To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: February 19, 2014

This month – February 26-28 – I will be hosting staff engagement sessions at four sites to highlight our accomplishments, share key performance results and update staff on budget information. These sessions, held each quarter, are part of our commitment to the highest performance, transparency and accountability. They are also aligned with our strategic plan goal to enhance staff and physician engagement. Staff evaluations of previous sessions help shape the content and delivery of the forums.

Once again, I had the pleasure of taking part in St. Joseph's Health Care Foundation's Cornerstone Society event. In recognition of their generous support, members of the Cornerstone Society, which honours donor leadership, were invited to an interactive evening of dinner and conversation with some of St. Joseph's medical and scientific leaders. The evening provided the donors with an opportunity to choose from four breakout sessions. It was the second year for this new format for the Cornerstone Society event. This year's sessions featured innovation taking place in the areas of cardiac rehabilitation, transcranial magnetic stimulation, breast and prostate research through the establishment of the tumour biobank, and diabetes.

Another highlight this month was the World Day of the Sick ceremony on February 11 at Parkwood Hospital. I was pleased to welcome Bishop Ronald Fabbro and four additional priests for this annual celebration. This very meaningful ceremony, attended by many patients, residents and families as well as staff, is always a touching reminder of our healing mission. Special thanks to the St. Mary School's Grade 6 choir for their beautiful performance during the ceremony. More on the ceremony can be found in the 'Quality and Service Excellence' section of this report.

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

Strategic Plan Update

Influenza vaccination – an update
As of February 14, the combined staff/physician influenza vaccination rate is 73.5 per cent, up slightly since the last board report. The staff rate is 72.8 per cent and the physician rate is 86 per cent.

Since the start of influenza season London has had five influenza A outbreaks. At St. Joseph's we have had four outbreaks and one influenza related death. As such all non-vaccinated staff, physicians and visitors must continue to wear a procedure mask at all times when within two metres of patients and residents. This includes wearing a mask in common areas such as hallways and cafeterias.

Since September 1, 2013, a total of 170 laboratory-confirmed influenza A cases and seven influenza B cases have been reported by the Middlesex-London Health Unit. Of those, there have been 86 hospitalizations and six deaths.

Andrews Resource Centre – an update
As previously reported, Andrews Resource Centre (ARC) located at Regional Mental Health Care London will be closing effective March 31, 2014 as part of mental health transformation. ARC provides vocational counselling, alternatives to competitive employment and supported employment opportunities. Staff continue to be available to the clients at ARC and are working to support their transition to community programs. They are working with the following agencies on placements for the 59 clients registered at ARC:

- Pivotal Services at Goodwill Industries
- Goodwill Employment Services
- Hutton House Learning Centre
- Employment and Training Access Centre and ATN Access Inc.
- WOTCH
- Leads Employment Services

Safety Initiatives

HUGO – an update
On January 22, 2014, HUGO went live at Listowel Wingham Hospitals Alliance, St. Thomas Elgin General Hospital and Tillsonburg District Memorial Hospital, bringing the total to five hospitals sites now with HUGO. On February 19 three more hospitals will join HUGO: Woodstock General Hospital and the Middlesex Hospital Alliance (Four Counties Health Services in Newbury and Strathroy Middlesex General Hospital).

The first benefits ‘dashboard’ for each hospital that goes live is posted about 24 hours after conversion. The HUGO benefits dashboards have been developed and refined with each HUGO implementation. The dashboards provide information on many measures including patient safety and quality of care such as medication administration metrics and the types of medication alerts, the user experiences and the electronic order activities.

For example, at Tillsonburg District Memorial Hospital in the second week after the go-live 3,841 medication administration scans were completed with the unique HUGO barcode on both the patient armband and the patient’s medication. Of those scan 18 per cent registered an alert. The top three medication alerts were:

- Above prescribed dose (higher dose was dispensed by pharmacy, nurse modified appropriately), 35 per cent
- Medication given early or late, 30 per cent
- No order in system, 16 per cent

As well there were eight patient mismatches during the week. In other words, the patient's unique barcode did not match the medication.

For more on HUGO and benefits being realized, visit the HUGO intranet site. HUGO is scheduled to go live at St. Joseph's on May 21, 2014.

Quality and Service Excellence

Patient educational materials revamped
A collaborative project by Surgery Services and Communication and Public Affairs has resulted in the overhaul of all surgical patient discharge instructions. Prior to the overhaul, there were 153 different discharge instructions creating a problem with consistency and ensuring the most up-to-date information was provided to patients. A template reflecting St. Joseph's new brand was created for the new instructions and information was revised and condensed where appropriate. All patients now receive consistent, easy-to-read information.

A patient information booklet was also created to provide information on the surgical journey and what patients need to know and do to ensure they have the best experience possible. Among the topics covered are: pre and post-surgery exercises, eating and drinking; what to bring; and what to expect. A trial of the new booklet began in mid-October and feedback from patients will inform any changes to the material.

A group of patients were surveyed on materials previously provided for surgery and a second group was surveyed on the new patient information booklet. Both groups were asked to rate various categories on a scale of poor, good, very good and excellent. Results in each category were significantly higher for the new booklet.

World Day of the Sick
On February 11, a World Day of the Sick Roman Catholic Mass and Sacrament of the Sick was celebrated in the Parkwood Hospital Auditorium with celebrant Bishop Ronald Fabbro. During this annual celebration Bishop Fabbro anoints the patients and residents in attendance and bestows a special blessing on care providers. It is always a very meaningful ceremony at St. Joseph's. Pope John Paul II instituted World Day of the Sick in 1992 on the Feast of Our Lady of Lourdes for this annual celebration, which provides an opportunity for those involved in health care to recall the roots of their healing mission.

Art classes a 'life saver'
As previously reported in updates on the President's Grants for Innovation, Veterans Arts at Parkwood Hospital began offering art classes called *Creative Diversions* to clients of Parkwood's Operational Stress Injury Clinic (OSIC). The OSIC provides specialized mental health services for those with psychological injuries related to traumatic events in their military service. The goal of Creative Diversions was to help clients express positive feelings and difficult emotions, and gain insight into their OSI symptoms.

For at least one client, the art class has had a profound effect. Nina Walchyshyn, 55, a veteran of the Canadian Forces, says the classes are a way to get together and feel safe. "When we

first started the classes, many of us had to leave the room every 15 minutes or so to relieve our anxiety. But as we grew more comfortable with others in our class and with the instructors, we began to let our guard down and just be ourselves. These art classes were a life saver for many of us because they broke the bonds that were keeping us isolated physically and in our mind…Making art helped me go into a calm, quiet place in my head and to come out feeling refreshed and relaxed with a different perspective on life."

Two Creative Diversions sessions were offered, with each session having two-hour classes once a week for eight weeks. With participation open to all OSIC clients, the students came with a broad range of military experience and ranged in age from young individuals who have recently returned from Afghanistan, to veterans in their 80s. An evaluation showed the Creative Diversions classes exceeded most participants' expectations, supported social interaction in a comfortable environment, and encouraged creative self-expression. Leaders are working to identify ongoing funding for this program. To view a video about the program, click here.

Home First – an update
As previously reported, Home First, which launched at Parkwood Hospital in September 2013, is a new way of providing patient care and supporting discharge planning to get patients home with enhanced home support. It is a partnership initiative between the Community Care Access Centre (CCAC), hospital staff and family members. The purpose is to enable patients to live safely and comfortably at home for as long as possible and allow them to make life-changing decisions, such as a move to long term care, from their own home

By the end of February all Parkwood programs will have launched Home First. Trending to date has demonstrated a reduction in total number of alternate level of care (ALC) patients waiting for long term care as well as a reduction of all active ALC designated patients. In keeping with this positive trending, the percent of ALC days by month has gradually continued to decline and use of intensive hospital-to-home resourcing has maintained a steady state. For the first time in recent memory, the Geriatric Rehabilitation Unit has no ALC patients.

Ethics Awareness Week
During Ethics Awareness Week February 10-14, all staff, physicians and volunteers were invited to visit displays at each site to challenge their ethics knowledge. An important focus of the week was on informed consent principles**,** including patients' capacity to consent and substitute decision making.

Parkwood Hospital medical gas upgrade
Over the past decade the acuity of patients and need for medical gases at Parkwood Hospital has increased. A review indicated that the existing system was unable to meet capacity requirements and an aging infrastructure existed. In January 2014, replacement of the medical gas system was completed. This system is essential for supplying oxygen as well as medical vacuum for suctioning. The new pump system provides a three-fold increase in our capacity and allows the full use of the additional outlets in Complex Care. It should meet our needs for the next 10 years. In the spring, planning for the upgraded medical air system will begin. Medical air is used for a variety of patient applications, for example delivering medications such as Ventolin and providing humidity with no oxygen for patients.

Expanding work in molecular diagnostics
Pathology and Laboratory Medicine (PaLM), which is a citywide department, has been selected by the Ministry of Health and Long Term Care to perform microarray testing (molecular diagnostics) for developmental delay and congenital anomalies. This work was previously

conducted in US labs for Ontario and will now be patriated to six sites in the province (out of 108 applicants). This will provide a funding stream to support London in the rapidly growing area of molecular diagnostics.

In a separate tendering exercise, PaLM has also been selected by the Ministry of Health to perform ALK (lung cancer), BRAF (skin cancer) and KRAS (colorectal cancer) testing, which also involve molecular diagnostics. Again this was a highly competitive exercise to patriate testing back to Ontario from US labs.

Healthy Living Initiative
In the Forensic Psychiatry Program, an interdisciplinary *Healthy Living Initiative* has been developed and is now underway. The initiative is a year-long, weekly group aimed at helping patients reduce their metabolic risk by teaching them about diet, nutrition, exercise, smoking cessation and more. Patients will be asked to log their dietary intake and level of activity and staff will monitor a number of metabolic indicators such as height, weight and abdominal girth. Patients will also be asked to engage in a “learn to run” or a power walking component of the group.

The purpose is to address prevention and management of metabolic syndrome, which is two times more prevalent in patients with schizophrenia than the general population. In addition to the contributing factors related to this syndrome, the use of 2nd generation anti-psychotic medications can greatly contribute to the development of the syndrome.

The Healthy Living Initiative is in addition to metabolic syndrome screening taking place in all mental health programs. It also aligns with research that shows better physical health and well-being contributes to an overall improvement in mental health.

Enhancing patient privacy
In the Roth McFarlane Hand and Upper Limb Centre, a patient number calling system was recently implemented to enhance patient privacy. Upon registration, patients are presented with a card explaining the importance of their privacy and containing an assigned four digit number. Clinic staff call in the patient by this number. Nurses use two patient identifiers to ensure the correct patient is called.

During the first few days of implementation, Coordinator Lynn Stewart met patients while they exited the clinic to get their feedback on the system. There was no negative feedback at that time but since then a few comments received indicate the system makes some patients feel like a number rather than a person. One man asked if patients could have a choice to be called by name or by number. In the interest of protecting everyone’s privacy, however, Privacy and Freedom of Information at St. Joseph’s recommends a consistent approach.

Once patients are identified and brought to their appropriate location, staff are diligent to provide personalized and compassionate care. Staff will continue to monitor this new system and the impact on the patient experience.

Expanded contract
The Middlesex Hospital Alliance (MHA) has expanded their contract with Healthcare Materials Management Services (HMMS) to include accounts payable services. Effective February 3, all MHA invoices will be matched and paid for by HMMS. The MHA includes Four Counties Health Services in Newbury and Strathroy Middlesex General Hospital.

Wait times – cataract surgery
Wait times for cataract surgery increased to 224 days in the third quarter. This is in direct relation to the current open case volume (patients waiting for surgery), the number of cases completed along with the number of cases referred/added to wait list. The problem will compound each month due the fact that our volume allocation continues to fall short of our demand. The Ivey Eye Institute continues to work on several initiatives to decrease cataract surgery wait times and improve access. As of February19 St. Joseph's has not received confirmation of an increase in volume allocation from the South West LHIN.

People Initiatives

Enhancing leadership skills
The Veterans Care Unit Leader Education Program was rolled out in January 2014 with 90 per cent of registered nurses completing this 90-minute session. The unit leader is a registered nurse (RN) assigned specific accountabilities on every shift every day on each unit. The accountabilities are both administrative and clinical. The education session reviews the unit leader role, how to utilize the leader/clinical on call for support, and their responsibilities under the Occupational Health and Safety Act as it relates to critical employee injuries. As well, 13 scenarios are discussed as examples to help each RN integrate the accountabilities of the role into day-to-day practice.

The program has been well received. Several excellent suggestions have been made by the RNs that will be implemented to improve our support for them in this role.

Leader Direct Access project
Over the past few months, Human Resources (HR) has been working to increase automation of HR processes and improve integration of multiple HR databases. Through this project, there was a focus on eliminating duplicate data entry, enhancing workflow and addressing some of the requests leaders had to access HR data and automate the paper employment action form (EAF) transactions.

On January 28, 2014, Leader Direct Access went live, giving leaders direct access to a portion of the HR peoplesoft system, including:

- Request to Hire online form: This form allows leaders to initiate the posting process directly with HR into the Peoplesoft system and monitor the status of the recruitment.
- Employee Data Report: Leaders now have access to more than 30 pieces of data for the staff who report directly to them by running this report with the click of a button.
- Revised EAF: All HR transactions, other than the request to hire, can now be completed online. Further automation of these transactions will occur with a second improvement project scheduled to go live in fiscal 2014-2015.

Several leaders have commented on the improved job posting process – a big win for using technology more effectively.

User-friendly electronic records
Effective February 1, occupational health and safety records for all new employees will be electronic eliminating the need to maintain and store paper records. This is the result of a year's work in making the transition to a more user-friendly electronic record used in Occupational Health and Safety Services to contain disability management records, health and safety records and health records for our employees.

Budget Initiatives

Provincial pre-budget consultations
On February 5 Ontario Minister of Finance Charles Souza and Minister of Health Deb Matthews hosted pre-budget consultations with organizations, associations and stakeholders across the province with a focus on what government can do to create jobs and improve services for citizens while eliminating the deficit. Dr. David Hill, Scientific Director of Lawson Health Research Institute, represented Lawson and St. Joseph's at the London session.

Legislation

Parking fees
Canada's federal Finance Department is proposing that hospital parking for fees for patients and visitors be exempt from the GST or HST (See the Environmental Scan in this report). At this point, there has been no specific reference to staff parking fees.

Impark, which manages the parking lots for St. Joseph's, is working to gain a better understanding of how this will impact hospitals. We are also working with KPMG to gain their perspective and advice on this issue. The Ontario Hospital Association is currently preparing a summary document to assist all hospitals with interpretation of the government's proposal, which should be released by the end of February.

Collaboration and Integration

Setting the record straight
In response to recent scrutiny of the safety of robotic surgery, Dr. Christopher Schlachta, Medical Director, Canadian Surgical Technologies and Advanced Robotics (CSTAR), wrote an article for Hospital News on the "Canadian Approach to Robotic Assisted Surgery." A renowned London surgeon, Dr. Schlachta's article discusses the "distinct drivers behind adoption of robotic surgery in Canada and the USA" and separates myth from fact in terms of the evidence concerning safety, clinical effectiveness and costs. Highlighting robotic surgery at London Health Sciences Centre and St. Joseph's, he also talks about the training of surgeons, the *Protocol and Guidelines for Robotic Surgery Innovation* that have been in effect in London since 2005, major achievements in robotic surgery by London surgeons and how expertise in the city has contributed to the safe introduction of this technology in other centres. The article can be found here.

Psychiatrist presence in mental health court
In response to new forensic psychiatry funding specifically earmarked to support psychiatrist presence in the mental health court, representatives from St. Joseph's Forensic Psychiatry Program spent a day observing at the mental health court and met with the mental health court team to discuss our collaboration. Interestingly, there was an urgent need for a fitness assessment during the course of the day which psychiatrist Dr. Craig Beach willingly conducted in the moment. The individual was readily determined to be fit to stand trial. Had this not occurred in the court the individual would have, in all likelihood, required an admission to our hospital and would have blocked a bed during that time. Formal presence in the court will begin in February and the following indicators will be tracked and reported to the Ministry:

- Time from referral to completion of court ordered assessments.
- Number of averted forensic admissions to hospital beds.

- Feedback from key stakeholders (criminal justice system partners) to evaluate perceptions of service delivery and impacts.

Improving care and safety for cardiac patients
As part of the Clinical Services Renewal initiative at London Health Sciences Centre (LHSC), staff at St. Joseph's Cardiac Rehabilitation and Cardiac Prevention Program (CRSP) worked with LHSC on an innovative project to improve care and safety citywide for patients with heart failure. *Guidelines Applied in Practice: Best Practices for Heart Failure* (HF-GAP) is a team approach to the development, implementation, and evaluation of best practice care for heart failure (HF). It provides tools and strategies to health care providers, as well as patients and families, that target treatment goals, focus on improving key processes of care, and advance adherence to evidence-based guidelines. Hospital-specific care tools were created, or existing approaches were modified, to create a tool-kit consisting of five critical components to improve HF care. One of those components is the HF contract that is interactively completed between patient and nurse and signed by the patient. The contract includes:

- an explanation of the patient's current condition
- instructions on taking medications
- goals concerning diet, daily weights, exercise and smoking cessation
- a referral to the CRSP at St. Joseph's
- directions to follow-up with the patient's primary care or specialist physician

A copy of the HF contract remains in patients' medical records after discharge. Information from this list is uploaded into the web-based London Cardiovascular Information System, LCVIS, which is the CRSP's clinical information system. This approach determines if each of the following performance measures have been achieved:

- Evidence-based secondary prevention medications have been prescribed
- Smoking cessation intervention has been delivered to hospitalized smokers
- Referral to the CRSP has been made
- Information about heart failure has been provided
- Physician follow-up appointment has been arranged

The HF tools, including the contract, were implemented on February 18. Impact on cardiac rehabilitation volumes at St. Joseph's will be monitored. There is no funding attached to this initiative, which may generate additional referrals to the CRSP. Previously HF was not an accepted referral to the program.

Sharing privacy expertise
Privacy and Freedom of Information at St. Joseph's met with the privacy teams at London Health Sciences Centre and Western University as well as Lawson Health Research Institute administration and the Office of Research Ethics at Western to standardize processes for the privacy review of research protocols. This collaborative effort was well received. Another notable outcome from the meeting was an agreement for St. Joseph's to provide privacy education to Lawson, Western's Office of Research Ethics staff and board chair, and Western Research Ethics board members on an ongoing basis.

Education and Research

New training requirements for principal investigators
Effective April 1, 2014, principal investigators will be required to provide documented evidence of their qualifications to participate in research involving human participants prior to receiving Lawson Health Research Centre approval for their research. This process supports Lawson's

Quality Management System and the ongoing commitment to meet the requirements of the applicable regulatory policies and guidelines governing clinical research, the requirements of the Research Ethics Board, as well as the requirements of funding agencies.

New European Union funding opportunities
Lawson Health Research Institute will be seeking opportunities within Horizon 2020, the biggest European Union (EU) research and innovation program ever with nearly €80 billion of funding available over seven years (2014-2020), in addition to the private investment that this money will attract. Only "world-class research excellence science" will qualify and must fall within three priority areas:

- Investment in science/big budget basic research/clinical trials.
- Societal challenges, livelihoods, safety environment – promising tested solutions already demonstrated and ready to be scaled up.
- Strengthening of EU health clean energy and transportation/tomorrow's technologies.

To participate in EU funding, Canadian researchers must be approved for Canadian Institutes of Health Research funding within key focus areas: improving diagnosis; neurodegenerative disease; healthy ageing and chronic disease; healthy diet for healthy life; personalized health care: validation/biomarkers; service robotic/assisted living; and type 2 diabetes. Canadian applications will require at least three European partnering countries to be eligible.

Ontario Health Innovation Council
As previously reported, the provincial government has announced the creation of an "Ontario Health Innovation Council", which will be instituted as a think tank for the first 12 months by the Ministry of Research and Innovation. The focus will be on improved health care, increased quality of patient care, lower health care costs, attracting the best researchers to Ontario, and providing stimulation for job creation in the health care sector. The leads consist of experts from the health care, community care, home care, medical device, non-profit, mental health, research, academic and industry sectors. Two of these leads are from London – Anne Snowdon and Richard Dicerni, both from Western University's Ivey Business School

The council is inviting external individuals to present clear evidence that shows how research can help to support a better health care system. Dr. David Hill, Scientific Director of Lawson Health Research Institute, is among those asked to participate.

Trial of novel diabetes drug
St. Joseph's Hospital is one of 29 Canadian sites – and about 1,200 sites around the world – taking part in the DECLARE study to test a novel agent called Dapagliflozin, which experts hope will become a much-needed new tool in the diabetes care "toolbox". The purpose of the trial, being led at St. Joseph's by endocrinologist Dr. Irene Hramiak, is to lower blood sugar in people with type 2 diabetes and prove it to be safe in heart disease. About 80 per cent of people with diabetes will die as a result of a heart attack or stroke.

Dapagliflozin works to block an enzyme in the kidney that pulls sugar back into the blood from the urine. By blocking the enzyme the sugar leaves the body by way of the urine and improves blood sugar levels.

About 17,150 patients worldwide will be taking part in the five-year study, which is being coordinated by the Timi Study Group in Boston, MA. At St. Joseph's, Dr. Hramiak is recruiting 25 patients with type 2 diabetes who are over age 40 and at high risk of heart disease or who have had a heart event, such as a heart attack.

Prostate cancer tumour biobank
To aid in early detection of prostate cancer a team at Lawson Health Research Institute, St. Joseph's and London Health Sciences Centre (LHSC) have created a prostate tumour biobank to collect and store samples for research. While there are other prostate biobanks in North America, St. Joseph's and LHSC are the only ones collecting samples from the same patients over a long period of time. This will help researchers identify changes in the bio-markers and tissue of patients throughout the treatment process with the goal of improving on PSA detection and initial diagnosis, monitoring responses to therapy and providing information on overall patient outcomes.

The biobank, which is located at St. Joseph's Hospital, is a liquid nitrogen freezer that can store up to 48,0000 patient samples at -200 degrees Celsius to keep them perfectly pristine. Patients at St. Joseph's Hospital and LHSC's Victoria and University Hospitals undergoing testing to detect prostate cancer are asked to participate in the database collection by giving tissue, urine and blood samples. Since collections began in the summer of 2013 more than 230 patients have participated of which 62 per cent have been diagnosed with prostate cancer and followed throughout their treatment journey.

The same tumour biobank is also storing samples from breast care patients, as reported in the October 2013 board report. It is being supported through St Joseph's Health Care Foundation.

Recognitions and Celebrations

Goodbye pink crane
St. Joseph's bid farewell to pink crane when it was dismantled by EllisDon on February 4. The colourful crane instantly became a symbol of hope and a source of fascination in London when it was installed in March 2013 by EllisDon as a show of support for St. Joseph's role in breast care. It also attracted attention far beyond London, appearing in national construction trade publications. The dismantling of the crane means the super structure of the new Zone A is now complete and good progress has been made on construction. Like its installation, the crane's departure attracted much media attention.

Design excellence and innovation
On February 4, the Southwest Centre for Forensic Mental Health Care was honored at the Don Smith Commercial Building Awards. The LEED Gold building was recognized for excellence and innovation in the "Institutional Healthcare" category. The awards were created by the Regional Commercial Council of the London and St. Thomas Association of Realtors and are named after co-founder of EllisDon, Don Smith.

A most distinguished alumna
Kathy Burrill, Vice President, Communication and Public Affairs at St. Joseph's, has received a Distinguished Alumni Award from Fanshawe College. On February 6, Fanshawe President Peter Devlin and Gail Malcolm, President of the Fanshawe College Alumni Association, hosted the 22nd Distinguished Alumni Awards ceremony. Kathy was among six graduates recognized for establishing a legacy of excellence in their workplaces, communities and in their own lives.

St. Joseph's congratulates Kathy on this most deserved award.

Environmental Scan

WOTCH leader recruited to lead new mental health agency
Don Seymour, executive director of WOTCH Community Mental Health Service, has been selected as CEO of the London area's amalgamated community mental health organization effective February 1. The new organization will be made up of WOTCH, CMHA London-Middlesex, and Search Community Mental Health Services.

The boards of all three organizations began exploring a voluntary integration in February 2012. The decision draws from recommendations in the report, *The Time is Now: A Plan for Enhancing Community Based Mental Health and Addiction Services in the South West LHIN.* The South West LHIN Board of Directors passed a motion to support the amalgamation on October 23, 2013.

When the newly-formed organization launches later this year it's anticipated that clients will benefit from:

- Enhanced services in rural communities.
- Improved access to a broader range of services, enhanced crisis response and counseling services.
- Enhanced service delivery navigation.
- A streamlined process for the delivery of case management, screening, intake, referral and assessment.
- Improved client care experiences.

London Community News, January 16, 2014

Study finds spousal diabetes is a risk factor for the disease
Living in a household implies sharing duties and responsibilities but it could also mean sharing your diabetes. A research team from the McGill University Health Centre (MUHC) has shown, through combined analyses of several studies, evidence that spousal diabetes is a diabetes risk factor. These findings, published January 28, 2014 in the open access journal *BMC Medicine*, have important clinical implications since they can help improve diabetes detection and motivate couples to work together to reduce the risk of developing the condition.

"We found a 26 per cent increase in the risk of developing type 2 diabetes if your spouse also has type 2 diabetes," says senior author of the study, Dr. Kaberi Dasgupta. "This may be a platform to assist clinicians to develop strategies to involve both partners."

Dr. Dasgupta's team wanted to see if diabetes in one partner could lead to diabetes in the other partner because many of the risk behaviours that lead to diabetes, such as poor eating habits and low physical activity, could be shared within a household. According to Dr. Dasgupta, spousal diabetes is a potential tool for early diabetes detection.

"When we look at the health history of patients, we often ask about family history," says Dr. Dasgupta. "Our results suggest spousal history may be another factor we should take into consideration."

McGill University Health Centre, January 22, 2014

Hospital parking tax break proposed for patients, visitors
The federal Finance Department is proposing to soften part of the 2013 budget and exempt hospital parking fees from the GST or HST. Last year's budget ended a special tax break on parking fees at public institutions where the parking lot was run by a non-profit partner.

The government said the change was intended to ensure consistent tax treatment.
Now, however, Finance is proposing a new loophole for parking fees paid by hospital patients and visitors. It will go ahead with amendments to eliminate the tax exemption for parking provided by a charity set up or used by a municipality, university, public college or school.

CBC News, January 24, 2014

Soldiers asked for stories of mental health illnesses, treatment
The Department of National Defence (DND) is encouraging members of the Canadian Armed Forced (CAF) who have suffered a mental health issue and sought care to share their stories in a series of online videos. The DND said the video project is part of ongoing "efforts to reduce stigma, encourage those suffering from mental illness to seek care, and to give hope to those with mental illness that care is available and recovery possible."

In the past few months, there have been eight reported suicides by Canadian soldiers. The spate of suicides in recent weeks highlights a mental health crisis in Canada's military, say veteran advocates.

Global News, January 27, 2014

Ontario vows to introduce advocate's office for health care complaints
Ontarians who have a bad brush with the health care system will soon be able to take their complaints to a new patient advocate. Health Minister Deb Matthews has promised that her government will establish a province-wide, third-party office to which patients can appeal when they are not satisfied with their treatment at hospitals and other health facilities.

"What we're talking about is a health-focused patient advocate," said Matthews. "I get letters as minister from people who aren't happy with the care they've received. I think it's really important to turn those complaints into ways to improve quality."

Matthews could not say when the office would open or what powers it would wield, but she made no mention of putting it under Ombudsman André Marin, who for years has pushed to investigate hospitals and long-term care homes.

Ontario's ombudsman is the only one in the country whose scope does not include hospitals. Marin slammed the proposal saying a patient advocate would not be "independent and impartial."

Globe and Mail, January 27, 2014

New alliance to help people with both physical and mental illness
Ontario is joining forces with the Centre for Addiction and Mental Health (CAMH), Hospital for Sick Children, Trillium Health Partners, University of Toronto and a private donor to provide a total of $60 million in new funding for the creation of the Medical Psychiatry Alliance.

The alliance will, over the next six years, support people either at-risk of, or currently living with, both physical and mental illnesses by:

- Developing new screening and diagnostic tools to ensure patients are properly diagnosed.
- Ensuring physical and mental illnesses are treated simultaneously so patients and their families receive the best care available.
- Developing specialized clinical training for medical students focused on the management of co-occurring physical and mental illness.
- Creating a simulation centre for students and professionals to learn and test new approaches to treating physical and mental illness using actor patients in realistic scenarios.
- Researching and testing new ways to deliver psychiatric care at home.

The goal of the alliance is to ensure complex conditions such as schizophrenia and depression do not prevent patients from getting treated for physical conditions. It also aims to work the other way around, for example teaching health care providers to recognize undiagnosed anxiety in patients who seek treatment for a physical condition.

"Our patients at CAMH die of unrecognized or poorly managed diabetes, heart disease, stroke and cancer," said Catherine Zahn, president and CEO of CAMH. "The stigma of mental illness, prejudice and discrimination play a big role in this inequity."

Ministry of Health and Long Term Care, January 28, 2014

Trudell Medical unveils breakthrough device for people lung disease
A London company has come up with a device that may deliver relief to millions of people with lung disease. On January 28, 2014, Trudell Medical International unveiled the Aerobika Oscillating Positive Expiratory Pressure Therapy System, which looks like a supercharged inhaler.

About 329 million people are afflicted with lung disease such as emphysema and chronic bronchitis that obstructs airflow, saps energy and makes breathing a chore. Called chronic obstructive pulmonary disease (COPD), there's no cure. While medication sometimes slows its progression, many are tethered to oxygen tanks and unable to perform tasks the rest of us take for granted. That bleak prognosis may be brightened by the Trudell device, which sends a vibration into the lungs when users exhale. The vibrations loosen mucous that clogs the airways in the lungs, allowing patients to cough out the obstruction — a finding confirmed through MRI scans at the Robarts Research Institute in London. After three weeks using the device, patients were able to breathe easier, walk farther and feel better.

The device has already drawn worldwide interest, says Trudell CEO Mitch Baran. Of all devices Trudell has made since it opened in 1922, the Aerobika has the potential to make the biggest impact, he said.

London Free Pesss, January 28, 2014

New support for people affected by prostate cancer
A partnership has been struck between Prostate Cancer Canada and the Canadian Cancer Society in launching the Prostate Cancer Information Service (PCIS), which provides support to anyone affected by prostate cancer. Available in a number of languages, these confidential and

evidence-based services include a phone line, email response, resources and referrals to prostate cancer support programs.

“We know that people – patients, caregivers, family, and friends – have a number of questions about prostate cancer. We want to make sure that no matter what the question or need, it is being addressed accurately, effectively and with compassion,” said Rocco Rossi, President and CEO of Prostate Cancer Canada.

Canadian Cancer Society, January 28, 2014

Hospitals on the front lines in new era of germ warfare
Every year, more than 220,000 Canadians develop infections during a hospital stay. On average, these infections kill 22 patients every day – about the same number of Canadians who will die from breast cancer and leukemia combined. The cost of caring for these patients ranges from $2,000 to $20,000 each. It’s a massive burden on health care in Canada, and it’s getting worse. On January 31, 2014, the Globe and Mail published an informative overview of the issue in Canada and the steps being taken, or not being taken, to combat it. The article can be found here.

Globe and Mail, January 31, 2014

Ontario study finds number of rheumatoid arthritis patients has doubled since 1996
Over a 15-year period, the number of rheumatoid arthritis (RA) patients has more than doubled with no increase in the number of practicing rheumatologists, according to new research from the Institute for Clinical Evaluative Sciences (ICES). The findings, published January 31, 2014 in the *Canadian Journal of Public Health*, show RA prevalence increased with age and was highest amongst females.

“The increasing prevalence of RA and no simultaneous increase in the number of practicing rheumatologists means many rheumatologists are unable to accept new patients due to the heavy burden of follow-up care required by these patients,” says Jessica Widdifield, lead author of the study and post-doctoral fellow at ICES. “The significant rise in the number of people with RA in Ontario calls for prompt action to prevent further strain on our health care system and ensure that all RA patients receive timely care,”

The population-based cohort study in Ontario from 1996 to 2010 found:

- RA affects approximately one per cent of the adult Ontario population, with about twice as many women as men being affected.
- The number of patients living with RA in Ontario has more than doubled (from 42,734 patients in 1996 to 97,499 patients in 2010).
- Factors contributing to the increase may include the growing aging population and increasing survival of people with RA.
- The highest prevalence estimates were observed in the North East, where the density of practicing rheumatologists is among the lowest in the province, highlighting the need for a regional focus when planning for health care provision for RA.

“This research underlines why we need to rethink the delivery of rheumatology care in Ontario,” says Dr. Vandana Ahluwalia, study co-author and former president of the Ontario Rheumatology Association.

Institute for Clinical Evaluative Sciences, January 31, 2014

Ontario seniors homes plead for help with aggressive residents
Residents of long-term care homes are at risk because almost half have problems with aggression, warn associations representing the homes. They are pushing the province for more funding to ensure the safety of all residents.

"Dealing with the challenges of people who are significantly aggressive is what keeps administrators up at night," said Donna Rubin, CEO of the Ontario Association of Non-Profit Homes and Services for Seniors. "This population is unpredictable and if we don't have better training and more staff on the floor, we will continue to put our residents at risk."

Rubin recently made a pitch to the Queen's Park finance committee for more funding, as did Candace Chartier, CEO of the Ontario Long Term Care Association. Their two organizations represent 630 homes. According to Chartier's association, of Ontario's 77,600 long-term care residents:

- 11 per cent are severely aggressive while another 35 per cent display moderate aggressive behaviours
- 38 per cent have psychiatric or mood disorders
- 61 per cent have Alzheimer's or other dementias
- 93 per cent have two or more chronic diseases

Toronto Star, January 31, 2014

More Canadians surviving heart attack but not making changes to prevent another
More Canadians are surviving a heart attack or stroke than ever before, but many are unable to make and maintain potentially life-saving behaviour changes, according to the Heart and Stroke Foundation*'s 2014 Report on the Health of Canadians*.

Over the last 60 years the death rate has declined more than 75 per cent with nearly 40 per cent of this decrease occurring in the last decade. This means that now, more than 90 per cent of Canadians who have a heart attack and more than 80 per cent who have a stroke and make it to the hospital will survive. But much work remains to be done. As part of the report, the foundation conducted a poll of 2,000 heart attack and stroke survivors to learn about their health behaviours before and after a heart attack or stroke. The poll revealed that when it comes to physical activity, managing stress and maintaining a healthy weight, survivors are struggling to make and maintain these important healthy changes. More than 50 per cent couldn't maintain the change or didn't try at all. And this is despite the fact that six in 10 survivors equate surviving with being given a second chance and no longer taking their health for granted. The biggest barrier, according to the poll, is related to motivation – a lack of interest, a feeling that the goals are unrealistic and that there is too much change required.

Dr. Neville Suskin, medical director of the Cardiac Rehabilitation and Secondary Prevention Program of St. Joseph's Health Care London was instrumental in the development of the cardiac rehab section of the report.

Heart and Stroke Foundation, February 3, 2014

Report warns of 22 million new cases of cancer every year in next two decades
The World Health Organization's cancer agency warns there will be 22 million new cases of cancer every year within the next two decades. The report, released February 3, 2014 from the International Agency for Research on Cancer (IARC), estimated that in 2012 there were 14 million new cases but predicted that figure would jump significantly due to global aging and the

spread of cancers to developing countries. The IARC said more than 60 per cent of the world's cancer cases are in Africa, Asia, Central and South America.

The top cancer killers in 2012 were those of the lung, liver and stomach. The IARC called for countries to consider stronger legislation to encourage healthier lifestyles.

“Despite exciting advances, this report shows that we cannot treat our way out of the cancer problem,” states IARC director Dr. Christopher Wild. “More commitment to prevention and early detection is desperately needed in order to complement improved treatments and address the alarming rise in cancer burden globally.”

International Agency for Research on Cancer, February 3, 2014

Ontario Hospital Association calls for comprehensive capacity planning
On February 3, 2014, Ontario Hospital Association (OHA) President and CEO Anthony Dale released the following statement regarding the 2014 Ontario Pre-Budget Consultations:

"Ontario's hospital leaders are committed to supporting the province's balanced budget objective but recognize that even with aggressive efficiency improvements – over and above what hospitals typically achieve on an annual basis – Ontario's health care system is facing significant challenges.

Ontario's hospitals are already among the most efficient in Canada, says the OHA. In 2013, the Ontario government would have had to spend an additional $3.6 billion dollars on hospitals in order to meet the level spent in other provinces. The dividend allows greater investment in other areas of health care. And, with the exception of small hospitals, Ontario's hospitals have also received zero per cent increases in base operating funding in the 2012-13 and 2013-14 fiscal years.

The OHA is calling on the government to create a comprehensive, health system capacity plan. Capacity planning includes activities such as forecasting and benchmarking the number of different types of beds or services in hospitals or long-term care and the number of assisted living spaces, home care hours, primary care services, mental health services and other services required to meet the needs of different populations.

Ontario Hospital Association, February 3, 2014

Technology to expand life-saving care for stroke victims
Stroke victims across Ontario can now benefit from life-saving emergency care through eHealth Ontario's Emergency Neuro Image Transfer System. Through a partnership between the Ontario Telemedicine Network and eHealth Ontario, the Emergency Neuro Image Transfer System – currently used for head trauma victims – is expanding to provide 24/7 access to expert care for stroke patients.

Doctors in acute care hospitals across the province, regardless of size or location, now have the capability to hold virtual consultations and get expert advice from the Ontario Telemedicine Network's neuro-specialists. The system allows them to electronically share brain images, such as MRIs and CT scans, to determine the best course of treatment. This enhancement will help doctors make faster diagnosis, such as determining whether a patient is a candidate for the clot-busting drug t-PA, which is effective if administered shortly after a stroke. It will also help

physicians determine if patient transfers to specialized urban hospitals are necessary, which will help to get better value for health dollars.

London is playing a special role with the technology – CAT scans from more than 100 machines will be sent to London Health Sciences Centre electronically where they can be accessed remotely by stroke experts across Ontario.

Ministry of Health and Long Term Care, February 4, 2014

Experts say Ontario hospitals dangerously overloaded
Ontario hospitals are running so overloaded patient safety is compromised, experts warn. While many countries keep hospital bed capacity at 85 per cent or less to manage surges in demand, some Ontario hospitals are operating near or above 100 per cent – a jam that risks patient care and backs up emergency departments.

"You have to have some empty beds to efficiently and safely manage patient flow," said Dr. James Worthington, a senior vice-president at Ottawa's civic and general hospitals. "The present system is overly stressed and that increases the risk of adverse events."

Ottawa isn't alone in its crunch: University and Victoria hospitals in London averaged 104 per cent and 102 per cent capacity from April to December 2013.

Overcrowding concerns are backed by research that finds as hospital occupancy rates rise, so does the rate of infection from superbugs that sometimes kill patients.

London Free Press, February 5, 2014

Veterans being denied benefits in 'unfair' process: ombudsman
The country's military ombudsman says some soldiers being hustled out the door on medical discharges find they don't qualify for benefits because Veterans Affairs uses its own, more stringent criteria in what has become an unfair process. Pierre Daigle, whose term ends in a few weeks, is telling a Senate committee that many ex-soldiers have to fight to prove that the conditions that made them ineligible to serve are in fact a result of their service.

Once they are released, Veterans Affairs demands that the ill and injured be subject to a separate assessment above and beyond whatever examination has been conducted at National Defence. For veterans, it can be an infuriating, bureaucratic process that too often leads to a denial of benefits and a lengthy, unnecessary appeals process. His comments echo similar complaints from the country's veterans ombudsman, Guy Parent.

Global News, February 5, 2014

Flu shot offers good protection against serious illness for 2014
This year's flu shot offered substantial protection to people who received it, new Canadian data suggest. The vaccine appeared to be about 71 per cent effective against all flu strains, and 74 per cent effective against H1N1, the strain responsible for more than nine in 10 of all confirmed flu infections this year in Canada, the study says.

The research measured how effective the vaccine was at preventing what's called medically attended influenza – infections where the person was sick enough to seek care from a doctor or

a clinic. The effectiveness rate was significantly better than that seen in a similar study conducted last year by the same group of researchers.

The results, released February 6, 2014, were an interim estimate calculated in time to help inform the experts who will meet at the World Health Organization later this month to select the viruses that should go into flu vaccine for the 2014-2015 Northern Hemisphere winter.

CBC News, February 6, 2014

Contentious Canadian study says mammography doesn't cut deaths from breast cancer
A long-term, landmark – and contentious – Canadian study looking at the impact of breast cancer screening with mammography suggests the widely used technique isn't reducing the number of women who die from breast cancer.

The latest update from the now 25-year-old Canadian National Breast Screening Study, published in the British journal *BMJ,* suggests annual mammograms given to women in their 40s and 50s found more cancers, but didn't save more lives.

The authors say that in countries where breast cancer treatment is state of the art, screening mammography doesn't appear to be more effective at reducing breast cancer deaths than regular breast self-examination plus an annual breast exam given by a medical professional. Lead author Anthony Miller of the University of Toronto says for him and his co-authors the message is clear: the use of mammography to screen for breast cancer ought to be rethought.

The Canadian Cancer Society disagrees, saying there is other evidence supporting breast cancer screening in women over the age of 50, and the American College of Radiology and Society of Breast Imaging says the study is misleading and flawed.

The study also said that screening mammography is leading to over diagnosis of breast cancer, suggesting between one in four and one in five breast cancers detected through a mammogram wouldn't require treatment if they hadn't been found. But the science of distinguishing a killer cancer from one that won't be fatal isn't yet perfected, so breast cancers that are found are treated. That, the authors said, equals one over-diagnosed breast cancer for every 424 women who received screening mammography in the clinical trial.

National Post, February 12, 2014

Family physicians find federal leadership in health care still lacking
The College of Family Physicians of Canada (CFPC) is concerned with a continued lack of progress by the federal government to address priority health care issues. None of the issues flagged in the CFPC's recent *Report Card on the Role of the Federal Government in Health Care* were addressed in the federal budget released February 12, 2014, says the CFPC.

"The CFPC has provided a clear set of indicators for the Government of Canada to re-assert its presence in health care," said CFPC president Dr. Kathy Lawrence. "That not one of these indicators can be upgraded alarms the CFPC and family physicians across the country."

College of Family Physicians of Canada, February 12, 2014

Canada's ERs missing mark on waiting times, new statistics reveal
One in 10 Canadians who arrive at an emergency room sick enough to be admitted wait more than 27 hours for a bed, according to fresh data that reveal hospitals are missing by a wide margin a new target set by the country's emergency physicians.

Statistics on emergency room use from the Canadian Institute for Health Information (CIHI) released February 13, 2014 show that 90 per cent of patients who need to be admitted are checked into a bed in 27.9 hours or less – more than twice the 12-hour target the Canadian Association of Emergency Physicians (CAEP) suggested when it called for national standards last fall. The median wait for patients for a bed was 8.8 hours. The CAEP target is eight hours.

The news is better for people who do not need to stay: Hospitals are meeting or exceeding the CAEP's proposed goals for treating and discharging less seriously ill patients. For example, the median wait for patients with less- or non-urgent ailments was 1.6 hours, below the CAEP's two-hour goal.

In the three jurisdictions that CIHI has tracked longest, time spent in the emergency room overall is down slightly over the past three years, thanks chiefly to improvements in Alberta and Ontario. Still, the disparity in the ER waits of patients who need to be admitted and those who can be discharged highlights a problem in Canada's hospitals: a shortage of acute care beds. In 2009, Canada had 1.7 acute care beds for every 1,000 Canadians, putting it second last in a ranking of 34 OECD countries. The OECD average is 3.4 beds per 1,000.

Globe and Mail, February 13, 2014

New cash to reduce cataract wait list
The province will restore $2.8 million to finance cataract surgery after cutbacks caused wait times to surge. The extra money, according to the London Free Press, will allow for another 5,000 surgeries province-wide, including 900 in Southwestern Ontario and 400 in London. The cash injection came after wait times in London jumped by nearly 50 per cent last year and a Hamilton hospital ran out of money to do cataracts surgery.

As of February19 St. Joseph's has not received confirmation of an increase in volume allocation from the South West LHIN.

London Free Press, February 17, 2014

St. Joseph's in the News

Exercise in cold a bigger concern for asthmatics, CTV London, January 22, 2014

Funding cuts hurt cataract wait time, London Free Press, January 22, 2014 (Also appeared in St. Thomas Times-Journal)

The Sandbox Project to receive $450,000 in funding to build virtual mental health support network for youth living with mental illness, Canada Newswire, January 23, 2014

Bust a Move kick off, CTV London, January 23, 2014

Area MPP irate over cataract wait times, London Free Press, January 23, 2014

Ilderton grandmother the area's latest Dream Lottery millionaire, London Community News, January 24, 2014

Living the dream, Ilderton woman, London couple win big in lottery, Metro News, January 24, 2014

Ilderton woman has choice to make after winning Dream Lottery, CTV London, January 24, 2014

Ilderton woman wins Dream Lottery's ultimate grand prize, AM980, January 24, 2014

London's new mental health hospital takes shape, CTV London, January 27, 2014

Talking mental health, part two, CTV London, January 28, 2014

One survivor doing one long run for everyone, London Community News, January 29, 2014

Is robotic surgery safe, Hospital News (Page 8), February 2014

Loss of hospital beds causes backups in hospital emergency rooms, London Free Press, February 1, 2014

Heart attack and stroke survivors face barriers to get healthier, CBC News, February 3, 2014

Crane raised awareness and hope to new heights, London Free Press, February 3, 2014

Forensic centre in spotlight again, St. Thomas Times-Journal, February 3, 2014

Interview with Dr. Neville Suskin, AM980, Andrew Lawton Show (podcast), February 3, 3014

Interview with Dr. Neville Suskin, 570 News, Gary Doyle Show (podcast), February 4, 2014

Pink crane at St. Joseph's Hospital coming down, CTV London, February 4, 2014

Pink crane coming down, Blackburn News, February 4, 2014

Don Smith Commercial Building Award winners unveiled, CTV London, February 4, 2014

Trial of novel drug targets both diabetes and heart disease, CBC Radio, (Ontario Morning podcast), February 5, 2014

A leader in diabetes work, again, London Free Press, February 5, 2014

Chantal Kreviazuk sharing mental health story in London, London Community News, February 5, 2014

Heart attack and stroke survivors must work to avoid future problems, Southwest Booster, February 5, 2014

Diabetics needed for 'magic bullet' drug trial, London Community News, February 6, 2014

Fanshawe College celebrates its outstanding alumni, Fanshawe College, February 5, 2014

Ceremony named for the late Londoner Don Smith, who co-founded construction giant EllisDon, London Free Press, February 5, 2014

Probiota 2014: Chairman calls for industry to 'step up' in fight for probiotics, Nutraingredients.com, February 6, 2014

Psychiatric facility a winner, London Free Press, February 6, 2014

Southwestern Ontario hospitals switch to electronic system that's expected to reduce errors, increase efficiency, St. Thomas Times-Journal, February 7, 2014

People who really need care could avoid ER, London Free Press, February 7, 2014

Hospitals need more common sense, not more money, Huffington Post (blog), February 11, 2014

New cash to reduce wait list, London Free Press, February 17, 2014

Beating the odds, London Free Press, February 18, 2014