



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: December 18, 2013

Although the board does not meet this month, I am providing you with a full report for your reading pleasure, perhaps by the fire with your beverage of choice.

At this very special time of year, I am proud to hear of the many initiatives undertaken by staff who have made charitable giving a team activity, from giving blood, to collecting toys or sponsoring families in need, to volunteering at St. Joseph Hospitality Centre, to raising money for various causes and organizations. I am touched by and applaud the giving spirit that is evident across our organization.

It's also heartwarming to see the Christmas spirit extend to our own patients, residents and families for whom the holiday season may be challenging. Through the generosity of volunteers at WOTCH, our patients at Regional Mental Health Care London will receive Christmas stockings. Through the generosity of the community, funds are being raised through the Season of Celebration, which benefits patients and residents across the organization.

As we reflect on this season of giving there is much to be thankful for as we live in a privileged country where there is peace and freedom to celebrate this season in whatever way is most meaningful to each of us.

At this time, I would like to wish you a very Merry Christmas and thank you for your commitment, time and the talents you bring to St. Joseph's as board members throughout the year. Your contributions are invaluable in our efforts to earn complete confidence in care and make a lasting difference in the quest to live fully. We are most fortunate to have such skilled, caring and giving individuals as part of the St. Joseph's family.

Personally I would like to thank you for the support and encouragement you give to me in my role and to the other members of the Senior Leadership Team.

May your holidays be joyful and the New Year one of peace and good health.

Should you have questions regarding any items in this report, please email me directly at gillian.kernaghan@sjhc.london.on.ca.

Strategic Plan Update

Influenza vaccination program – an update

On November 28, 2013 the Middlesex-London Health Unit received confirmation of the community's first locally-acquired case of influenza A, which indicated influenza was starting to circulate in the community. With this first confirmation, an email was sent to staff to inform them about the potential for influenza to soon be declared as circulating in our community and that they should prepare to comply with requirements of St. Joseph's new Influenza Vaccination for Staff policy. Then on December 19, circulation of influenza in London, St. Thomas and surrounding area was officially declared. At this time, all non-vaccinated staff, physicians and visitors must wear a mask when within two metres of patients. This includes wearing a mask in common areas such as cafeterias, entrances, hallways etc.

The combined staff/physician influenza vaccination rate is currently 70.1 per cent (rate as of December 13). The staff only rate is 69.5 per cent, the physician rate 80.8 per cent. Policy grievances were heard by the Ontario Nurses' Association (ONA) and OPSEU and both were denied as our policies are not in contravention of the respective collective agreements.

Please see the Environmental Scan and St. Joseph's in the News for reports on a campaign launched by the ONA calling for an end to the "stigmatization" of nurses who choose not to be vaccinated. Dr. Christopher Mackie, Medical Officer of Health, Middlesex-London Health Unit, and Dr. Michael John, Medical Director, Infection Prevention and Control, St. Joseph's and London Health Sciences Centre, have commented on this campaign to media.

Safety Initiatives

Violent Behaviour Alert

To enhance staff safety and prevent violence in the workplace, a new electronic, clinical communication tool – the Violent Behaviour Alert – was launched December 12. The alert assists staff in communicating when a patient has demonstrated violent behaviour or has a history of violent behaviour. All regulated health professionals must now document patients who demonstrate violent behavior as defined in the Occupational Health and Safety Act by posting the alert in the electronic patient record. This is done in addition to previously established methods of documenting and communicating this behavior.

The tool was developed in response to recent amendments of the Act under Bill 168. It also strengthens our ability to comply with St. Joseph's Standards for Relationships policy. According to the policy, staff must be provided notice if they are at risk of workplace violence or injury from a patient they may provide care for or may encounter during their work day.

Overall, the development of the alert demonstrates an ongoing commitment by St. Joseph's to workplace safety for staff and patients.

Searching of a patient

A search of a patient and/or their belongings may be necessary to ensure the safety of our patients, staff and visitors. A new corporate policy [Searching of a Patient and/or Their Belongings](#) is now in effect to provide clarity on when, where and why a search may be conducted, and by whom. The policy also outlines the process for obtaining consent of the patient or substitute decision maker and what to do in the event consent cannot be obtained.

This new policy is meant to familiarize staff with current procedures already in place at St. Joseph's and does not change existing processes or staff duties.

New patient safety tool

A new patient safety tool is being piloted in the Roth McFarlane Hand and Upper Limb Centre. The Procedural Ambulatory Safety Checklist (PASC) is similar to the Surgical Safety Checklist and guides physicians and staff through a communication process that includes a "pause" to ensure patient safety prior to commencing a procedure in an ambulatory clinic. The intention is to systematically and efficiently ensure that all conditions are optimum for patient safety.

With more procedures moving from the operating room to ambulatory clinics, the need for such a tool has become increasingly apparent. To date, few hospitals have a formalized process for the ambulatory clinic setting.

The PASC process will be monitored and audited, and feedback will be gathered from physicians, nurses and patients. Coordinator Lynn Stewart has worked collaboratively with London Health Sciences Centre to define the types of procedures where the PASC would be merited.

Quality and Service Excellence

Diabetes Education Centre 40th anniversary celebration

It was a full house in the Shuttleworth Auditorium on November 14, 2013 – World Diabetes Day – for the 40th anniversary celebration of the Diabetes Education Centre (DEC). Among highlights of the event was the keynote address by Dr. Wilson Rodger, co-founder of the DEC, and presentation of the annual Half Century Diabetes Awards to select patients who have lived with insulin- dependent diabetes for 50 years or more. This year included the distribution of special medals made possible by a grant from Sanofi Canada and designed by a St. Joseph's diabetes patient. Ten patients were recipients of the 2013 Half Century Diabetes Awards and an additional 26 past recipients were on hand to receive the medal, which is being made available to all past recipients. Following the formal presentation, the event continued in the DEC where staff had worked for months to prepare a display of diabetes artifacts as well as a timeline that stretched along the main hallway in the DEC. To complement this work, a [DEC history website](#) was launched that includes historical information as well as patient and staff stories. Overall, much work went into this event. The historical artifacts remain on display in the DEC.

Southwest Centre - neighbourhood communication

In early December a second *Neighbour Link* newsletter was sent to 400 neighbours surrounding Southwest Centre for Forensic Mental Health Care, individuals who have called with questions or concerns, and municipal and provincial offices. The [newsletter](#) focuses mainly on actions taken after the community meeting held on October 15, 2013, which was reported last month. Along with the newsletter, copies of the winter 2013 issue of *Vim & Vigour* were also sent. The issue includes a feature on the stigma of mental illness and the meaning of the term 'not criminally responsible.'

Lights, camera, action

A third, live internal television channel – channel 78 – has been established at Parkwood Hospital, which is being used to broadcast music and special events for veterans/residents from the Western Counties Wing (WCW) Auditorium. Already in place were:

- Channel 76 for main Parkwood Hospital Auditorium musical events, mass, Remembrance Day service, and other activities.
- Channel 88 for Sunday service and funerals conducted in the Chapel of Good Shepherd.

Channel 78 will be used for viewing daily live music in the WCW pub and other activities. It went live in early December.

Patient feedback at the push of a button

A new patient feedback device at St. Joseph's Hospital is making it easy and quick for patients to comment on their care experience, bolstering efforts to turn information into action. A wall-mounted kiosk has been installed in the Norton and Lucille Wolf Breast Care Centre that allows patients to punch in answers to five questions tailored to St. Joseph's breast care patients. The device is the first of its kind at St. Joseph's and the third one in the city. It's also being piloted in the CT/MRI area at Victoria Hospital and the ultrasound area at University Hospital.

With the electronic feedback mechanism reports can be generated weekly or monthly to review performance and discuss strengths and areas for improvement. It can also show performance over time to identify trends. The patients' responses, which are anonymous, can also be studied by day and time to allow staff to pinpoint exactly when things went wrong and if there are any patterns. For example, issues could perhaps be linked to staff scheduling, patient volumes, or staff transition times at various points in the day.

The device, which is a diagnostic imaging initiative, will be tested for eight to 12 months. If found to be popular with patients and beneficial to staff and leaders, additional units will be purchased for other diagnostic imaging areas at St. Joseph's. The device can be easily removed from the mount and a new faceplate put on with a new set of questions depending on the patient population.

Urgent Care Centre – inappropriate referrals

In November 2013, the number of patients coming to St. Joseph's Urgent Care Centre (UCC) who should actually be seen in the Emergency Department continued to rise.

Emergency patients are graded in levels according to the national Canadian Triage and Acuity Scale (CTAS) with CTAS level 1 representing the sickest patients and level 5 the least ill group of patients. The Urgent Care Centre is designed to see patients designated CTAS level 3-5 but the November average of CTAS level 2 cases was 5.5 per cent. Discussions have been held with the site chief and staff to determine how to reduce the number of acute patients coming to the UCC. One strategy is to follow up with family physicians regarding inappropriate referrals to the UCC and this is currently underway.

It's believed that the issue is a ripple effect of the long wait times in the Emergency Department. We will continue to ensure patient safety is the priority with appropriate staff training and staffing levels.

Late Career Nurse Initiative – an update

The objective of Ontario's Late Career Nurse Initiative (LCNI) is to assist organizations with retention of late career nurses (LCNs) by recognizing LCNs as an asset and an integral component to quality care. Organizations employing registered nurses, nurse practitioners and registered practical nurses who are 55 and older and providing direct patient care are eligible to apply for funding. The funding remunerates organizations for salary replacement dollars, thereby allowing LCNs to participate in less physically demanding roles for 20 per cent of their

time for a minimum of 10 weeks and a maximum of 16 weeks in a fiscal year. LCNs benefit from the opportunity to engage in nursing-related activities that use their extensive knowledge and skills in roles that are less strenuous.

St. Joseph's has received funding for the 2013-2014 LCNI for six projects. These projects are:

- Evidence-based care tools refresh project within Specialized Geriatric Services.
- Developing guidelines for quality and safe nursing practice, staffing and workload practices in the Roth McFarlane Hand and Upper Limb Centre.
- Enhancing the St. Joseph's preceptor, coaching and mentoring resources and sustainment strategies with Organizational Development and Learning Services.
- Improving documentation quality and standards related to the transition to electronic documentation in long-term care.
- Preparing for the implementation of e-Mar in long term care in early 2014.
- Discharge phone calls and follow-up of St. Joseph's surgical inpatients.

Motivational interviewing – workshops

At the Southwest Centre for Forensic Mental Health, 86 clinical Forensic Psychiatry Program staff recently attended one of eight, half-day workshops on “motivational interviewing” provided by Dr. Heather Flett from the Centre for Addiction and Mental Health. The sessions aimed at enhancing patient-centered counseling skills, which can significantly influence how health care providers collaborate with patients and affect behaviour change across a range of health-related issues. Motivational interviewing is a goal-oriented counseling style for eliciting behavior change by helping patients explore and resolve ambivalence.

The sessions received excellent reviews from staff and will provide a foundation for ongoing capacity building in the recovery model of care.

Tops in acute care patient satisfaction

Once again, patient satisfaction results for overall care in the acute inpatient unit at St. Joseph's Hospital (B6) have been ranked the highest among Ontario's teaching hospitals. This is the second year for these outstanding results, which were released by NRC Picker Canada in its second annual report *Patient Ratings of Overall Satisfaction and Likelihood to Recommend for Ontario Hospitals*. A special video thank you on behalf of Quality Council was shared with B6 staff, who also received a standing ovation by all directors and coordinators during an OpNet meeting. The team was able to see the standing ovation by videoconference.

Improving access to acquired brain injury rehabilitation

A new outpatient group has been formed at Parkwood Hospital to help improve access to acquired brain injury rehabilitation. The BrainEx 90 group began in November 2013 as part of an effort by the outpatient acquired brain injury team to move toward a group model of service delivery. The goal of this strategy is to improve efficiency so that the team can see more patients in a timely way to address the extensive waiting list for patients with mild traumatic brain injuries (concussions). Two BrainEx 90 groups will run twice a week for eight weeks and one group will run once per week for 16 weeks to accommodate patients that have difficulty attending twice a week. The plan is to run three groups each week, which means 24 patients will be accommodated weekly. With BrainEx 90, eight patients are seen by two clinicians (one occupational therapist and one physiotherapist) for 90 minutes with assistance from Health Science students, as part of a new practicum experience, and former patients who are volunteering to assist in facilitating the group. The name of the group refers to the 90 minutes or brain exercises that patients are doing during the sessions.

People Initiatives

Realignment of employee representation groups

St. Joseph's has made an application to the Ontario Labour Review Board to seek realignment and simplification of its employee representation groups. This application comes as St. Joseph's nears its final steps in what will be more than 18 years of hospital mergers, program transfers and renewal efforts. The organization is finally reaching its planned size and roles at the end of 2014, and it's time for its employee representation structures or bargaining groups to align with the organization we are today. In making this application, St. Joseph's hopes to achieve key outcomes for employees and the organization.

This realignment application will affect most St. Joseph's employees. St. Joseph's is committed to ensuring employees are informed about this step and their options. An [intranet site](#) has been established to provide information and an opportunity to submit questions. The questions, and the answers, are posted weekly on the site for all staff to read, helping to provide complete transparency around this initiative.

Remembering colleagues

Every year in November at St. Joseph's, we remember colleagues and volunteers who passed away in the previous 12 months by posting their names on the Spiritual Care intranet site. The memorial webpage can be found [here](#).

Travelling coffee break

The Forensic Psychiatry Program's longstanding tradition of "travelling coffee breaks" for staff took a surprising turn in December when Honeywell requested an opportunity to host. In the basement of the Southwest Centre for Forensic Mental Health Care, staff from across the program enjoyed a selection of baked goodies and coffee courtesy of the Honeywell team. The monthly drop-in coffee breaks were initially a means for staff to connect with colleagues they rarely saw but evolved into a significant way to boost morale and foster positive relationships all around. Each month, the units and departments rotate hosting the coffee break. The coffee break hosted by Honeywell, which views its relationship with staff as very positive, reinforced that everyone in the building is one big team.

Budget Initiatives

Difficult decisions

Budget pressures anticipated for next year have been communicated to the organization. These are challenging times for hospital budgets. With difficult choices to be made, we are working diligently to minimize the impact on patient care. The proposed budget will come to the board in January.

Legislation

New health laws boosting hospital legal bills

St. Joseph's and London Health Sciences Centre were among 15 Ontario teaching hospitals included in a review by the Law Times looking at hospital spending on legal services. It found that, as the provincial government continues to introduce a range of new health laws, hospitals are spending big money on legal services as they seek to understand the rules.

According to information gathered through a series of freedom of information requests, the hospitals collectively paid more than \$40 million to lawyers from 2007-2012, a period that saw a wave of new statutes introduced in the health sector. Those statutes include the Freedom of Information and Protection of Privacy Act, Excellent Care for All Act, Broader Public Sector Accountability Act, and numerous changes to other regulations.

Alan Belaiche, former general counsel for St. Michael's Hospital, says the demand for lawyers comes from increased calls for accountability from Ontario's hospitals. "There is no question that there are increased and increasing public expectations around accountability and transparency," he says. "With these pieces of legislation, which are fairly significant and broad, the demands on legal counsel became unprecedented."

The full Law Times article, which includes a listing of top billing lawyers or law firms serving the 15 hospitals from 2007-2012 and the amount spent, is available [here](#).

Collaboration and Integration

Helping young adults return to school

Speech-language pathologist Penny Welch-West at Parkwood Hospital is working with Shannon Hunter, occupational therapist with Services for Students with Disabilities at Western University, to help ensure Parkwood patients in the "Return to School (RTS) Group Program" transition successfully to university. Shannon will be the primary contact person between Parkwood and Western and is working to fully understand the RTS program, which teaches young adults with brain injuries the strategies they need to resume their studies while coping with their injury. The goal is for Western to help implement or reinforce the recommendations and treatments needed by the students. This relationship enhances the experience for Parkwood patients as they transition from the Return to School Group back into the classroom.

Inspiring courage, strength peace and hope

Powerful images and messages displayed on colourful panels have been installed in the Norton and Lucille Wolf Breast Care Centre. Empowering patients with messages of courage, strength, peace and hope, the artwork appears like stained glass where patients wait for their tests. They were created by four artists – cancer survivors, a caregiver and someone living with cancer – wanting to inspire those just starting out on the cancer journey. All were participants in the art therapy program of Wellspring London and Region, which partnered with St. Joseph's to create the collection.

Wellspring, which offers a wide range of cancer support programs and services, and St. Joseph's have enjoyed a long-time partnership to meet the needs of people facing cancer. The artwork is the second set of panels created by Wellspring art therapy participants. The first set was initially installed in the Diagnostic Imaging Centre then moved to the Breast Care Centre when it opened in 2012.

The new pieces were officially dedicated in a ceremony on December 4. St. Joseph's is grateful for the generosity of spirit and inspiration provided by the Wellspring artists. A story, photos and video are available [here](#).

iPads in a clinical setting

Speech language pathologist Crystal Branco at Parkwood Hospital has been in demand in Northern Ontario for her presentation on "Using iPads in a Clinical Setting". Crystal initially

presented in North Bay in May 2013 and was asked for a repeat the presentation to allow more people to gain access to the information. Using the Ontario Telemedicine Network, she recently presented to the Northeastern Ontario Stroke Network, which was attended by allied health care professionals, physicians and members of privacy and information technology departments. As a result of the presentation, the information technology team at Health Sciences North in Sudbury met with clinicians to initiate the implementation of iPads into therapy at that facility.

Shaping stroke care in Ontario

David Ure, Coordinator, and Karen Sutherland, registered nurse, with the Community Stroke Rehabilitation Team have been appointed to Health Quality Ontario's Expert Advisory Panel on Post-Acute, Community-Based Care for Stroke Patients. Meetings will be held to provide advice to Health Quality Ontario through all phases of the evidence review process and contextualizing the evidence for the province.

Sharing knowledge

Teams at Parkwood Hospital recently hosted visits from two Ontario health care organizations wanting to learn about models of care and organizational structures:

- Leaders from Chatham-Kent Health Alliance toured the inpatient Acquired Brain Injury Rehabilitation Unit and the Neurobehavioural Rehabilitation Centre to discuss strategies to care for patients exhibiting behavioural issues secondary to acquired brain injury.
- The administrative director and social worker of Specialized Geriatric Services for Northeastern Ontario came to learn about the structures and outcome measures of Specialized Geriatric Services at Parkwood. The social worker shadowed the social worker on Parkwood's outreach interdisciplinary team.

Learning after brain injury

As part of a CTV London series on adult learning, speech language therapist Penny Welch-West and occupational therapist Becky Moran with Parkwood Hospital's Acquired Brain Injury Rehabilitation Program provided insight on learning after brain injury. The interview also featured a patient with an acquired brain injury resulting from meningitis and the ways therapists are helping her cope with the challenges this brings, including learning to care for her six month old baby. The CTV London piece is available [here](#).

Partners for Life – an update

As part of St. Joseph's Partners for Life Program in partnership with Canadian Blood Services (CBS), much-needed blood donation is being encouraged over the holiday season. Opportunities to make blood donation a team activity are being promoted to staff. For example, on November 27, 2013, a CBS 'LifeBus' came to Parkwood Hospital to transport a group of staff to a blood donor clinic. Also, arrangements were made for CBS to hand out cookies in December to staff at three of our main sites to promote donation. Why cookies? Because if you like cookies you get to eat more when you donate blood at mobile clinics or the CBS headquarters. Through Partners for Life, St. Joseph's has set a goal of 300 units of blood for 2013. As of December 1, we are at 253 units.

Creating a better system

On November 25, 2013 about 80 regional health care stakeholders from a wide variety of sectors gathered for the London Partnering in Health Care Transformation/Health Links event. Held as a collaborative exercise, the day provided a forum to discuss the effectiveness of the health care system and better ways to serve patients in the London region at this time of rising health care costs. Attending from St. Joseph's were members of the Medicine Services Chronic Disease Management Planning Team.

The event was part of an increased focus on partnership driven by: the London Health Sciences Centre's Partnering in Transformation initiative; the integrated chronic disease management component of St. Joseph's strategic plan; and the impending launch of London Health Link led by the Thames Valley Family Health Team.

The morning featured a patient testimonial by Nicky Kourtelessi, a St. Joseph's patient who shared her struggles with mental illness and talked about her experiences with the local legal and health care systems. Her story put a human face on data presented, which included the following key statistics:

- 5 per cent of the population accounts for 66 per cent of health care costs.
- 75 per cent of complex patients see six or more physicians, with 25 per cent of those seeing more than 16.
- In 2010/2011, one per cent of the Ontario population was responsible for 33 per cent of health care costs, and 10 per cent of the population was responsible for 77 per cent of health care costs.
- On average in 2011, the top 20 per cent of users had a median spend of \$3,700 compared to \$436 for the total population.

Most of the day was dedicated to a series of rotating workshops, where participants combined their specialties to identify high-needs users, their barriers to care, and to brainstorm ways to create a better care path for them. By the end of the day, ten case studies had been prepared, providing a foundation for further discussion on creating a system that can accommodate patients who use the most resources. Participants recommended coordinating care for many of the patients through a system navigator, and sharing information with electronic medical records and other tools. Over the next few months, information gathered at the event will be compiled and used to inform strategic planning for hospitals, care providers and health organizations, including the London Health Link.

Impressive results

The Ministry of Government Services (MGS) is a branch of the Ontario government that houses the Supply Chain Secretariat. The Supply Chain Secretariat supports the adoption of leading supply chain and back office practices among the province's broader public sector. The MGS is developing collaborative procurement participation targets specific to the hospital sector with plans for implementing measurement, tracking and monitoring in 2015. Collaborative procurement refers to the purchase of goods and services for multiple independent organizations through a 'collaborative procurement organization'. Healthcare Materials Management Services (HMMS) is one of nine collaborative procurement organizations in the province known as shared service organizations (SSO). For 2011-2013, HMMS was the SSO with the highest per cent collaborative spend (82 per cent) of all the SSOs. The total average per cent spend via SSOs was 35 per cent in the health sector.

Collaborative strategies reduce costs

Toby O'Hara, General Manager, Healthcare Materials Management Services (HMMS), which serves hospitals across the region, met personally with each HMMS affiliate in November to confirm their service fees for 2014-2015. In almost every case, the affiliates have responded well to the variable pricing model and through collaborative strategies with HMMS over the past few years have reduced the number of warehouse transactions while maintaining the volume of goods. This will result in a fee reduction for eight of the 10 affiliates in 2014-2015.

The variable pricing model, which was implemented in 2012, calculates the service fee for each HMMS affiliate according to the actual utilization of each HMMS department. It reflects the level of work activity provided by HMMS for purchasing, inventory management/logistics and accounts payable.

Easing fear, dispelling myths

In the South West region, more than 20 per cent of patients who are referred by their primary care provider for a colonoscopy are not following through. While there may be many contributing factors, fear of colonoscopy is one factor preventing patients from undergoing the screening procedure.

The South West Regional Cancer Program, in collaboration with St. Joseph's, created a video to showcase what happens during the colonoscopy appointment. Filmed in a video blog format, the viewer accompanies the patient, Sandy Preston, as she arrives at the Endoscopy Clinic at St. Joseph's Hospital for her colonoscopy through to her departure a couple of hours later. The video is intended to help dispel myths about the colonoscopy procedure and ultimately, increase screening rates in the region. St. Joseph's staff participated in the video, which can be viewed [here](#).

Education and Research

Partnership targets diabetes prevention in rural and remote communities

On November 29, 2013, the Public Health Agency of Canada announced \$1,146,840 in funding over two years for a project to promote healthy living and type 2 diabetes prevention among adults and children over the age of 10 living in rural and remote regions of Ontario, Québec, British Columbia and the Northwest Territories. *Lifestyle Prescriptions and Supports to Reduce the Risk of Diabetes in Rural and Remote Communities* is a partnership between Lawson Health Research Institute, Dietitians of Canada, the HealthSteps Research Team (which includes 10 academic institutions), Sykes Assistance Services, and Dairy Farmers of Canada. The project will implement training for coaches to deliver in-person, telephone and online exercise and healthy eating support, and develop two mobile apps (HealthSteps and eaTracker) for use by participants and evaluated by project partners. The goal is to promote healthy lifestyles and behaviour change by combining hands-on exercise and nutrition program support with innovative uses of technology. A fact sheet on the project is available [here](#).

The overall lead investigator for the Lifestyle Prescriptions project is Lawson scientist Dr. Rob Petrella at the Aging, Rehabilitation and Geriatric Care Research Centre located at Parkwood Hospital.

The project is funded under the Public Health Agency of Canada's Integrated Strategy on Healthy Living and Chronic Disease.

CT imaging research receives nearly \$1 million in funding

On December 13, Minister of Health Deb Matthews visited Robarts Research Institute to celebrate the six London projects funded in the Ontario Research Fund (ORF) Competition this year. Among the research being funded is Dr. Ting-Yim Lee's imaging project entitled, "A Large Area Detector Dual Energy CT Scanner for Low Radiation Dose Functional Imaging Research in Oncology and Cardiology." Dr. Lee received \$961,524 to acquire the first large coverage CT scanner dedicated to the development of dual energy, low radiation dose CT scanning methods

to measure regional blood flow in whole organs. These methods can be used to predict and monitor response of cancers and heart attacks to treatment.

Six Minute Walk Test

Lawson Health Research Institute has opened a 'Six Minute Walk Test' (6MWT) track at University Hospital. The 6MWT is available to all Lawson researchers, staff, and students as a complimentary service through the Centre for Clinical Investigation and Therapeutics (CCIT) and Lawson. It is marked and set up as per the current American Thoracic Society guidelines and will be used for research requiring the objective evaluation of functional exercise capacity in various patient populations.

Unraveling dementia on a national scale

St. Joseph's geriatrician Dr. Michael Borrie at Parkwood Hospital is the clinical platform leader for a team of more than 300 researchers from across Canada that will recruit 1,600 people to participate in a Canada-wide dementia study. The study is the Canadian component of the Canadian Institutes of Health Research's International Collaborative Research Strategy for Alzheimer's Disease, which is facilitating Canada's participation in key international dementia research partnerships with 38 other countries.

Dr. Borrie will be coordinating the recruitment of the clinical cohorts for the Canadian Consortium on Neurodegeneration in Aging (CCNA), which is the hub for research on neurodegenerative diseases that affect cognition in aging, including Alzheimer's disease.

The [CCNA research](#) has three themes: preventing the disease from developing; delaying the clinical symptoms of the disease; and helping patients, caregivers, and the health care system enhance the quality of life for those with dementia.

Dr. Borrie is the Medical Director for the Aging Brain and Memory Clinic/Cognitive Clinical Trials Group at Parkwood and Program Director, Southwestern Ontario Regional Geriatric Program. He is also President of the Consortium of Canadian Centres for Clinical Cognitive Research.

Training the next generation of physicians

On November 7, 2013, Parkwood Hospital physiotherapist Darlene Vandesompele and occupational therapist Shannon Howson presented workshop sessions on non-pharmacological management of spasticity at the Resident Training Program in the Management of Spasticity. This program is a national educational initiative designed to enhance medical residents' experience with the treatment and management of spasticity. It's intended for Canadian physical medicine & rehabilitation residents and neurology residents in their final training years.

Darlene and Shannon were recognized by the organizers for their excellent workshop sessions, which focused on high-tech developments in neuro-prostheses and dynamic assist orthoses.

Sharing the latest in speech language pathology

In November 2013, speech language pathologists Stephanie Muir-Derbyshire and Connie Ferri with the Regional Rehabilitation Program at Parkwood Hospital presented their poster "Speech Language Pathology and Innovations in Technology: Use of Smartboard in Brain Injury Orientation Group Therapy" at the American Speech-Language-Hearing Association Convention in Chicago. With more than 12,000 attendees, the convention is the premier annual professional education event for speech-language pathologists, audiologists, and speech, language, and hearing scientists. The poster by Stephanie and Connie was well received.

Recognitions and Celebrations

President's Award for Leadership

Every year, St. Joseph's presents the President's Awards for Leadership to individuals who have made extraordinary efforts to advance the mission, culture and performance of the organization. Earlier this month, the 2013 recipients were honoured with the awards:

- **The Aspiring Leader Award** recipient is Colleen Hardy, registered nurse/resource nurse in the Veterans Care Program at Parkwood Hospital. This award recognizes an individual who has shown significant skill development, has recently risen to the challenges of a leadership role or activity, and has demonstrated outstanding leadership qualities and contributions to the organization.
- **The Leadership in Mission Award** recipient is Dr. Mohan Merchea, Medical Director and surgeon in the Cataract Suite at the Ivey Eye Institute and member of St. Joseph's Board of Directors. This award recognizes a St. Joseph's leader who has made extraordinary efforts to exemplify and advance St. Joseph's roles and values as a Catholic, academic and community-oriented health care provider.

Watch for a story on these two outstanding recipients in Imprint and Vim & Vigour. St. Joseph's congratulates Colleen and Dr. Merchea on this significant achievement.

Cataract Suite efficiency recognized

The Ministry of Health and Long Term Care is featuring stories showcasing Ontario hospitals that are successfully responding to health system funding reform. The work in our Cataract Suite at Joseph's Hospital was chosen to be highlighted. The story, entitled "Efficiently helping patients see clearly", showcases the work done in meeting our quality based funding for cataracts. Special thanks to Michelle Mahood, Director, Ambulatory Surgery, and ophthalmologist Dr. Mohan Merchea for their work on the article and their leadership in achieving the excellent results highlighted. The story can be found on the [Ministry of Health website](#).

Pitching in

With elevator challenges experienced November 17-18, 2013 at Mount Hope, staff and students pulled together to make sure residents got their meals on time by forming a human chain and passing the meals from person-to-person up the stairs at St. Mary's, from the kitchen to levels 1 through 5. Everyone available pitched in – nurses, Food and Nutrition Services, allied health care professionals, Environmental Services, Facilities Engineering, and nursing students. This was a tremendous show of commitment and caring.

St. Joseph's in the spotlight

Vital Smarts has featured St. Joseph's in a video showcasing the experience and success of Crucial Conversations training at St. Joseph's. The video, [Improving patient safety at St. Joseph's Health Care London](#), explains why St. Joseph's, as a Canadian Hospital, chose Crucial Conversations, how the training was implemented, and the results. The crew from Vital Smarts visited St. Joseph's Hospital in the summer to tape the piece.

Canada ranks poorly in diabetes, obesity

Canada ranks poorly when it comes to the number of cases of diabetes and adult obesity, according to a new international report released on November 20, 2013 by the Organization for Economic Co-operation and Development (OECD).

[Health at a Glance 2013](#) focuses on the slowing of health care spending following the global financial crisis. Members of the OECD include developed countries in Europe and North America, as well as Japan, Australia and New Zealand. "Cuts in spending on preventing obesity, harmful use of alcohol and tobacco consumption are cases of 'penny-wise, pound foolish' thinking," the report's editorial said.

According to the report, Canada had a higher prevalence of: diabetes among those aged 20 to 79; self-reported overweight boys; and self-reported obesity in adults. Canada did better than average on mortality from heart attacks and strokes, life expectancy at birth, smoking among 15-year-olds, and fruit and vegetable consumption.

[CBC News, November 20, 2013](#)

A survey uncovers grim numbers in London

London's drug users are sharing needles and catching hepatitis at alarming rates – data that could be ammo in the battle over whether the city should be home to Canada's second safe injection site.

In London's first survey of injection drug users, more than one in four said they'd lent a used needle in the past six months – 72 per cent higher than the national rate. Sharing needles can spread disease. The numbers were even grimmer for hepatitis, which has surpassed HIV as the No. 1 killer of injection drug users. Nearly four in five tested positive for hepatitis C while nationally the rate was two-thirds.

"(This survey) will help some people open their eyes and see we have a serious problem in London," said Dr. Christopher Mackie, London-Middlesex medical officer of health. Researchers interviewed 204 drug users at needle exchange sites, where participants are more safety-conscious and reluctant to admit they shared needles. "The true picture is probably worse than the results," Mackie said.

Safe injection sites are common in Europe, but Vancouver has the only one in North America – a site that led to a battle between the Harper government, which tried to yank the funding, and medical advocates, who won their case before the Supreme Court. Mackie has long advocated the public health benefits of such sites, especially when teamed with proper treatment and enforcement. Such a site will be among the roster of options he'll present to the health board in the New Year.

[London Free Press, November 20, 2013](#)

Top court backs Ontario's ban on pharmacy-brand generic drugs

The Supreme Court of Canada has upheld Ontario's right to bar pharmacy chains like Shoppers Drug Mart and Rexall/Pharma Plus from selling their own house-brand versions of popular generic drugs, dismissing an appeal filed by the companies earlier this year.

The question before the court was whether the province could prevent Shoppers and the Katz Group, which owns the Rexall/Pharma Plus chain, and other drug stores from selling their own generic drugs simply by introducing new regulations to that effect under current laws, which it did in 2010, or if it had to pass new laws.

On November 23, 2013 the court ruled that Ontario didn't overstep its powers by amending the laws governing how prescription drugs are sold in the province to make the changes it wanted and that the changes were consistent with the intended purpose of those laws – namely, reducing drug costs.

"The 2010 private-label regulations contribute to the legislative pursuit of transparent drug pricing," the court said in its [ruling](#). "They fit into this strategy by ensuring that pharmacies make money exclusively from providing professional health care services instead of sharing in the revenues of drug manufacturers by setting up their own private label subsidiaries. If pharmacies were permitted to create their own affiliated manufacturers whom they controlled, they would be directly involved in setting the [province-covered drug] prices and have strong incentives to keep those prices high."

So far, Ontario is the only province to ban the sale of private-label generic drugs.

[CBC News, November 22, 2013](#)

Percentage of seniors in Canada has doubled since 1960

According to a recent Statistics Canada report, Canada's senior citizen population has doubled since 1960, to 15.3 per cent from 7.6 per cent. Though there may be slight variations in metropolitan areas, a Western University researcher says the same demographic changes can be seen here in London.

"The differences aren't large," between the Forest City and Canada as a whole, says emeritus sociology professor Rod Beaujot.

The report also notes that as of July 1, 2013 there were 6,900 centenarians in Canada, 87.1 per cent of whom were women. As of the same date, Canada's median age was 40.2 years. By 2036 seniors will account for 23-25 per cent of the Canadian population, and by 2061 the figure will be 24-28 per cent, say demographers.

What this means is that, as the so-called baby boomers age, there will be fewer younger people in line after them to pay for their care, says Beaujot. "There's a kind of an intergenerational difficulty in that," he said. "As we're preparing for a society that will have more health costs, we should have been putting money aside for that."

[London Free Press, November 25, 2013](#)

Robotic surgical system under scrutiny

Intuitive Surgical, Inc., maker of the da Vinci Surgical System, is facing questions about their marketing practices and lawsuits alleging injuries. The company has also received attention from the US Food and Drug Administration (FDA) about reports of alleged adverse events. As of November 3, 2013 the FDA had received 3,697 reports this year involving the da Vinci system, up from 1,595 in 2012.

The FDA says the increase is partly the result of more physicians reporting but is still taking a closer look at how surgeons are using the system. In July 2013, it warned the company to correct alleged violations or face equipment seizures or fines after an April 2013 inspection report found the company had not adequately reported adverse events and product corrections.

On November 8, 2013 the FDA released the results of a survey of a small sample of surgeons about the safety and performance of the da Vinci system. Eleven surgeons responded and indicated that they thought robotic surgery benefitted patients in many ways, including reductions in bleeding, complications, recovery times, pain and lengths of hospital stay. But they also reported that "learning how to use the da Vinci Surgical System is the biggest challenge because of the device's complex user-interface."

St. Joseph's Health Care London is among 22 Canadian centres using the da Vinci. Canadian Surgical Technologies and Advanced Robotics (CSTAR) in London trains Canadian surgeons on the system.

[Canadian Medical Association Journal, November 26, 2013](#)

Canadian government and its partners invest in a cure for HIV

On November 28, 2013, Federal Minister of Health Rona Ambrose announced an investment of \$10.7 million over five years to support two new research teams focused on finding a cure for HIV infection. This investment includes:

- Dr. Eric Cohen at the Institut de Recherches Cliniques de Montréal will lead the Canadian HIV Cure Enterprise, a collaboration of leading Canadian HIV researchers aimed at finding new approaches to curing HIV infection.
- Dr. Hugo Soudeyans at the Centre Hospitalier Universitaire Sainte-Justine will lead a project focused on curing babies and children who acquire HIV from their mothers during pregnancy.

The projects are funded through the Canadian Initiative for HIV Cure Research, a partnership between the Canadian Institutes of Health Research, the Canadian Foundation for AIDS Research, and the International AIDS Society (IAS). The initiative is aligned with the priorities of *Towards an HIV Cure*, a global scientific strategy led by the IAS.

[Canadian Institutes of Health Research, November 28, 2013](#)

Neurofeedback shows promise as treatment for post-traumatic stress disorder

Pioneering research conducted at Western University points to a promising avenue for the treatment of post-traumatic stress disorder (PTSD) using neurofeedback training to alter the plasticity of brain networks linked to the condition. During neurofeedback, intentional control of one's own brain activity may be learned with what's called a brain-computer interface, which is able to represent graphically a person's real-time brain activation on a computer. This can be done noninvasively with brainwave activities. The computer monitor behaves like a virtual "mirror" to real electrical oscillations produced by neurons in the cortex. These are recorded by surface sensors on the scalp, also known as an electroencephalogram (EEG).

It's the first study to show that key brain networks involved in mediating affect and cognition in PTSD can be volitionally modulated via neurofeedback, with measurable outcomes on subjective well-being, according to researchers Rosemarie Kluetsch and Tomas Ros. Using MRI, the patients' resting-state brain activity was captured just before and after a 30-minute

neurofeedback training session, which was carried out outside the scanner using EEG. The researchers then searched for any differences in connectivity within well-known brain networks.

The study is published in the psychiatry journal *Acta Psychiatrica Scandinavica*. Lawson Health Research Institute scientist Dr. Ruth Lanius, senior author and principal investigator says, "Our hope and vision for the future is that this approach could improve and potentially augment PTSD treatment."

[Schulich School of Medicine & Dentistry, December 3, 2013](#)

Dementia epidemic looms by 2050

Many governments are woefully unprepared for an epidemic of dementia currently affecting 44 million people worldwide and set to more than triple to 135 million people by 2050, say health experts and campaigners.

Fresh estimates from the advocacy group Alzheimer's Disease International (ADI) showed a 17 per cent increase in the number of people with the incurable mind-robbing condition compared with 2010, and warned that by 2050 more than 70 per cent of people with dementia will be living in poorer countries.

Even now, the global cost of dementia care is more than \$600 billion, or around 1.0 per cent of global gross domestic product (GDP), and that will only increase, the ADI says.

In a policy report published along with the new data, Martin Prince, a professor at King's College London's Institute of Psychiatry, said only 13 countries have national dementia plans. "This is a global problem that is increasingly impacting on developing countries with limited resources and little time to develop comprehensive systems of social protection, health and social care."

[CBC News, December 5, 2013](#)

Ontario hospitals to have tougher quality control for diagnostic images

Hospitals in Ontario will soon have more rigorous quality control measures for diagnostic images, such as CT scans. Health Minister Deb Matthews says the province will be rolling out a "physician peer-review program" in all facilities where diagnostic imaging services are provided. A team of doctors will review random samples of diagnostic images that have already been assessed by a radiologist.

The move comes after two Toronto-area hospitals discovered there were possible errors in the reading of more than 3,500 mammograms and CT scans.

While many hospitals have good quality assurance measures in place, more can be done to strengthen the system, Matthews said. "Peer review has been found to be an effective method for enhancing safety and accuracy in diagnostic imaging in many jurisdictions around the world."

[Globe and Mail, December 5, 2013](#)

Growing old with HIV: the long-term care challenge

In Canada, the number of older people with HIV has doubled in the past 20 years. Doctors, researchers and community support organizations are turning their sights to this bulging demographic, learning to care for a group that didn't expect to grow old in a system that isn't ready for them.

Even though the health of those living with HIV may have been stable for years thanks to improved medications, “they get shackled to the health care system” as they age, says Dr. Philip Berger, long-time AIDS physician and chief of the department of family and community medicine at St. Michael’s Hospital in Toronto. In addition to many problems that accompany the virus, such as dangerous weight loss, other age-related conditions may be accelerated due to the effects of potent antivirals. HIV medications can, for instance, affect fat distribution and lead to fat around the torso, a risk factor for many health problems such as diabetes. Some HIV medications cause bone degeneration and lead to osteoporosis. Kidney disease is affected by both HIV and the medications used to fight it.

Also increasingly common is HIV-related dementia, which can cause patients to forget to take their medications and speed up a decline in health.

Beyond the myriad health issues those in the over-50 group face, there is also a cascade of related lifestyle and financial co-morbidities. Many must retire early and go on disability benefits, only to see that support shrink or vanish at age 65 as the Canada Pension Plan benefits replace them – and just when medical costs increase.

Many experts worry that most traditional long-term care facilities may not have dealt with people living with HIV, let alone the demographics long associated with the disease: men who have sex with men, drug users and homeless people.

[Globe and Mail, December 8, 2013](#)

Ontario Liberals promise bill to cap public sector executive salaries

Ontario’s governing Liberals plan to bring in legislation next spring that would allow them to limit compensation to senior executives across the broader public sector, from hospitals and universities to the province’s big utilities and Crown corporations.

If the upcoming legislation goes through, the government would have direct control over compensation, including salary, bonuses and severance packages, said Government Services Minister John Milloy. But he won’t say where the government would set a hard cap, which the New Democrats want pegged at \$418,000 – twice the premier’s annual salary.

Milloy said the government will develop a framework for each sector that will look at a number of factors. The upcoming legislation, he added, goes beyond what the NDP proposed, which just dealt with salaries.

[Ottawa Citizen, December 10, 2013](#)

Tories introduce bill that would crack down on unsafe medications

The Conservative government has introduced new legislation aimed at protecting consumers from unsafe medications and reducing adverse drug reactions. The Protecting Canadians from Unsafe Drugs Act is known as Vanessa’s Law in honour of the late daughter of Conservative MP Terence Young. The 15-year-old died of a heart attack 13 years ago while on a prescription drug for a stomach ailment. The medication was later deemed unsafe and pulled from the market.

Under the [new legislation](#), the government now has the power to initiate mandatory recalls for unsafe drugs and to demand reports from health care institutions on adverse drug reactions.

The bill also allows the government to impose tough new penalties for unsafe products, including jail time and new fines of up to \$5 million a day instead of the current \$5,000.

Drug companies must also revise labelling to provide details on health risks, and to do further testing on medications when they are shown to pose dangers to some consumers, especially children.

[Health Canada, December 6, 2013](#)

Ontario Nurses' Association launches flu ad campaign

The Ontario Nurses' Association (ONA) has launched a new ad campaign in London and St. Thomas that calls for an end to the "stigmatization" of nurses who choose not to have a flu vaccine. ONA is also calling for the provincial government to work collaboratively to develop a province-wide, comprehensive and truly effective policy to fight the spread of influenza.

ONA President Linda Haslam-Stroud, RN, says that, "As registered nurses, we know that science shows that the effectiveness of the flu vaccine varies between just 40 and 60 per cent. Yet a handful of Ontario hospitals – including London Health Sciences Centre, St. Joseph's Health Care London and St. Thomas Elgin General Hospital – are trying to coerce nurses into having a flu vaccine or be publicly stigmatized if they choose not to. We dedicate our lives to caring for our patients. Hospitals such as these, which are coercing our nurses, are doing a grave disservice to the community."

Radio ads about the issue are airing in London and other communities. An audio file of the ad is available [here](#).

[Ontario Nurses' Association, December 10, 2013](#)

Critics call on federal government to develop national dementia strategy

The Conservative government is being called upon to develop a national dementia strategy. Both the Canadian Medical Association (CMA) and the opposition NDP say Canada should join 13 other countries that already have strategies to deal with the fast-growing problem of Alzheimer's and similar diseases. Chris Simpson, CMA's president-elect, says a plan would help Canada's over-taxed health care system cope with as many as 750,000 patients suffering from Alzheimer's and other forms of dementia.

The call for action comes on the eve of a G8 summit on dementia taking place in London, England. Simpson says Canada has the "dubious distinction" of being the only G8 country without a national dementia strategy.

[Global News, December 10, 2013](#)

Auditor General releases 2013 Annual Report

On December 10, 2013, Bonnie Lysyk, Auditor General of Ontario, released her [2013 Annual Report](#). The report includes 10 value-for-money audits on a wide range of topics of importance to the Legislature and Ontario taxpayers.

With regards to health care, the Auditor noted that, to reduce variable access to rehabilitation services in hospitals, the Ministry of Health and Long-Term Care needs to work with the Local Health Integration Networks and service providers to establish a cost-effective, province-wide

co-ordinated system for short- and long-term hospital rehabilitation services, along with community-based outpatient services.

[Office of the Auditor General of Ontario, December 10, 2013](#)

G8 health ministers vow to find dementia cure by 2025

G8 health ministers have vowed to find a cure or treatment for dementia in 12 years and create a "dementia envoy" to help promote research into the illness. The health officials gathered in London, England on December 11, 2013 to discuss issues surrounding dementia but ended up learning more about how little progress has been made.

Spending on research into dementia lags far behind other illnesses such as cancer, and most drug companies have given up trying to come up with new medicines because no clinical trial has ever succeeded, the conference heard. Overall about \$12-billion has been spent on drug research in the last decade without any success. And yet populations in all eight countries are aging rapidly, making the challenge more acute than ever.

In a communique issued at the close of the G8 dementia summit in London, ministers committed to boosting funding for dementia research with the goal of finding a cure by 2025. British Health Minister Jeremy Hunt, who chaired the meeting, acknowledged the target was ambitious considering that no drug or treatment is even close. But he said it was important to set a goal and hold ministers to it.

[Globe and Mail, December 11, 2013](#)

Ontario not receiving expected health transfer funds

Ontario Health Minister Deb Matthews has charged that the federal Conservatives have betrayed the province by breaking their promise over health-care funding. The Harper Tories promised all provinces a six per cent increase in health transfers, but they're only giving Ontario 3.4 per cent in 2014-15, she said. That means Ontario is out \$300 million, while Alberta is getting about \$1 billion more — a 38 per cent increase, Matthews said.

Making the comments on December 17, 2013, Matthews called the decrease "outrageous", saying the shortfall is more than the province's increase in home care and other services for seniors this year.

Federal spokesperson Marie Prentice countered that health transfers are continuing to grow and that Ontario's health transfers are at a record high. The province's share of federal health dollars will increase from \$11.9 billion this year to \$12.3 billion next year.

In 2011, Flaherty said the Canada Health Transfer to the provinces and territories would grow by six per cent a year until 2017-18. After 2017-18, health transfers will be tied to the rate of economic growth and inflation, but the government said it won't let it fall below three per cent a year.

Ontario, which is facing a nearly \$12-billion deficit, is the only province that will see fewer federal dollars next year, with total transfer payments shrinking by \$641 million to \$19.1 billion.

[CBC News, December 17, 2013](#)

St. Joseph's in the News

[HUGO is live](#), Ingersoll Times, November 15, 2013

[Twenty Under Forty 2013](#), Business London, November 2013

[Parkwood veterans display their creative side](#), London Community News, November 22, 2013

[Music a way of life for teacher](#), London Free Press, November 24, 2013

[Survey finds few hospital workers have time, resources or information to do the best job possible](#), London Free Press, November 26, 2013

[Flu season has started in London](#), London Free Press, November 28, 2013

['Tumour biobank' brings breast cancer discoveries to the bedside more quickly](#), Hospital News (page 23), December 2013 (Story shared on cover of ISBER Weekly News Digest)

[Designer gown custom-made for breast cancer patients](#), Hospital News (page 24), December 2013

[From three days to 23 hours](#), Hospital News (page 18), December 2013

[Lawson research hoping to improve treatment for disease that deforms hands](#), CTV London, November 29, 2013

[Santa visits a London Dream Home](#), Snapd London, December 2013

[Neurofeedback tunes key brain networks, improving subjective well-being in PTSD](#), Science Codex, December 3, 2013

[Interview with Dr. Gregor Reid](#) - As it Happens, CBC Radio, November 25, 2013

[Cancer survivors hoping to encourage new patients through art](#), CTV, December 4, 2013

[Wife starts touching Facebook tribute group to "free spirit" husband who dedicated his life to giving to others](#), Tillsonburg News, December 4, 2013

[You mean sew much to us: Mental health patients to receive special gifts from London volunteers](#), Metro News, December 5, 2013

[Offerings of healing](#), London Community News, December 5, 2013

[Improving patient safety at St. Joseph's Health Care London](#), Vital Smarts, December 2013

[Pearson: London future will be built on skilled labour](#), London Free Press (Opinion), December 6, 2013

[Stockings sewn to lift spirits during difficult holiday period](#), London Free Press, December 6, 2013

[Wellspring London and Region helps cancer patients cope and find courage with the tip of a pencil or paint brush](#), London Free Press, December 8, 2013

[‘Unprecedented period’ means big legal bills](#), Law Times, December 9, 2013

[VitalSmarts has trained one million people worldwide](#), Digital Journal, December 10, 2013

[Health officials stunned and angered by ad campaign from Ontario’s nurses union that attacks efforts to have nurses get a flu shot or wear a protective mask](#), London Free Press, December 11, 2013 (Also appeared in the Sarnia Observer, St. Thomas Times-Journal, Chatham Daily News)

[St. Marys man lauds Parkwood Hospital for recovery](#), Stratford Beacon Herald, December 11, 2013

[Flu Prevention is more than a shot in the arm: Ontario Nurses' Association launches ad campaign](#), Individual.com, December 12, 2013

[Western prof to lead national dementia study](#), London Community News, December 13, 2013

[Nurses split over flu shots](#), London Free Press, December 13, 2013 (Also appeared in the Chatham Daily News, Sarnia Observer)

[Cutting-edge research in London gets \\$7.4 million from province](#), CTV London, December 13, 2013

[ORFRI announces backing for six projects](#), Western News, December 13, 2013

[\\$7.4M for research at Western, Lawson](#), BlackburnNews.Com, December 13, 2013

[London’s Western University awarded more than \\$7.4 million](#), Metro News, December 13, 2013

[Western's metal mouse a peek into 3D printer's potential](#), London Community News, December 16, 2013

[Nurses’ ads target hospitals over flu shots](#), CBC Morning, December 16, 2013

[WOTCH for a special delivery](#), London Community News, December 17, 2013