

To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: March 26, 2014

As you may know, on March 5, after several months of leave of absence, Bonnie Adamson, President and CEO of London Health Sciences Centre, announced her decision to retire for family reasons. Bonnie leaves her position after a distinguished 45-year career in health care and has set LHSC on the path of cultural transformation and continuous improvement. It has been an honour to work in partnership with Bonnie to enhance the health care system in London and the care both organizations provide to patients. I wish her well in her retirement.

This month, I had the pleasure of taking part in St. Joseph's Day – an always-meaningful event in honour of our namesake. St. Joseph's Day commemorates the life of St. Joseph, who is patron to many occupations and organizations, including the Catholic Church and the Sisters of St. Joseph. Gratitude marks the celebration of St Joseph's Day, which is held every year on March. 19. Across our organization we do the same. As is the tradition, we marked this day with refreshments for all staff, physicians and volunteers at seven sites in great appreciation for the difference they make in the lives of those we serve while upholding the values of excellence, respect and compassion. I was able to welcome staff at some of the sites during the morning festivities. In the afternoon, I was pleased to host another important tradition of St. Joseph's Day – the Sisters of St. Joseph Awards for Excellence ceremony. I thank Margaret McLaughlin for bringing remarks on behalf of the board. The award recipients are listed in this report.

I was also pleased to attend the third annual London Health Research Day on March 18 at the London Convention Centre. Hosted by Lawson Health Research Institute and the Schulich School of Medicine & Dentistry, this informative conference celebrates the innovative work of students and trainees across the city. There were about 400 student/trainee presenters. Through the generous support of the Lucille and Norton Wolfe Lecture Series, the keynote address was delivered by Dr. Margaret McCarthy from the University of Maryland who spoke on *Surprising Origins of Sex Differences in the Mind*. About 700 people attended the conference.

As previously reported, Creative Diversions is a project supported by the President's Grants for Innovation. The Veteran's Arts Program, in partnership with the Operational Stress Injury Clinic (OSIC), coordinated a project for clients of the OSIC to engage in art therapy. Two groups of 10 clients participated. Not only did they create wonderful pieces now on display in the OSIC, they also built confidence and friendships. I have had an opportunity to visit the display, which is well worth seeing.

Also this month, I met with Health Minister Deb Matthews regarding the budget. During this meeting, I highlighted some of the challenges the funding model is creating. The post construction operation plan (PCOP) funding was also discussed as it is contributing to our planned deficit.

Then on March 18, Margaret and I had the opportunity to present to the South West LHIN. We highlighted the innovative work being done in a number of our programs, the impact this work is

having on patients, and data that give evidence of the improvements. The presentation was well received.

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 March 14, the combined staff/physician influenza vaccination rate was 73.5 per cent – unchanged since the February 2014 board report. As influenza continues to circulate in our community we continue to require non vaccinated staff, physicians and visitors to wear a mask when in our facilities to limit the spread of influenza to our patients.

On a related note, Public Health Ontario has released the *Annual Report on Vaccine Safety in Ontario, 2012* – the first comprehensive annual assessment of vaccine safety in the province. It found that serious adverse reactions are rare. Please see the Environmental Scan in this report for an overview of the study.

Safety Initiatives

Emergency response quick guide

To provide staff with quick and easy access to key information in an emergency, Fire and Security Services, in collaboration with Organizational Development and Learning Services, created an emergency response quick guide. The guide outlines the meaning of each of the emergency code colours and the responsibility of staff for each code. This helpful guide has been posted on the intranet homepage under “Emergency Management” so that it can be easily downloaded by staff. It can be found [here](#).

Quality and Service Excellence

Therapy Olympics

On February 27, 2014 the allied health staff on the acquired brain injury inpatient unit at Parkwood Hospital organized an Olympic theme day involving patients and staff. Each therapy for the patients was incorporated into the day in a fun and innovative way with an Olympic twist. In the morning, cognitive stimulation and conversation involved a Smart Board presentation created by the speech language pathology student featuring Olympic history, trivia, match up games and more. The Canadian anthem was played and patients and staff toasted the Olympics with sprite and grenadine in Olympic glasses to kick off the day ahead. At lunch time the patients ate with staff and together watched the Canadian women’s gold medal hockey game. The Parkwood Auditorium was used for the afternoon activities that included:

- adapted curling
- torch walk during which patients held a torch and made their way through a marked path with the occasional obstacle.
- ring toss
- adapted bobsled that required patients to use eye-hand coordination to place a small car through a tube and down a ramp.
- hockey shot that had patients shooting various size balls into small nets with a hockey stick.

- biathlon during which patients had to hit a hula hoop target with a Nerf gun.
- a quiz-like team competition in which staff and patients participated together.

Each patient was presented with a medal and thanked for their participation. Overall the day was a great success and demonstrated excellent teamwork and effort.

New laboratory information system – an update

As previously reported, the Ontario Laboratories Information System (OLIS) enables hospitals, community laboratories, public health laboratories and practitioners to instantly and securely share lab test results. In April 2013, 11 hospitals throughout Southwestern Ontario, including St. Joseph's, began sending patient lab test results to the system.

On February 3, 2014, the Cerner OLIS viewer was launched, which means clinical users now have access to provincial laboratory results through electronic patient information systems. More than 70 per cent of Ontario's laboratory results are now stored in OLIS. By 2016, 100 per cent of Ontario laboratories will be transferring information to OLIS.

An impressive building

Leaders at the Southwest Centre for Forensic Mental Health Care hosted the Chair of the Ontario Review Board – the Honourable Mr. Justice Richard D. Schneider – for a tour. He noted that, of all the new buildings he has been touring, he was most impressed with the openness and beauty of the Southwest Centre.

Celebrating music therapy

Music therapy is the skillful use of music to promote, maintain and restore mental, emotional and spiritual health. It plays a vital role in the care and well-being of patients and residents at Parkwood Hospital, Regional Mental Health Care, Mount Hope Centre for Long Term Care, and the Southwest Centre for Forensic Mental Health Care. To enhance understanding of this specialty, music therapists from Parkwood Hospital and Mount Hope led a drop-in drumming circle during Music Therapy Week held March 16-22. All staff were invited to come out and experience the therapeutic benefits of drumming.

Enhancing patient privacy and confidentiality

A new Privacy and Confidentiality Training Program was launched on February 27, 2014 and is now available through LearningEdge to all new hires and to current staff/affiliates of St. Joseph's who have not yet completed the training. The program provides information and scenarios to help staff learn the principles of privacy and confidentiality under current legislations. The online training also includes an electronic privacy and confidentiality agreement with an e-signature component that will replace the current paper-based agreements. By providing an e-signature the staff member commits to the privacy agreement.

This new program will be shared with London Health Sciences Centre and Medical Affairs to ensure citywide consistency in privacy education. Work is also ongoing with Student Affairs, Volunteer Services and the Lawson Health Research Institute to share the e-learning modules and find a solution for these groups to incorporate the modules into a learning management system.

Because knowledge is power

St. Joseph's is leading the way in patient communication for those with English as a second language. To enhance patient safety and help patients navigate all St. Joseph's sites, the organization will be launching a pilot translation project for certain key patient care materials and corporate-wide visitor information.

Based on a review of the five most requested language translations at St. Joseph's, general visitor information on the organization's public Internet site has been translated into Arabic, Spanish, Nepalese, Vietnamese, Mandarin, as well as French. Pre-surgical instructions, meanwhile, have been translated into Arabic, and diabetes patient handouts providing a wide-range of diabetes information have been translated into Spanish. This will help patients with self-care so critical to recovery from illness or injury and quality of life for those living with diabetes.

During the pilot project, feedback on the translated information – their use and benefits – will be gathered and evaluated to ensure we are meeting patient needs. Work is currently underway to post the information on the public website.

As always at St. Joseph's, patients and visitors will also have other avenues available for translation services. Individuals can arrange to have an interpreter who speaks their language by informing staff in advance of their visit or by calling switchboard. The necessary arrangements will be made for them.

People Initiatives

Roofing installation solution

Due to the installation of roofing on the new Zone A at St. Joseph's Hospital, odour issues became a problem for staff in the Endoscopy Clinic and Urgent Care Centre. The tar being applied was the source of the odour. Facilities Planning, in collaboration with Occupational Health and Safety Services and EllisDon, sourced a new product which was vetted through the Joint Occupational Health and Safety Committee. The issue was resolved by upgrading to the new product, which has no odour. This was excellent teamwork in response to staff concerns and needs.

Chair/Chief selection process – an update

The following is an update on the joint selection process for departmental chair/chief positions:

- Surgery: An external recruitment firm has been chosen to help with recruitment.
- Oncology: The department self-study is in progress.
- Dentistry: Candidate interviews have taken place.
- Emergency: The external review report has been received and is being reviewed.
- Radiology: The external review took place and the report is pending.

Budget Initiatives

Allocation of additional cataract volumes

The South West LHIN contacted St. Joseph's on February 14, 2014 to gauge our capacity to perform additional incremental single cataract surgeries by March 31. As is the normal process in planning to complete the volume of cases allocated in a year, the Cataract Suite had a closure planned from March 3-14. Physicians, staff and leadership of the Ivey Eye Institute worked quickly to accommodate 325 additional cases and plan to complete them before March 31 (end of fiscal year). Confirmation of the additional 325 cataract cases was received from the LHIN on March 5.

Deep appreciation is extended to the physicians, staff and leaders of the Cataract Suite, operating room, Anesthesia Department, Central Processing and Housekeeping for their willingness and support to manage the care for this additional volume of patients on very short notice.

On a related note, a patient information video on cataract surgery has been created in which Dr. Mohan Merchea, Medical Director of the Cataract Suite, answers frequently asked questions. It is available on the St. Joseph's public [website](#) and You Tube channel.

Legislation

Accessibility for Ontarians with Disabilities – an update

Final updates have been made to St. Joseph's public website to ensure compliance with the Integrated Accessibility Standards under the Accessibility for Ontarians with Disabilities Act that requires all public sector organization web sites to conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 Level A by January 1, 2014. These guidelines are intended to facilitate the use of the Internet by people with various disabilities. Examples of these guidelines include: providing text alternatives such as the ability for the user to change the text to large print or to speech; making all functions available from a keyboard therefore eliminating the need for a mouse; providing ways to help users navigate, find content and make text content readable and understandable.

Collaboration and Integration

Share the Spirit

St. Joseph's annual employee giving campaign, *Share the Spirit*, is designed to engage staff and physicians each year with an opportunity to make a donation to St. Joseph's Health Care Foundation and/or the United Way London & Middlesex. Together, the work of these two organizations impacts the lives of countless people, including many of our own patients who live within our community. This year's campaign raised more than \$106,000 – an increase of more than \$2,000 from last year – with \$26,678 going to St. Joseph's Health Care Foundation and \$80,197 going to United Way.

Monies raised for the foundation will be used to: purchase frontline patient care equipment such as blanket warmers; fund education programs and access to the latest health information for patients, residents and families; and support research aimed at improving the lives of people living with life-altering medical conditions.

Donations to the United Way go towards understanding the root causes of social issues and bringing together people and resources to create positive, lasting change within the community by focusing on the areas of poverty, mental health, and supporting individuals through difficult transitions.

Health Link launched in London

On February 28, 2014, Health Minister Deb Matthews officially launched the Health Link model of delivery in London. The approach brings together health care providers in a community to better and more quickly coordinate care for high-needs patients. It aims at improving patient transitions within the health care system by encouraging providers to share patient information and work together to develop solutions that address each patient's specific needs.

Health Links, already established in nearly 50 other Ontario cities, address the issue of complex patients who often receive uncoordinated care from several different providers, resulting in both gaps and duplication in the care provided. At the core is information sharing by digital and other means between partners in the Health Link, which is being led in London by the Thames Valley Family Health Team and is currently made up of the following providers:

- Addiction Services Thames Valley

- Blackfriars Family Health Organization
- Community Support Services (represented by Cheshire Homes of London)
- Health Zone Nurse Practitioner-Led Clinic
- London Family Health Team
- London Health Sciences Centre
- London Intercommunity Health Centre
- Long-term care sector (represented by McCormick Home)
- Southwest Ontario Aboriginal Health Access Centre
- South West Community Care Access Centre
- St. Joseph's Health Care London

By bringing local health care providers together as a team, Health Link will help family doctors to connect patients more quickly with specialists, home care services and other community supports, including mental health services. For patients being discharged from hospital, the Health Link will enable faster follow-up and referral to services like home care, helping reduce the likelihood of re-admission to hospital. The overall goal for patients is timely access to the most appropriate care in the most appropriate place and support by a team of health care providers at all levels of the health care system.

More information on Health Link is available [here](#).

Sharing our expertise

On February 25, 2014, clinicians at Regional Mental Health Care London (RMHC) provided a half day education session on electroconvulsive therapy (ECT) for a clinical team from the Sault Area Hospital, which is planning to open an ECT program. ECT is usually given to people with severe depression that has not responded to other forms of treatment. The RMHC team was pleased to share their expertise and support the Sault Area Hospital clinicians with their planning.

Improving chronic disease management

Mary Mueller, Director, Medicine Services, and Karen Perkin, Vice President, Acute and Ambulatory, Professional Practice and Chief Nurse Executive, are members of a newly formed committee – the Connecting Care Collaborative – looking to improve care in the city for patients with diabetes, congestive heart failure and chronic obstructive pulmonary disease. The committee, which is sponsored by London Health Sciences Centre (LHSC), the South West Community Care Access Centre and St. Joseph's, will develop care pathways for these patients between the three hospital-based family medical centres, LHSC, St. Joseph's and the CCAC.

The purpose is to:

- Improve the patient experience for some of the top users of the health care system – patients with diabetes, congestive heart failure and chronic obstructive pulmonary disease.
- Strengthen the integration of services across LHSC, St. Joseph's, CCAC and the hospital-based family medical centres and decrease potential service gaps for these patients.
- Improve the level of care provided, including care and support in the community to prevent unnecessary hospitalization.
- Enhance the level of support to this patient population when they reenter the community from hospital.
- Improve efficiencies in how care is provided.
- Conduct early work that aligns with the Health Link objectives (see above)

Sharing expertise down under

The Crucial Conversations cultural transformation experience at St. Joseph's is helping to inform a hospital in Australia contemplating a similar move. Wendy Arnott, internal master trainer and a corporate facilitator with Organizational Developmental and Learning Services at St. Joseph's, introduced Richard Tewson, an organizational development consultant and leadership coach with Nepean Hospital, New South Wales, Australia, to St Joseph's work. She also arranged for him to meet with various St. Joseph's leaders. They shared the goals and successes of Crucial Conversations at St. Joseph's, impacts on teams, challenges, lessons learned in implementing the training as a culture change initiative, and more.

Research and Education

Lawson Impact Awards

Lawson Health Research Institute has announced a new signature event – the Lawson Impact Awards. The awards will celebrate Lawson scientists, staff and partners whose research excellence and innovation is making an impact in London and around the world. The inaugural awards evening, to be held May 1, 2014, will feature dinner, awards and a keynote address by a popular health care and medical expert. The call for nominations went out in mid-February.

London researchers awarded \$14.2 million to tackle health issues

Researchers at Western University and Lawson Health Research Institute have been awarded operating grants worth nearly \$14.2 million in the latest competition from the Canadian Institutes of Health Research (CIHR). Western had 18 projects approved and Lawson had two, including one of only six large (over \$1 million) grants handed out in Canada.

There were more than 2,500 grant applications submitted across the country for the 2013 competition. Of those, 479 received CIHR funding for up to five years. From St. Joseph's, probiotics expert Dr. Gregor Reid received \$ 211,632 over two years for a project in collaboration with Dr. David Spence looking at the links between intestinal bacteria and the risk factors related to atherosclerosis, which causes heart attacks, strokes, and dementia due to strokes. The study will shed light on a potential new treatment for atherosclerosis, that of replacing harmful intestinal bacteria with beneficial bacteria.

HELPER project – an update

As previously reported, funds have been awarded through the President's Grants for Innovation to evaluate an automated fall detection and patient monitoring system called HELPER (Health Evaluation Logging and Personal Emergency Response). The system operates through ceiling mounted units and a central control unit. Using computer vision techniques, the system tracks a person as they move about their hospital room. Measures such as the dimensions of the tracked person's silhouette and shadows are fed into a system that detects if there is an acute (emergency) event, such as a fall. When an acute event is detected, the ceiling mounted unit sends an alert to a hand-held device carried by the nursing staff. The intention is to decrease the number of serious injuries resulting from falls.

Over the past eight months, work has been undertaken to calibrate the system with volunteers (staff and students) who have simulated more than 500 falls. These falls have been used to 'train' the system to recognize falls. Many thanks go to all those who volunteered to 'fall' for the project.

The HELPER system will be embedded into the ceiling of five patient rooms at Regional Mental Health Care London. When the patient (or substitute decision maker) in one of these rooms has

consented to participate in this study, the system will be activated and a sign will be placed on the door stating “Automatic Motion Monitoring Device in Use.”

In other HELPER news, the abstract *HELPER (Health Evaluation Logging and Personal Emergency Response) System: Use of technology to detect falls and better understand precipitants* was accepted for presentation at the Watch Your Step: 2014 National Fall Prevention Conference, May 27-28 in Toronto. The conference is co-hosted by the Ontario Injury Prevention Resource Centre and the BC Injury Research and Prevention Unit. Experts from across Canada and around the world will come together to share research excellence, clinical advances and policy innovations in fall and injury prevention among older adults

Improving care for spinal cord injury patients

Dalton Wolfe, a scientist with Lawson Health Research Institute and a spinal cord injury (SCI) research expert, has received \$299,336 from the Craig H. Nelson Foundation’s Psychosocial Research Grants Program for his project entitled, *Theory-based self-management to improve bladder health in person with SCI*. The Craig H. Neilsen Foundation is the largest private foundation dedicated to improving the quality of life for those living with SCI by supporting innovative services, specialty training and research on effective therapies, interventions and treatments leading to a cure. Dalton’s work is based at Lawson’s Aging, Rehabilitation & Geriatric Care Research Centre located at Parkwood Hospital.

Lawson Health Research Institute – strategic plan

Lawson Health Research Institute has introduced its new, five-year strategic plan (2014-2018). Crafted by Lawson’s scientific leaders and refined with input from all Lawson investigators, the plan is aligned with the strategic priorities of London Health Sciences Centre, St. Joseph’s and Western University. The research directions articulated in the plan emphasize Lawson’s strategic capacity and capabilities built on a strong foundation of translatable health science. The overall objective is to deliver disruptive innovation with the potential to positively impact the health of individuals globally. An abridged version of the plan is available on the Lawson [website](#).

New student affairs website

A student affairs website for nursing and allied health students and faculty has been developed and is now live. This online resource is an informative “go to” site for current and potential students and schools to learn about the student placement process and requirements, and to provide answers to frequently asked questions. It is also a vehicle to profile the tremendous learning opportunities for students across St. Joseph’s, which supports recruitment. The website can be found [here](#).

STRIVE-Home project

The Community Stroke Rehabilitation Team has received approval and funding from the Heart and Stroke Foundation Canadian Partnership for Stroke Recovery for their proposal entitled *STRIVE-HOME (Stroke Rehabilitation Involving a Videoconferencing Element at Home): The impact and cost-effectiveness of home-based videoconferencing technology for speech language pathology rehabilitation after stroke*.

The project is part of a \$1.3-million national initiative aimed at delivering “telerehabilitation” to the homes of more than 200 people living with stroke in at least 10 Canadian cities. The goal is to improve access to desperately needed stroke-recovery services.

Researchers in Nova Scotia, P.E.I., Quebec, Ontario, Manitoba and British Columbia will test innovative ways to provide physical, occupational and speech therapy and lifestyle coaching to

people who are recovering at home after a stroke. The telerehab initiative is a joint effort of the Heart and Stroke Foundation (HSF) and the HSF Canadian Partnership for Stroke Recovery.

The Strive-Home project, led by Dr. Robert Teasel, will receive \$98,025 and will run from April 2014 to March 2015. Fifty-two patients with speech, communication or swallowing disorders will be involved in the study.

More information about the national initiative, including other newly funded projects, is available [here](#).

Geriatric Medicine Refresher Day

This year's Geriatric Medicine Refresher Day is focusing on "Elder Care – The Whole Spectrum of Care." Taking place on April 30, 2014 this conference gives health care professionals an opportunity to broaden their knowledge in geriatrics, refine their clinical skills and network with others working to advance care of the elderly. The plenary speaker will be Dr. Peter Whitehouse, professor at Case Western Reserve University and founder of the Intergenerational School in Cleveland, Ohio. A geriatric neurologist, cognitive neuroscientist, "global" bioethicist, and one of the best known Alzheimer's experts in the world, Dr. Whitehouse will speaking on *The Art of Dementia: Finding Beauty in a Broken World*.

Recognitions and Celebrations

Sisters of St. Joseph Awards

Congratulations to this year's recipients of the Sisters of St. Joseph Awards for Excellence. To be nominated and to be a recipient is a distinguished honour. The awards recognize an individual or a team for their excellence, positive attitude, reliability, honesty, efficiency, creativity, respect, caring, compassion, empathy and appreciation for the work of others. All were nominated by their colleagues. Without knowing anyone's identity, an awards selection committee comprised of representatives from across St. Joseph's sites, rates the nominations and selects the recipients. The 2014 recipients are:

- Lorna Macaulay, registered nurse, Roth|McFarlane Hand and Upper Limb Centre, St. Joseph's Hospital
- Joanna Teixeira, executive assistant, St. Joseph's Hospital
- Sheryl Toy, primary care partner, Mount Hope Centre for Long Term Care
- Becky Moran, occupational therapist, Parkwood Hospital
- Linn Loftus, volunteer, Caring Hands Gift Shop, St. Joseph's Hospital

The awards presentation was held March 19 to coincide with St. Joseph's Day. A [story and video](#) is available on St. Joseph's public website.

A very warm thanks

The Organizational Development and Learning Services team put on a very sweet show of support for construction workers at St. Joseph's Hospital. On a particularly cold day in February 2014, they invited the workers in for hot coffee and some goodies as a "warm thanks" for their hard work on the new Zone A. The idea came when members of the team, on their way for a hot drink, walked past the men working in the freezing cold. It sparked a discussion on how they could provide hot coffee to the workers. This kind-hearted display of the St. Joseph's values also demonstrates an all-embracing sense of teamwork. The coffee break was much appreciated by the construction workers.

World class expertise

Dr. Cindy Hutnik, an ophthalmologist at St. Joseph's Ivey Eye Institute and a scientist with Lawson Health Research Institute, was recently elected as Glaucoma Chair of the Canadian Glaucoma and Cataract Research Council and councilor of the Canadian Glaucoma Society. Among the goals of the council is the enhancement of scientific collaboration among Canadian glaucoma and cataract researchers and clinicians by the funding of clinically relevant studies conducted exclusively in Canada.

Dr. Hutnik is internationally renowned for glaucoma research focused on improving screening, care and outcomes for people with this progressive form of eye damage. Her work will be featured at the World Ophthalmology Congress in April 2014 in Tokyo. Called the 'silent thief of sight', glaucoma affects more than 40,000 Canadians and is the second leading cause of blindness worldwide.

Recognizing the best in nursing practice

Congratulations to Cheryl Forchuk and Anne LeMesurier who are among the 2014 recipients of the prestigious RNAO Recognition Awards presented by the Registered Nurses' Association of Ontario. The awards recognize individuals and groups that make significant contributions to RNAO's mandate: Speaking Out for Nursing, Speaking Out for Health. They also foster excellence in the nursing profession by highlighting the best of nursing practice, education, research, administration and policy.

Cheryl, a scientist and Assistant Director at Lawson Health Research Institute, is the recipient of the Leadership Award in Nursing Research. This award is presented to a registered nurse who actively explores progressive ideas in nursing research, has a proven ability to attract research funding and actively participates in the activities of professional organizations, thereby becoming a mentor in the area of nursing research. Cheryl is also a professor and Associate Director of Nursing Research at the Arthur Labatt Family School of Nursing at Western University, with a cross appointment to the Department of Psychiatry, Schulich School of Medicine & Dentistry.

Anne, nurse clinician with the wound and skin care team at Parkwood Hospital, is the recipient of the President's Award for Leadership in Clinical Nursing Practice. This award is presented to a registered nurse who consistently demonstrates expertise and evidence-based practice in one or more areas of clinical practice and influences change for the betterment of patients, families and/or communities. Up to only two awards are given in one year.

St. Joseph's is fortunate to benefit from the dedication and expertise of these two outstanding nurses.

Environmental Scan

Leading practice databases consolidated

Accreditation Canada's Leading Practices Database has been consolidated with the former Health Council of Canada Health Innovation Portal, making all innovative practices searchable in a single location.

The Leading Practices Database fosters inter-organizational learning and harvesting of new ideas. It includes nearly 1,000 practices recognized as being particularly innovative and effective in improving quality. These practices are leading in a service delivery area, in a particular health care setting, or for a specific health care challenge. Some are ingenious in their simplicity. Often, they are implemented by organizations with limited resources, showing how

innovative and creative strategies can achieve positive results at a minimal cost. The database can be found [here](#).

[Accreditation Canada February 17, 2014](#)

Canadian doctors urged to limit testing to contain costs

Canadian doctors are under increasing pressure to think twice before reflexively ordering some tests and procedures as evidence mounts of the costs of unnecessary testing to the health care system and to the well-being of patients. Eight Canadian medical societies are set to unveil in April lists of diagnostic tests and other procedures they will urge their members not to perform unless patients exhibit symptoms that are a “red flag,” according to a commentary published February 18, 2014 in the Canadian Medical Association Journal (CMAJ).

Dubbed *Choosing Wisely Canada*, the campaign piggybacks on a U.S. effort that identified dozens of tests and procedures as of little or no value, including imaging for uncomplicated headaches and lower back pain; pap smears for women who have had hysterectomies or are under the age of 21; routine check-ups for healthy adults; cancer screening for adults expected to live less than 10 years; and daily finger glucose testing for type 2 diabetics who are not taking insulin.

“We’re trying to change a culture,” said Wendy Levinson, co-author of the CMAJ commentary and chair of the Department of Medicine at the University of Toronto. “When patients go to doctors, they frequently expect their doctor to order a test, give them a prescription or order an imaging procedure. Physicians also feel like patients won’t feel satisfied unless they do those things.”

Some tests are already on the radar of Canada’s premiers. First ministers agreed last summer to adopt guidelines for the appropriate use of medical imaging for lower back pain, headaches and minor head injuries, a move they estimated could help save \$220-million of the more than \$2.2-billion spent annually on diagnostic imaging across the country.

[Globe and Mail, February 18, 2014](#)

Pay raises at community care access centres questioned

The board that oversees home care in London more than doubled the pay of its top executive, a hike of \$170,000 that critics says is outrageous. Since 2006 the Southwest Local Community Care Access Centre (CCAC) has increased the salary and benefits of Sandra Coleman from \$117,869 to about \$288,000 last year – a raise of 144 per cent.

The meteoric rise of Coleman's salary is typical of that of other CEOs at the 14 CCACs in Ontario. All had salaries boosted in 2007 to \$180,000 by then health minister George Smitherman after he reduced the number of CCACs to 14 from 43. Many have since seen pay packages rise north of \$250,000.

Coleman defended the approach taken by her board, saying her pay was no more than that given to chief executives at health organizations that are comparable or even smaller. Her pay is tied to how well she attains targets in an agency whose growing budget now tops \$200 million. Her agency has diverted enough people from hospital to home to save \$10 million a year, she said.

She received her first big bump in salary – a \$63,000 raise – in 2007, when six area CCACs were merged into one. But the balance of the increases occurred after the merger, most of it in

2009. Personal support workers on the front lines, meanwhile, have struggled with wages of \$12.50 an hour with some paying their own dime to drive from home to home.

[London Free Press, February 19, 2014](#)

Clinical trial supports new approach of aggressive treatment for Crohn's disease

The final results from an international clinical trial involving nearly 2,000 patients with Crohn's disease support the use of a new management strategy referred to as accelerated step-care as a best practice for the care of active Crohn's disease. The REACT (Randomized Evaluation of an Algorithm for Crohn's Treatment) study, led by Robarts Clinical Trials at Western University provides valuable new insights for community gastroenterologists which should benefit patients.

Crohn's disease is a chronic, potentially debilitating, condition of the gastrointestinal tract which can cause abdominal pain, diarrhea, vomiting, and weight loss among other symptoms. Well over five million people globally are affected by Crohn's disease and ulcerative colitis.

Dr. Brian Feagan, CEO and Senior Scientific Director of Robarts Clinical Trials and a professor in the Division of Gastroenterology at Western's Schulich School of Medicine & Dentistry, says the medical management of Crohn's disease has undergone important changes over the past two decades. The current treatment approach features sequential and incremental treatment intensification based on symptoms. In contrast, the more aggressive accelerated step-care approach involves the early introduction of combined immunosuppression in high risk patients, which has been shown to induce and maintain remission, reduce the use of corticosteroids, and heal intestinal ulceration in those who fail conventional treatment.

[Western University, February 19, 2014](#)

Benefits of early palliative care tested

A study at Toronto's Princess Margaret Cancer Centre has found providing palliative care to cancer patients before they are on the verge of death improves their quality of life and satisfaction with their treatment. The study, published in the medical journal *The Lancet*, suggest there are benefits to thinking more broadly about the role palliative care can play in managing the pain and psychological well-being of the seriously ill – even when those seriously ill patients have years to live.

The study involved 461 advanced cancer patients with life expectancies between six months and two years, 228 of whom were offered early access to palliative care at an outpatient clinic while also receiving chemotherapy or other treatments to fight their cancers. The rest received traditional oncology care and referral to palliative care when they had less than two months to live.

Patients in the intervention group met roughly once a month with a doctor and nurse trained in palliative medicine for an assessment and to talk about their pain, fatigue and other symptoms. Nurses and sometimes doctors also followed up by phone. By the four-month mark, patients who attended the palliative-care appointments reported higher scores for quality of life, patient satisfaction, symptom management and medical interactions than their counterparts in the control group.

[Globe and Mail, February 19, 2014](#)

National Defence hires mental health professionals to combat suicides

National Defence has hired seven mental health workers who are among two dozen health professionals offered jobs after a series of suicides last fall. Gen. Tom Lawson told a defence conference on February 21, 2014 that the military is moving away from the notion that suffering in silence with mental illness and trauma is acceptable.

As many as nine soldiers have taken their lives since November in a series of tragedies that have rocked the military and shone a spotlight on post-traumatic stress, and on the services available to those returning from the Afghan war.

The Canadian Press has reported that despite the injection of \$11.4 million in 2012 and specific promises by the Harper government to hire more staff, the number of mental health workers has remained static at roughly 380. The department has never met its decade-old goal of having 450 psychiatrists, psychologists and social workers on staff. Many defence insiders blame that on a cumbersome bureaucracy and a hiring freeze imposed by the government.

Lawson says the military is determined to treat trauma, depression and post-traumatic stress in the same way as physical injuries.

[CTV News, February 21, 2014](#)

Ontario makes changes to driver's licence renewal for seniors

Ontario is changing its driver's licence renewal program to help seniors who are fit to drive renew their licences. Starting April 21, 2014, drivers aged 80 and over will no longer have to complete a written knowledge test. Instead, they will participate in a shorter, simpler renewal program that includes:

- a vision test
- a driver record review
- an improved, in-class group education session
- two short, in-class screening exercises

The new screening exercises are simple, non-computerized tasks that help identify drivers who may need further assessment, such as a road test or medical review. A Ministry of Transportation media release is available [here](#).

Dr. Michael Borrie, a geriatrician at Parkwood Hospital, says changes are needed but he questions the evidence used by the government to select the types of tests that will be done under the new screening process.

[London Community News, February 24, 2014](#)

Report finds few adverse reactions to flu vaccine

In the first comprehensive annual assessment of vaccine safety in Ontario, Public Health Ontario found serious adverse reactions are rare. Of about 7.8 million doses of publicly funded vaccines distributed in Ontario in 2012, only 631 adverse events were reported. An adverse reaction, or event, is an unwanted or unexpected health effect that happens after someone is vaccinated. It may or may not be caused by the vaccine. Of the 631 events, only 56 were serious. There were no deaths.

[The Annual Report on Vaccine Safety in Ontario, 2012](#), includes:

- A summary of adverse events following immunization (AEFIs) reported in Ontario after vaccines were given in 2012.

- A description of the provincial AEFI surveillance system.
- Recommendations for improving vaccine safety surveillance in Ontario.

“It’s important for Ontarians to know that the risk of serious reactions from vaccines is very small compared to the risks from the diseases they prevent,” said Dr. Shelley Deeks, medical director, Immunization and Vaccine-Preventable Diseases, Public Health Ontario.

[Public Health Ontario, February 24, 2014](#)

Elderly and frail being pushed out of hospitals, report finds

Following decades of cuts to hospitals, sick, frail Ontarians are being pushed out of hospital while acutely ill, says a report released by the Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) and the Ontario Council of Hospital Unions (OCHU). Hardest hit are the elderly who are not getting the rehabilitative therapies and restorative and convalescent care they need, cites the report.

The report, [Pushed Out of Hospital, Abandoned at Home: After Twenty Years of Budget Cuts, Ontario’s Health System is Failing Patients](#), chronicles the qualitative experiences of hundreds of patients and their families from across Ontario who called a 1-800 patient hotline. The patient hotline is a joint initiative of OSLA and OCHU – the hospital division of the Canadian Union of Public Employees (CUPE).

During the past 20 years the province has cut 19,000 hospital beds, many of them assess and restore and continuing care beds – once the mainstay of convalescent care for older patients, says the report. Today access to in-hospital restorative care and rehabilitation therapies is severely reduced and the promised “outpatient” services in the community and home are non-existent, it states.

The report offers substantive solutions to make health services better for patients, particularly the elderly.

[Ontario Council of Hospital Unions, February 24, 2014](#)

President and CEO named

The newly merged organizations of the Canadian Healthcare Association and the Association of Canadian Academic Healthcare Organizations (CHA/ACAHO) have announced that Bill Tholl has been appointed president and CEO, effective March 17, 2014. Tholl will be charged with building and leading an organization that will be the national voice and champion of innovative health organizations across the continuum of care. He has served in a series of senior executive positions over the years, including chief executive officer and secretary general of the Canadian Medical Association and as executive director, Heart and Stroke Foundation of Canada. Tholl is also the founding executive director of the Canadian Health Leadership Network, which is committed to identifying, developing, supporting and celebrating excellence in health leadership.

[Canadian Healthcare Association/Association of Canadian Academic Healthcare Organizations, February 25, 2014](#)

Health sector should take service cues from banks, report says

A new report says the health sector should take a page from the banking industry when it comes to serving patients. It says people can bank online, access their personal information from anywhere and get customized services – and so should patients.

The report, [“It’s All About Me”: The Personalization of Health Systems](#), by the International Centre for Health Innovation at Western University’s Ivey Business School says patients are already using digital tools to manage their health and should have a bigger say in how they’re treated. Personalizing the health system will improve care, outcomes and save money, says centre chair Anne Snowdon. The health care system needs to move into the 21st century and start tailoring to the needs of the individual, she says.

The centre outlines several steps for governments, health professionals and providers to accelerate the “personalization” of systems, including:

- Put patients in charge of their health information and care decisions - not providers.
- Treat patients, not the disease. “One size does not fit all” in diagnoses and treatment.
- Incent providers for outcomes, not the number of services they deliver.
- Get digitally connected.
- Engage citizens in decisions about services paid for by government.

[International Centre for Health Innovation, February 26, 2014](#)

Family medicine graduates more than doubled in last decade

Ontario’s six family medicine programs have graduated 1,900 more family doctors in the last decade, transforming family medicine and improving access for patients, according to a new report by the faculties of medicine.

The [Family Medicine Expansion Report 2013](#) says a 10-year plan to address a shortage of family doctors by Ontario’s faculties of medicine and the province has more than doubled the number of family medicine residents and improved health care delivery in more than 155 communities.

“As a result of a strategic collaboration by Ontario faculties of medicine and the Ontario government, we have significantly more family doctors in the province than we did a decade ago,” says Bonnie M. Patterson, president and CEO of the Council of Ontario Universities (COU), which represents the province’s 21 publicly funded universities. “The transformation of primary care has been dramatic and, as a result, many more Ontario patients have access to the care they need.”

Today, Ontario’s family medicine programs are graduating more than 500 doctors per year, up from 200 per year in 2003. As a result, figures released last year by the Ontario Medical Association indicate that 2.1 million more Ontario patients now have access to primary health care.

[Ontario Council of Universities, February 26, 2014](#)

Nova Scotia family doctor named president-elect of Canadian Medical Association

Dr. Cindy Forbes, a family physician from Nova Scotia, has been named president-elect of the Canadian Medical Association (CMA). Dr. Forbes will take over – subject to confirmation by General Council – as president-elect of the national body during the annual general meeting in August in Ottawa. Her presidency will begin in 2015.

The nomination process reflects changing demographics in medicine as more women enter the profession. Dr. Forbes will be the fourth woman to serve as president since 2005. She is a past-president of the provincial physicians’ association, Doctors Nova Scotia, and she spent four years chairing the CMA’s Council on Health Care and Promotion. Additionally, she works with

the negotiations steering committee of Doctors Nova Scotia and was a member of the political action committee with the CMA.

[Canadian Medical Association, February 27, 2014](#)

Stigma remains key barrier to treating mental health

Despite best efforts in the health care profession to diminish the stigma around mental health, a British survey says it's still very much alive and ranks as the "key deterrent" preventing people from getting the help they need.

"We now have clear evidence that stigma has a toxic effect by preventing people seeking help for mental health problems," says Professor Graham Thornicroft, of King's College London and senior author of the report published in *Psychological Medicine*. "The profound reluctance to be 'a mental health patient' means people will put off seeing a doctor for months, years, or even at all, which in turn delays their recovery," adds Thornicroft, who is with the college's Institute of Psychiatry.

The study drew on data from 144 studies and includes more than 90,000 participants worldwide. Approximately one in four people have mental health problems, ranging from psychosis, bipolar disorder, major depression and anxiety disorders. Yet in Europe and the United States, the report says, up to 75 per cent of people with mental health disorders do not seek or receive treatment, which often results in dire mental health outcomes. Young people, men, people from minority ethnic groups, and people in the military and health professions are most likely to avoid seeking help because of stigma.

[Globe and Mail, March 4, 2014](#)

Province commits \$14 million for nurse practitioners in long-term care homes

Ontario is increasing the number of nurse practitioners in long-term care homes to strengthen the quality of care received by residents. Over the next three years, Ontario will fund 75 new nurse practitioners to help enhance access to primary health care services for long-term care residents, which the Ministry of Health and Long Term Care says will help to:

- Reduce unnecessary ambulance use, emergency department transfers and hospital admissions
- Keep residents safer by preventing injuries from falls
- Reduce the need for restraints by increasing patient supervision
- Improve resident and caregiver experience

Long-term care homes that successfully apply for funding for a nurse practitioner, but have difficulty recruiting and retaining one, will also have access to the Grow Your Own Nurse Practitioner in Long-Term Care Program. This new program will provide support to allow these homes to recruit and sponsor a registered nurse to receive additional education to become a nurse practitioner.

[Ministry of Health and Long Term Care, March 3, 2014](#)

Ontario set to strengthen Ombudsman's powers

The Ontario government will introduce a comprehensive piece of legislation that, if passed, would strengthen political accountability, enhance oversight, and increase transparency across government and the Broader Public Sector (BPS). The proposed legislation would build on the province's Open Government initiative. If passed, it would strengthen government accountability with regards to health care by:

- Establishing a patient ombudsman to assist patients in resolving complaints against public hospitals, long-term care homes and community care access centres.
- Authorizing the government to set compensation frameworks for senior executives in the BPS, including hard caps.
- Requiring BPS organizations to publish their business plans and other documents online.

A backgrounder on the legislation can be found [here](#).

In response, the Ontario Hospital Association (OHA) issued a [media release](#) expressing support for “the idea of an advocate with the necessary expertise, knowledge and familiarity with the unique and often sensitive nature of patients’ concerns to complement the existing patient relations processes already in place at Ontario’s hospitals.” The OHA also reiterated support for openness and transparency when it comes to executive compensation.

[Ministry of Government Services, March 6, 2014](#)

Single door to mental health opens

People across London and the surrounding region who are dealing with mental health issues now need knock on just one door — both literally and metaphorically — to get the help they need. On March 7, 2014 the newly formed Canadian Mental Health Services (CMHA) Middlesex was unveiled by CEO Don Seymour. The organization that covers 7,200 square kilometres and 2,012 clients with a staff complement of more than 300 people.

“It is a simple thing, one number, one door, one click of a mouse will get you the services you need,” said Seymour. “We have to be honest; there are never enough resources to do everything we want to do. But with the resources we have, we know that we will be able to develop more timely access for people with mental illness.”

Merged together from the former Canadian Mental Health Association London-Middlesex, WOTCH Community Mental Health Services and Search Community Mental Health Services, the new organization’s vision is “mental health services for people when they need them, where they need them,” Seymour says.

Other advantages include: enhanced services in rural communities; improved access to a broader range of services; enhanced crisis response and counselling; enhanced service delivery navigation; and a streamlined process and improved client care experiences.

[South West LHIN, March 7, 2014](#)

Hacking Health taking off in London

Two worlds are coming together in London as part of a health phenomenon that’s changing lives. Many of the city’s medical and tech experts are joining forces for Hacking Health, a partnership designed to solve health care-related problems.

“It’s a global movement that’s designed to improve all aspects of health care by trying to connect tech creators and health care professionals,” said Ian Haase of [TechAlliance](#), an economic development agency and title sponsor of the local Hacking Health event.

“The aim is to connect doctors who are dealing with problems every day and seeing them in the system with people who might have the skills and knowledge to solve the problem.”

The London arm for the initiative launched in December 2013 with a café event that brought together more than 70 people. In March, it continued with a pitch night where people came together and formed teams to tackle a series of problems. On April 10, 2014 a contest will be held to choose the best ideas, but, Haase stressed, every idea will still be supported in some way.

[Metro News, March 9, 2014](#)

Blood test developed to detect Alzheimer's

A blood test for Alzheimer's capable of predicting whether a person will develop dementia has been developed and could ultimately lead to successful treatment that would halt or even prevent the disease, scientists say. The American research found that biomarkers in the blood could be used to forecast whether a person would develop Alzheimer's disease within three years.

The research, published in the journal Nature Medicine, identified 10 molecules in the blood that could be used to predict with at least 90 per cent accuracy whether people went on to develop mild cognitive impairment or Alzheimer's. It is the first study to show differences in biomarkers in the blood between those who went on to suffer the disease, and those who remained "cognitively normal".

Researchers from Georgetown University Medical Centre in Washington DC said blood tests to identify those likely to develop dementia could be used in major clinical trials within two years.

[National Post, March 10, 2014](#)

London group warns of two-tier health care in Ontario

The London Health Coalition has joined a province-wide movement opposed to new rules that will allow the contracting out of more health care services, such as MRIs, CAT scans and day surgeries, to private clinics.

The change would take even more resources from the hospital sector, which the group says has been underfunded since 1990 when there were about 19,000 more hospital beds in Ontario than there are today, according to co-chair Peter Bergmanis. He said the change would create a two-tiered health care system that allows the rich to queue-jump and pay thousands for procedures currently covered by OHIP.

The campaign to "save community hospitals" will run until the end of the month. The coalition will then hold a "referendum" April 5, 2014 with a goal of getting 50,000 people in London to vote against the decision to move hospital services to private clinics.

The province-wide movement was spearheaded by the Ontario Health Coalition. More information can be found [here](#).

[London Community News, March 11, 2014](#)

Study finds surgical checklists haven't improved outcomes

The introduction of surgical safety checklists in Ontario hospitals did not improve operative mortality, according to a population-based study by researchers at the Institute for Clinical Evaluative Sciences (ICES), University Health Network (UHN) and St. Michael's Hospital.

The study, [Introduction of Surgical Safety Checklists in Ontario, Canada](#), published March 12 in the *New England Journal of Medicine*, examined the effectiveness of surgical checklists. The Ministry of Health and Long-Term Care mandated public reporting of surgical safety checklist adherence for hospitals beginning July 2010.

“Our study did not demonstrate the striking improvement in patient outcomes identified in previous studies. While a greater effect of surgical safety checklists might occur with more intensive team training or better monitoring of compliance, as currently implemented, surgical safety checklists did not result in improved patient outcomes,” said Dr. David Urbach, co-lead author, staff surgeon at UHN and adjunct scientist at ICES.

In the study, researchers analyzed the outcomes of surgical procedures three months before and three months after adoption of surgical safety checklists at 101 hospitals in Ontario. Adjusted mortality was 0.71 per cent before and 0.65 per cent after introduction. Checklist use did not result in an improvement in surgical complications, emergency department visits or hospital readmissions within 30 days of surgery. There was a statistically significant but small and not clinically relevant reduction in adjusted length of hospital stay (5.11 days before and 5.07 days after).

[Institute for Clinical Evaluative Sciences, March 12, 2014](#)

New web sites for people living with chronic disease

Nearly one million people in Ontario are living with heart failure or chronic obstructive pulmonary disease. These illnesses often have a debilitating effect on people's lives, tying them to a seemingly endless series of medical appointments or sending them unexpectedly to the hospital emergency room.

Two web sites have just launched to try to help individuals manage these chronic conditions and live a fuller, richer life. The portals, [LiveWellwithHeartFailure.ca](#) and [LiveWellwithCOPD.ca](#), offer clear, straightforward advice. They also link to numerous resources, including Telehomecare.

Telehomecare is a new service rolling out across Ontario. The program is free to patients and complements the care they receive from physicians. Participants use simple equipment to measure their vital signs and answer basic questions on how they feel each day. Specially-trained nurses monitor the results for any problems or warning signs. They also make weekly telephone calls to the patients to coach them on managing their condition. Early Telehomecare results from the William Osler Health System program show a reduction in visits to hospital emergency rooms of 43 per cent compared with the number of visits the patients were making prior to joining the program.

“We're looking at other ways to interact with our community without waiting until they need our emergency room,” says Matt Anderson, president and chief executive officer of Osler. “With Telehomecare we can extend the reach of our health care professionals into the community. We see it as a key strategy for changing the way our hospital and our staff interact with our community.”

[News Canada, March 13, 2014](#)

Ontario tries to ban blood-buying before clinics open

Ontario is moving to become the second province in Canada to ban payments for blood and plasma, but the Toronto-based business that is the target of the proposed law intends to begin limited collection of plasma regardless.

The provincial Liberal government announced on March 14, 2014 that it would introduce legislation making it illegal to provide any compensation, including reimbursing expenses, to people who give blood and plasma, the pale-yellow liquid that surrounds the cells in blood. Paid donations are almost unheard of in Canada. No clinics pay for whole blood and just one, in Winnipeg, pays for plasma. However, a startup company called Canadian Plasma Resources is trying to open two private clinics in Toronto and one in Hamilton that would pay \$25 per plasma donation, dispensed in retail gift cards.

The proposed legislation and two hastily posted regulatory amendments are designed to keep the clinics from opening, Health Minister Deb Matthews said. "We don't allow people to sell organs or other body parts or sperm or eggs," she said. "We believe you should not be able to sell blood either."

[Globe and Mail, March 14, 2014](#)

New report sheds light on safety and quality in Canadian health care

A new report, [Making Care Safer from Hospital to Home Care](#), published by Accreditation Canada and the Canadian Patient Safety Institute (CPSI), examines some of the major risks to patients that exist in Canada's health care system and shares patient insights, resources, and evidenced-based approaches to minimize those risks. The report focuses on three areas of risk:

- Venous thromboembolism, a serious and common complication for surgical patients, which is the second most common cause of excess length of hospital stay and the third most common cause of excess hospital costs.
- Surgical care, where patients with surgical site infections spend 60 per cent more time in an intensive care unit and are five times more likely to be readmitted to hospital following their initial discharge.
- Home care, where 130,000 Canadian home care clients suffer a harmful incident every year, half of which are preventable.

"We can do a better job protecting people from these everyday occurrences that bring unnecessary hardships and suffering to Canadians and their families," says CPSI CEO Hugh MacLeod. "These issues are preventable. CPSI and Accreditation Canada have the evidenced-based solutions required to prevent their reoccurrence."

[Accreditation Canada, March 17, 2014](#)

Health care wait times cost Canadians more than \$1 billion in lost productivity

Canadians lost a combined \$1.1 billion, or an average of \$1,202 per patient, as a result of lengthy waits for medically necessary health care in 2013, finds a new study released March 24, 2014 by the Fraser Institute, an independent, non-partisan Canadian public policy think-tank.

The study, [The Private Cost of Public Queues for Medically Necessary Care](#), calculates the average value of time lost during the work week for each of the estimated 928,120 patients waiting for surgery in Canada last year. When calculations include hours outside the work week— evenings and weekends, excluding eight hours of sleep per night – the estimated cost of waiting jumps from \$1.1 billion to \$3.4 billion, or an average of \$3,681 per patient.

"The negative impact of wait times on the productivity of patients and their ability to participate fully in life is an issue too often ignored in the health care debate. Reduced productivity in the workplace, or reduced ability to engage with family and friends, may impact family income and

increase stress for Canadian patients,” said Nadeem Esmail, study author and Fraser Institute director of health policy studies.

[Fraser Institute, March 24, 2014](#)

Private health insurance in Canada deemed inefficient

Private health insurance should be better regulated in Canada, say researchers who found the gap between premiums and payouts in claims reached \$6.8 billion in 2011.

About 60 per cent of Canadians are covered by private health insurance for health care services such as prescription drugs, health care economists say. Most are insured through their employers, with for-profit firms dominating the industry, said study author Michael Law of the Centre for Health Services and Policy Research at the University of British Columbia in Vancouver.

"When we looked across the for-profit insurers in Canada over the past 20 years, for the plans that are typically bought by individuals and small- or medium-sized employers, there was a pretty dramatic change in the gap between the premiums people paid in and the benefits that got paid back to them," Law said. "Whereas Canadians were paying in a dollar and getting 92 cents back in 1991, they were paying a dollar and getting 74 cents in 2011."

The study's authors said governments could take a couple of approaches to improving the situation: replace private insurance with more efficient public alternatives, or impose new regulations on the private insurance sector.

While most health care in Canada is paid for publicly, Law's team said private health insurance plays a major supporting role, particularly for prescription drugs, dental services and eye care. The expenditures totalled \$22.7 billion in 2010 or about 12 per cent of health-care spending, according to the Canadian Institute for Health Information.

[CBC News, March 24, 2014](#)

St. Joseph's in the News

[Concern after attacks on senior](#), CTV London, February 19, 2014

[Mother repeatedly attacked in long term care home](#), AM980, Craig Needles Show (podcast), February 20, 2014

[Violence concerns in long term care homes](#), CTV London, February 20, 2014

[For your eyes only](#), Londoner, February 20, 2014

[Province making changes to driver's licence renewal for seniors](#), London Community News, February 24, 2014

['Get the flu shot or wear a mask' becoming new edict for visitors to hospitals, care facilities](#), National Post, February 24, 2014

[Smart meters cost more, but generate more revenue](#), London Free Press, February 24, 2014

[Ontario finds last-minute cash for new, \\$500-million hospital](#), London Free Press, February 25, 2014

[St. Joseph's seeks savings in new budget plan](#), CTV News, February 25, 2014

[St. Joseph's Health Care announces staff layoffs](#), AM980, February 25, 2014

[Jobs cut as St. Joseph's Health Care London balances budget](#), Metro News, February 26, 2014

[St. Joe's to cut jobs to balance books](#), Blackburn News, February 26, 2014

[Thirty-three jobs eliminated at St. Joseph Health Care](#), London Community News, February 26, 2014

[Eight RN jobs are among the 23 positions eliminated at St. Joseph's Health Care in London](#), London Free Press, February 26, 2014 (also published in St. Thomas Times-Journal, St. Catharines Standard)

[St Joseph's Health Care to cut jobs](#), Newstalk 1290, February 26, 2014

[Campaign boosts vaccination rate among London and Middlesex County health workers](#), London Free Press, February 26, 2014

[Bringing vigour to the community](#), Western News, February 27, 2014

[Tackling the concussion problem](#), Southern Pigskin.com, February 27, 2014

[Liberal government leaves Londoners bracing for impact of hospital cuts](#), MPP Peggy Sattler, blog, February 27, 2014

[Inclusive Health Link model debuts in London](#), London Community News, March 3, 2014

[St. Joseph's part of drug trials to help diabetes patients](#), CTV News, March 3, 2014

[London researchers awarded \\$14.2 million to tackle health issues](#), London Community News, March 4, 2014

[Accountability legislation could bring new patient ombudsman](#), CTV News, March 6, 2014

[LHSC board prepares to seek out new CEO](#), AM980, March 6, 2014

[Protest planned month after horrific attack at London long-term care home](#), AM980, March 7, 2014

[Questions over funding for new sleep apnea test](#), CTV London, March 7, 2014

[St. Joseph's Catholic identity, budget](#), Craig Needles Show, AM980 (commentary), March 7, 2014

[Wireless gadget meant to help diabetics suspended after one too many misfires](#), London Free Press, March 9, 2014 (Also published in Chatham Daily News)

[Daughter leads rally for beaten nursing home resident](#), London Community News, March 10, 2014

[LHIN announced \\$156,000 in annual funding recently for Sarnia-based rehabilitation program for cardiac patients](#), Sarnia Observer, March 10, 2014

[Cardiac rehab program expands](#), Blackburn News, March 11, 2014

[St. Joseph's Health Care cleared in investigation into pharmaceutical company influence](#), London Free Press, March 12, 2014

[Drug company that offered to buy TVs for eye clinic did not exert 'excessive' influence, report finds](#), National Post, March 12, 2014

[Future scientists showcase projects at London Health Research Day](#), CTV News, March 18, 2014

[Research day showcases London's up-and-coming scientists](#), London Community News, March 19, 2014

[A colourful kind of care at St. Joseph's](#), London Community News, March 20, 2014

[Dream Lottery tickets on sale Friday](#), Blackburn News, March 20, 2014

[New homes, new chances: Dream Lottery returns](#), London Community News, March 21, 2014