Family Medical and Dental Centre
- St. Joseph's Urgent Care Centre
- Sexual Assault and Domestic Violence Treatment Centre
- Urology Centre

Complex Care and Veterans Care

- Chronic Wound and Skin Health
- Complex Continuing Care Program
- Operational Stress Injury Clinic
- Palliative Care Program
- Respite Care
- Veterans Care Program

Long Term Care

- Mount Hope Centre for Long Term Care is comprised of Marian Villa and St. Mary's buildings
- Wellness Centre

Rehabilitation and Specialized Geriatrics

- Acquired Brain Injury Program
- Amputee Rehabilitation Program
- Driver Assessment Program
- Geriatric Day Hospital
- Geriatric Rehabilitation Program
- Musculoskeletal Rehabilitation Program
- Neurobehavioural Rehabilitation Centre
- Other Community Services
- Regional Geriatric and Psychogeriatric Program
- Seating Clinic
- Southwestern Rehabilitation Assessments
- Spinal Cord Injury Program
- Stroke/Neurological Rehabilitation Program

Specialized Mental Health Care

- Addictions Program
- Adolescent Psychiatry Program
- Assertive Community Treatment Teams
- Concurrent Disorders Program
- Court Diversion Program
- Crisis and Relapse Prevention Service
- Developmental Behaviour Management Program
- Forensic Psychiatry Program
- Geriatric Psychiatry Program
- London Mental Health Crisis Service
- Mood Disorders Program
- Other Community Services
- Schizophrenia Treatment and Research Program (STAR)
- Specialized Adult London
- Specialized Adult St. Thomas
- Withdrawal Management Centre

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Clients making a difference

The developmental behavioural management (DBM) program at Regional Mental Health Care London provides treatment for adults in Southwestern Ontario who have a developmental disability as well as a mental health care need. Some staff in the DBM program have recently partnered with other departments in the facility to provide clients with meaningful tasks that contribute to client rehabilitation and support the hospital at the same time. By carefully matching a client's needs with an available opportunity, several clients are making a difference - for themselves and for those around them.

AS THE SNOW BEGAN TO MELT THIS PAST SPRING, IT BECAME APPARENT THAT SOME SPRING CLEAN UP WAS GOING TO BE NEEDED AROUND THE GROUNDS OF REGIONAL MENTAL HEALTH CARE LONDON. ONE OF THE CLIENTS IN THE DBM PROGRAM, BILL CAMERON, FORMERLY A FARMHAND, WAS EXPRESSING EAGERNESS TO GET OUTSIDE AND DO SOME WORK ON THE PROPERTY. WITH THESE TWO THINGS IN MIND, REGISTERED PRACTICAL NURSE SHAUN CREWE BROUGHT TOGETHER A GROUP OF CLIENTS AND GOT THEM OUTSIDE TO HELP WITH THE WORK THAT NEEDED TO BE DONE – AND SO THE NEW DBM GROUNDS CREW TEAM WAS BORN.

"They really enjoy it and work very hard," says Shaun. "It's especially satisfying for them to take on a job where they can see the results of their work. It gives them a great sense of pride and accomplishment."



Bill Cameron enjoys getting outside and planting trees on the grounds at Regional Mental Health Care London.

Women find support through breast assessment program

We know the numbers. We've worried and grieved with family and friends or feared for ourselves. This year, it's estimated that 21,600 Canadian women will be diagnosed with breast cancer and 5,300 will die of it. Every week across the country, more than 400 women are diagnosed with the disease.

And as a growing number of women seek breast screening, also rising is the number of women found to have abnormalities requiring diagnosis. The stress, fear, and uncertainty are often profound for these women, and the need for supportive, efficient and coordinated care is well documented.

St. Joseph's Health Care London is taking a lead role in addressing this need. Still evolving, the breast assessment program is streamlining and integrating care for women requiring diagnosis for breast abnormalities. The program brings together various caregivers to provide emotional, practical and spiritual support, advocacy, education, diagnostic and pathology services, surgery, and community resources. This is done in a coordinated and efficient approach to meet women's needs from the time of an abnormal screening or clinical finding to diagnosis.

"THE HOPE IS TO HAVE ALL WOMEN WHO ARE REFERRED TO ST. JOSEPH'S WITH A SUSPICIOUS FINDING OR ABNORMALITY DETECTED DURING SCREENING THROUGH THE ONTARIO BREAST SCREENING CENTRE SERVED BY THE PROGRAM," SAYS COORDINATOR GILLIAN MILCZ. CURRENTLY, ABOUT 100 PATIENTS A MONTH ARE FOLLOWED IN THE PROGRAM WITH CARE TAILORED TO EACH INDIVIDUAL.

"Most women are finding it very helpful to have a contact person and access to the resources in a coordinated fashion," says Gillian. "The women identify how much support they need."

Piloted in 2002, the program is expanding to include the provision of care from other health care providers, says Gillian. The initiative, she adds, is based on needs identified by Cancer Care Ontario and the Ontario Breast Screening Program. St. Joseph's is proud to be a part of this innovative approach to comprehensive breast care for the women.

And I am sure that he who began a good work in you will complete it.

- Philippians 1:6





Superintendent Rob Brown of the London Police Service Uniformed Division welcomes guests to the announcement of two police mental health initiatives, accompanied by co-authors of the Police Guidelines Manual, Ron Hoffman of the Ontario Police College, and Laurel Putnam, director of specialty programs at RMHC London.

Partnerships provide support to police

This year, Regional Mental Health Care London (RMHC) and the police community launched two initiatives to meet the unique needs of individuals with mental illness in crisis.

The first involves three RMHC psychiatrists now available on a 24/7 rotating basis to provide consults to the London Police Service Crisis Negotiating Team when responding to calls such as a hostage-taking or a barricaded person.

“Most people with a mental illness never come into contact with the law, but for those who do, a mental health professional can play a critical role in de-escalating a potentially volatile situation,” says Dr. Haydn Bush, chief psychiatrist of RMHC London and lead physician of the project.

THE SECOND INITIATIVE IS A POLICE GUIDELINES MANUAL, CO-AUTHORED BY RMHC AND THE ONTARIO POLICE COLLEGE, AND NOW AVAILABLE TO ALL FRONTLINE OFFICERS IN ONTARIO TO ASSIST THEM IN RESPONDING TO SITUATIONS INVOLVING MENTAL HEALTH ISSUES.

“Working in partnership with St. Joseph’s means that we are getting the expert information we need to help meet the needs of the public we serve,” says Rob Brown, superintendent of the London Police Services Uniformed Division.

With the shift towards increased community-based mental health care, RMHC and the London Police Services recognize the importance of working together to foster a smooth transition.

Taking asthma and diabetes education to the community

St. Joseph’s is leading in the management of chronic diseases through two new PRIISME programs in the areas of asthma and diabetes.

PRIISME, sponsored by GlaxoSmithKline, provides funding for the education of patients, community members, physicians and other health care professionals to learn to better manage these diseases.

Research studies being conducted as part of both PRIISME initiatives will generate data on the effectiveness of asthma and diabetes educators being provided through community outreach in family physician offices. Not only is it hoped that patients’ health status will be improved, but also that people with asthma and diabetes, through better knowledge of how to manage their disease, will experience less absenteeism from work and school, and rely less on emergency health care.



COMMUNITY OUTREACH IS A KEY COMPONENT OF THE PRIISME PROJECTS: IN ASTHMA, ST. JOSEPH’S EDUCATOR PAM WILTON HAS TAKEN HER PRESENTATION TO FITNESS CENTRES, LIBRARIES AND CHURCH GROUPS. DIABETES EDUCATOR AMANDA MIKALACHKI HAS PRESENTED AT 20 COMMUNITY EVENTS SINCE SEPTEMBER, INCLUDING COOKING DEMONSTRATIONS IN GROCERY STORES, SCREENING CLINICS IN PHARMACIES, AND LIBRARY TALKS. IN THE PLANS IS ON-SITE STAFF EDUCATION AT SOME OF LONDON’S LARGEST BUSINESSES.

Health care professionals – family physicians, pharmacists, nurses – have had the opportunity to keep abreast of the latest developments in diabetes and asthma management through certified education days – often in one-hour blocks early in the day that make it easier to fit into hectic schedules.

Both programs are working with the Change Foundation on how best to evaluate their efforts to measure specific outcomes and provide good evidence for future funding requests. “We want people to see the value in doing this work,” says Pam.

“I read everything I could get my hands on (when first diagnosed with diabetes), but it was overload. When I went to the PRIISME class, I got key information and a direct link to an expert,” says Jeannette Lavalley.

Peer support program helps newly injured

Spinal cord injuries dramatically change lives. Only someone who has experienced a spinal cord injury (SCI) can truly understand the range of emotional and physical adjustments necessary to rebuild a quality life after such an injury.

Parkwood Hospital has recently put a new mentoring program in place by partnering with the Peer Support Program of the Canadian Paraplegic Association Ontario (CPA). In this program, people with a SCI who are living in the community volunteer as peer mentors for those who have recently sustained a SCI. This mentoring is not restricted to in-patients, but is also available to those in the community - no matter how long ago they sustained an injury or became disabled.

Peer mentors share their emotions, experiences, strategies and skills to help others with SCIs learn to adjust to life situations. "CPA Ontario helps people with spinal cord injuries and other physical disabilities achieve independence and community involvement," says Elizabeth Zarnowiecki, CPA Ontario's regional services coordinator. "The Peer Support Program opens up a whole new world for newly injured people."

Lance Claus, a former patient in Parkwood Hospital's SCI rehabilitation program, shows Richard Barner the special adjustments on his truck. Lance is a peer mentor with CPA Ontario.

THE PARKWOOD SCI REHABILITATION PROGRAM HAS 18 BEDS FOR SOUTHWESTERN ONTARIO'S SCI PATIENTS – BOTH THOSE WITH TRAUMATIC INJURIES, SUCH AS FROM A MOTOR VEHICLE COLLISION OR FALL, AND THOSE WITH NON-TRAUMATIC INJURIES, SUCH AS FROM A SPINAL CORD TUMOR. THE PROGRAM ENABLES PATIENTS TO REACH AN OPTIMAL LEVEL OF FUNCTIONING AND ASSISTS THEM IN REINTEGRATING INTO THE COMMUNITY, AND OFFERS INPATIENT REHABILITATION, POST-DISCHARGE FOLLOW-UP, OUT-PATIENT SERVICES, EDUCATION AND SUPPORT GROUPS.

"The partnership with CPA is a tremendous benefit to patients; they can talk to someone who's been through rehabilitation and made a successful transition back to the community," says Pamela Bovan, coordinator of spinal cord rehabilitation at Parkwood Hospital.



Better information. Better care. Better health.

St. Joseph's is one of the Thames Valley Hospital Planning Partnership (TVHPP) hospitals leading the way in implementing innovative technological projects to enhance patient care. These projects will enable 24/7 access to patients' medical information from any health care facility within the network, so that care providers always have the most up-to-date medical information at their fingertips.

The key to these initiatives is the electronic patient record (EPR) which allows patient information to be electronically documented and stored on a highly secure network. The choice of London as a demonstration site for Ontario's EPR project is a testament to the area's reputation for technological and medical expertise, and the history of partnership among regional health care providers.

Shared digital imaging implementation, a cornerstone of the EPR, is now complete at London's hospitals - St. Joseph's and London Health Sciences Centre - enabling the 518,000 medical imaging procedures they generate annually to be shared and viewed simultaneously online for consults. The TVHPP phase of this project will be complete in December. Plans are underway to expand the project to the other Southwestern Ontario hospitals, making this one of the largest shared services digital imaging projects in the world.



"In the operating rooms, where fast and reliable access to images is critical, digital imaging eliminates concerns with misplaced films," says Dr. Donald Gaves, Chief of radiology.

OTHER INITIATIVES UNDERWAY INCLUDE THE THAMES VALLEY HOSPITALS LABORATORY INFORMATION SYSTEM, WHICH INTEGRATES DIAGNOSTIC TEST RESULTS SO THEY CAN BE ACCESSED ACROSS A SPECTRUM OF HEALTH CARE FACILITIES, AND VIDEOCARE, THE TELEMEDICINE NETWORK THAT CONNECTS THE 67 SITES OF SOUTHWESTERN ONTARIO'S 23 HOSPITAL CORPORATIONS THROUGH VIDEOCONFERENCING TO ENABLE PATIENT-CENTERED CARE CLOSER TO HOME.

Together, these initiatives are connecting the continuum of care to assure timely access to vital patient information – from any place at any time – to further enhance care for patients in our region.

St. Joseph's mandate as an academic health sciences centre

St. Joseph's Health Care London's role as an academic health sciences centre has four components that are interwoven through each and every aspect of the care we provide:

- to model excellent, compassionate care;
- to teach the next generation of physicians and other health care professionals;
- to conduct research;
- to provide leadership and further health system thinking.

ST. JOSEPH'S WILL CONTINUE TO PLAY A VERY ACTIVE, LEADERSHIP ROLE IN DEVELOPING AND SUPPORTING TEACHING PROGRAMS FOR THE PREPARATION OF HEALTH CARE PROFESSIONALS FOR THE 21ST CENTURY. ANNUALLY, ST. JOSEPH'S PROVIDES PLACEMENTS FOR MORE THAN 1,000 MEDICAL TRAINEES, 1,100 NURSING STUDENTS AND 200 ALLIED HEALTH STUDENTS FROM 50 EDUCATIONAL INSTITUTIONS.



UWO Physiotherapy student Stella Agelakos cares for complex care patient, Bob Armstrong. Bob has been a patient at Parkwood Hospital for more than one year. Bob was released from Parkwood Hospital a few hours after this photo was taken.

Ivey Eye Institute grows at St. Joseph's Hospital

The Ivey Eye Institute at St. Joseph's Hospital was formed in 2001 through the consolidation of the Ivey Institute of Ophthalmology and the eye clinics at St. Joseph's Hospital and London Health Sciences Centre.

Since consolidating at St. Joseph's, the Ivey Eye Institute has grown considerably. In the 2001/02 fiscal year fewer than 66,500 patients were seen, this number grew to more than 83,200 in the 2004/05 fiscal year. Of this, 71,772 are outpatient procedures and 11,510 are surgery related. This is approximately a 25 per cent increase in just four short years.

As the institute continues to flourish, the St. Joseph's Health Care Foundation will play a key role in fundraising for its growth. One of the major priorities for the foundation will be fundraising to support the capital needs related to the renovations of the hospital and the equipment needs of the institute as it consolidates all of its services at St. Joseph's Hospital.

ONE OF THE MOST SIGNIFICANT PROJECTS FOR THE IVEY EYE INSTITUTE IS TO FUND NEW EXAM LANES. IN TOTAL THERE WILL BE 53 EXAM LANES WITHIN THE INSTITUTE, AND THE FOUNDATION HAS COMMITTED TO SECURING THE FUNDING FOR 24 NEW LANES. THE COST OF EACH LANE IS ESTIMATED AT \$45,000.



An exam lane, while simple in nature, is the most critical element to the institute. An exam lane houses all the essential diagnostic tools of the trade required, enabling ophthalmologists to perform complete examinations.

Eyesight is precious, and medical attention is essential when the eye itself is damaged or when disease affects it. Managing eye care disease or disorder is an important part of the work done at the Ivey Eye Institute. As the main referral centre for eye disease in Western Ontario the institute is committed to excellence in patient care, education and research.

Our financial snapshot

RESTRUCTURING: MOVING FORWARD WITH FURTHER INVESTMENT

After several years of uncertainty, we were pleased to receive government support toward acute care restructuring expenses to enable capital redevelopment; particularly as St. Joseph's and London Health Sciences Centre have initiated the long-awaited milestone 1 program transfers, including emergency and critical care services. The \$4.9 million received from the government at the end of the year to support acute care restructuring paid for all but \$0.8 million in expenses actually incurred by St. Joseph's, the latter of which was borne by the organization.

With respect to capital redevelopment, we plan to invest approximately \$26 million in 2005-2006 to complete the G.A. Huot Surgical Centre and The Diagnostic Imaging Centre, and to support the next phases of acute care restructuring by beginning the extensive renovations required in existing facilities at St. Joseph's Hospital. We hope that the province will continue to support the completion of the transformation of the acute care hospital system in London.

MENTAL HEALTH: IMPROVING CARE AND EFFICIENCIES

The Ministry of Health and Long-Term Care (the Ministry) is sponsoring an independent review of specialized mental health care funding across the province in an effort to determine the appropriate funding levels for the future. St. Joseph's is participating in this process and will be advocating for system resources that recognize specialized rehabilitation models in mental health care, academic teaching and research support to advance practice across the province.

We continue to protect the full amount of the annual funding envelope provided for mental health care, and have retained an accumulation of \$23 million from prior years' surpluses. These funds are restricted for investment in mental health care restructuring, including future facilities planned in London and St. Thomas/Elgin. At this juncture, the master plans for new mental health facilities have been with the Ministry for two years so we are anticipating a timely resolution.

A surplus from mental health care operations of \$3.9 million has contributed to our bottom line and continues to be primarily related to ongoing staff vacancies. Recruitment efforts continue despite the national shortage of psychiatrists and other related disciplines. As well, St. Joseph's continues to sustain patient care levels while improving systems and practice in its role as a provider of more specialized mental health care. These improvements are both strengthening care models and achieving operating efficiencies.

Message from Dawn Butler – Treasurer, Board of Directors

We began the 2004-2005 fiscal year with a large potential operating deficit based on unmet funding levels from the previous year and new cost increases. We have been able to conclude the year with a modest surplus of \$0.8 million. This decline, compared to St. Joseph's year-end surplus of \$17.6 million in 2003-2004, illustrates the ongoing financial challenges that hospitals across the province face. Public hospitals struggle to continue to invest in the system, and at the same time, address increasing demands for care.



This year's positive result is due to several important factors. First, while the organization was able to avoid reductions in patient care, there were service plans that were not pursued in light of funding constraints. Once again, leaders, physicians and staff members worked diligently to manage costs - a tremendous feat given the continuing demand for service, coupled with inflationary and other costs that continue to outmatch provincial funding levels.

As well, St. Joseph's received a total of \$6.7 million in one-time provincial funding at the end of the year to help largely with acute care restructuring costs and the deficit in long-term care. These announcements were welcomed news, however, the ongoing trend of providing hospitals with one-time year-end funding does little to help with service planning and the longer-term sustainability of our health system.

The year-end surplus position also includes investment income of \$4.2 million, down by \$4.4 million from 2003-2004. We liquidated investments to support the rebuilding of hospital facilities and to invest in new medical equipment.

We will persist in our efforts to integrate and share services - areas in which London hospitals are recognized provincial leaders. As well, we continue to stretch our capacity to complete hospital restructuring and renewal and, at the same time, sustain care delivery.

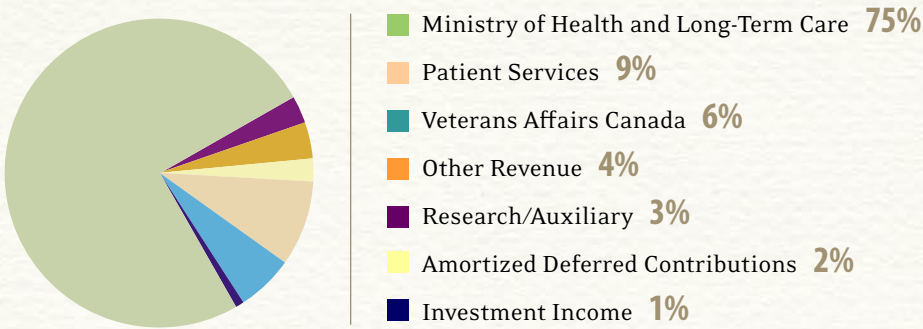
Despite the ongoing concerns, St. Joseph's has met the financial challenges, managed through another year of uncertainty, and has continued to respond to its changing roles. Our partners, volunteers, trustees, leaders, physicians and staff members make this complex journey possible. Our focus on those we serve makes this journey essential.

A handwritten signature in dark ink, appearing to read 'D. Butler', written in a cursive style.

Dawn Butler
Treasurer, Board of Directors
St. Joseph's Health Care, London

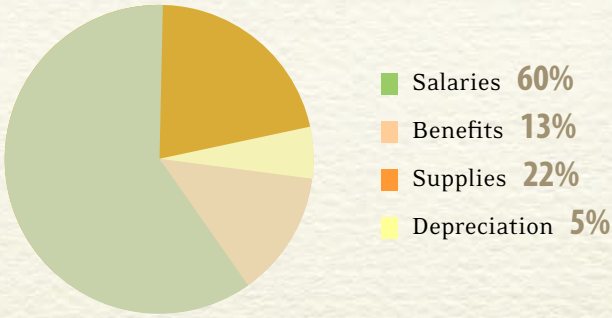
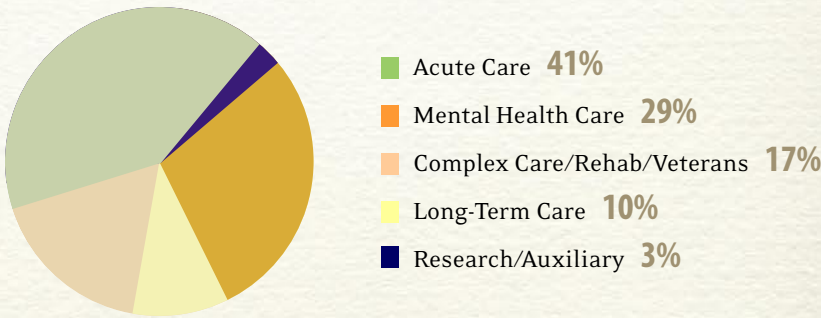
Where our money comes from to operate the organization

Government remains our chief source of funding with a combined 81 per cent from the province and Veterans Affairs Canada. The majority of this funding is global in nature, meaning it is not tied to volume of service or demand for service. In 2005, we began to see increased funding to help manage the growth in wait times for care. We expect to see more of this funding in 2005-2006.



How our money is spent

The diagrams show how our resources are spent by our major programs and expense types. Salaries and benefits make up 73 per cent of our operating costs and this is consistent with prior years. Supplies are 22 per cent of our expenses, and depreciation is 5 per cent. The acute care share of expenses will decline in 2006 with the transfer of more inpatient acute care services.



St. Joseph’s Health Care, London

St. Joseph’s maintains a healthy balance sheet, with a working capital ratio of 1.1:1 unlike many other hospitals in the province. In fact, St. Joseph’s has set aside significant reserves to help cover its share of our capital redevelopment costs, over and above the Ministry contribution. Recent guidelines (2004) regarding the classification of debt with demand provisions mandates us to show \$2.5 million in unsecured banker’s acceptances under current liabilities, previously reported as long-term debt.

CONDENSED STATEMENT OF FINANCIAL POSITION		
March 31, 2005, with comparative figures for March 31, 2004		
	2005	2004
	(000s)	
Assets		
Current assets	\$ 84,407	69,903
Restricted investments	143,692	156,195
Capital assets and Other	207,445	186,334
	435,544	412,432
Liabilities, Deferred Contributions & Net Assets		
Current liabilities	77,812	61,860
Long-term liabilities and deferred contributions	165,216	158,896
Net assets	192,516	191,676
	\$ 435,544	412,432

CONDENSED STATEMENT OF CASH FLOWS		
Year ended March 31, 2005, with comparative figures for March 31, 2004		
	2005	2004
	(000s)	
Cash provided by (used for)		
Operating activities	\$ 20,369	32,295
Financing activities	15,776	17,243
Investing activities	(27,717)	(41,902)
Net increase in cash	8,428	7,636
Cash and short term investments, beginning of year	42,459	34,823
Cash and short term investments, end of year	\$ 50,887	42,459

Operating cost pressures continue unabated, from wage increases driven by collective agreements to compliance with legislated mandates imposed by Government. The \$0.8 million net year-end surplus reflected in our financial statements masks the financial problems in our non-mental health care business lines. Included in the surplus is \$4.2 million of investment income; a \$2.5 million net loss from operations including a non-recurring surplus in our mental health care operations of \$3.9 million.

CONDENSED STATEMENT OF OPERATIONS		
Year ended March 31, 2005, with comparative figures for March 31, 2004		
	2005	2004
	(000s)	
Revenues		
Ministry of Health and Long-Term Care	\$ 316,318	318,675
Other	101,476	94,251
	417,794	412,926
Expenses		
Salaries and benefits	306,236	295,595
Other	114,086	104,723
	420,322	400,318
Excess (shortfall) of revenues over expenses from operations	(2,528)	12,608
Net restructuring expenses	(821)	(3,642)
Investment income	4,189	8,636
Excess of revenues over expenses	\$ 840	17,602

For a complete set of audited financial statements including notes, call Cathy Brooks at 646-6100, extension 65721.

Capital investment supports system change

Capital investment and one-time expenditures to support system change form the foundation on which hospitals can sustain and improve care, teaching and research. St. Joseph’s balance sheet remains healthy, with positive working capital and a current ratio of 1.1:1. Deferred contributions related to capital assets were \$14.3 million, including \$7.1 million from the Ministry for diagnostic and medical equipment. This year, thanks to our capital investments, community fundraising support and government grants, St. Joseph’s invested a total of \$40 million in new facilities, equipment and technology, \$22 million from restricted reserves and \$18 million from external grants.

Of particular note is the ongoing construction of the G.A. Huot Surgical Centre and The Diagnostic Imaging Centre at St. Joseph’s Hospital. These facilities are slated to open in the Spring of 2006, and will be greatly enhanced by the investments made this year in minimally invasive surgery with the purchase of the da Vinci surgical robot and St. Joseph’s adoption of digital imaging technology.

Cost increases continue to outstrip funding levels

This year’s total revenue of \$418 million includes inflationary and other program funding increases - an amount that has declined primarily due to the transfer of acute care programs and accompanying resources from St. Joseph’s to London Health Sciences Centre. Of the total revenues, the Ministry provides \$316 million. Veterans Affairs Canada continues to support the care of veterans at Parkwood Hospital with this year’s funding envelope totalling \$25 million.

The year ended with a combined deficit of \$6.5 million in acute/ambulatory care programs at St. Joseph’s Hospital; the complex care and rehabilitation programs at Parkwood Hospital; and the long-term care programs at Mount Hope. Government funding levels in these areas are not keeping pace with inflationary costs. This issue remains unresolved as we face the province’s balanced budget mandate by March 31, 2007.

EVEN THOUGH BASE OPERATING RESOURCES CONTINUE TO DECLINE IN THE FACE OF RISING COSTS, WE WERE ABLE TO INCREASE PATIENT VOLUMES IN DIAGNOSTIC IMAGING AND CATARACT SURGERY THANKS TO THE PROVINCE’S EFFORTS TO REDUCE WAIT TIMES IN SELECT AREAS.

Once again, we have started a new fiscal year with continued uncertainty about hospital funding levels. If the current funding levels remain unchanged, the London hospitals may be faced with implementing patient care reductions, given the extent to which we have already integrated and reduced support and administrative costs to achieve efficiencies. St. Joseph’s and London Health Sciences Centre will strive to keep our community informed of any new developments as we prepare budgets once the Ministry confirms funding levels for 2005-2006.



For additional copies of the report, salary disclosure information or other information, please call Communication & Public Affairs at 646-6034.

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