



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: May 21, 2014

As you may know, London Health Sciences Centre has announced the appointment, effective May 7, of Murray Glendining as President and CEO, a role he has filled in an acting capacity since October. I congratulate and welcome Murray on this now-permanent role and look forward to continuing to work closely with him to implement new models of service that create better outcomes for patients. Murray appreciates the importance of an integrated approach across London's health care system and the region.

In the May issue of Hospital News, St. Joseph's took advantage of an opportunity to submit the monthly CEO column. I chose to feature our role in chronic disease management, our goals in this area of care, and the growing need for innovation. The column can be found on page 39 of the publication's [flip edition](#).

Organizers of the Memorial Cup 2014, in collaboration with the St. Joseph's Health Care Foundation, hosted a wonderful event for veterans at Parkwood Hospital on the morning of May 16. The veterans played hockey with school-age hockey players in a fun-filled game. Before the game, one of our ride-on cleaning machines was transformed into a Zamboni to prepare the 'rink', and Dr. Patrick Potter piped the cup into the auditorium. At the Memorial Cup Gala, meanwhile, a table of veterans was sponsored by the foundation and they had an excellent evening.

The Catholic Health Alliance of Canada national conference was held in Ottawa April 30 to May 2. I was asked to participate in a leadership panel with leaders from B.C. and Alberta.

In another speaking engagement, Michelle Campbell and I were asked to co-present at the Convene Canada conference hosted by the Association for Healthcare Philanthropy. Our presentation was titled "Dance with the One Who Brought You: Ensuring a Healthy Hospital-Foundation Relationship for Philanthropic Success."

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

Sharing our experience

St. Joseph's was asked to present to Infection Prevention and Control (IPAC) Canada, Southwestern Ontario chapter, on our experience in improving staff influenza vaccination rates. About 50 IPAC practitioners were present and appreciated learning of our experience.

IPAC Canada is a multidisciplinary, professional organization for those engaged in the prevention and control of infections. As part of its mandate, the organization provides communication and education for those involved in infection control activities.

Mental health inpatient bed shift – an update

As previously reported, the last phase of the mental health inpatient bed shift to the community involves the closure of 27 beds at Regional Mental Health Care London. This remains on target to be complete for June 27, 2014. To date, 16 beds have been closed with some of the most complex clinical transitions planned for May and June. All beds taken offline are directly connected to the discharge of long-stay patients with a length of stay more than 365 days to years. Successful discharges of long-stay, difficult-to-place patients continues with the assistance of South West LHIN funding and Community Care Access Centre priority designations for patients transferring to long term care.

Safety Initiatives

HUGO - preparation highlights

On May 21, HUGO (Healthcare Undergoing Optimization) will launch at all sites of St. Joseph's. Over the past 24 months leaders, staff and physicians have had significant involvement in planning, training and preparing the organization for this important step and their commitment and energy has been outstanding.

At the heart of HUGO is patient safety and the overall quality and effectiveness of our care processes. HUGO gives us demonstrated confidence in medication administration at every step. It helps to standardize practice, decrease variance and steps that are not helpful to patient care delivery, and measure and ensure best practice. Here are just some of the HUGO preparation highlights:

- About 2,000 St. Joseph's staff members have participated in training and more than 281 classroom sessions were held.
- City-wide about 1,800 physicians, dentists, midwives and nurse practitioners have been trained and 196 classroom sessions were held.
- Thirty nursing students were trained to support London go-lives.
- With HUGO, there will be a shift from paper to the computer for ordering tests and prescribing medications. All of the order sets needed for Clinician Provider Order Entry (CPOE) were standardized and reviewed. (CPOE is a key component of HUGO that uses technology to streamline work processes and standardize care.)
- More than 3,000 existing medication orders were made compatible for the new system.
- All night cupboards stock in patient units were swapped out with barcoded drugs.
- All ward stock drugs were swapped out with barcoded drugs
- Joint strategies were developed with London Health Sciences Centre (LHSC) pharmacy for barcoding drugs.
- Workflow processes across sites underwent extensive review.

- New medical directives as a result of workflow implications were reviewed.
- Staff are being supported through massive clinical change, helped with problem solving and navigating the system.
- April 2 was the go-live for all diet orders at both LHSC and St. Joseph's. For St. Joseph's, this impacted all sites except for Mount Hope. Clinical staff deleted the existing orders and reordered the diets using the new diet format for more than 700 patients across all St. Joseph's sites.
- Several St. Joseph's leaders and staff members visited LHSC during the go-live period in April 2014 to learn from that experience and apply it to preparation at St. Joseph's.
- Joint meetings were held with St. Joseph's and LHSC pharmacy services to review lessons learned from the LHSC go-lives.
- Site visits were facilitated to regional hospitals that have implemented HUGO.
- Connectivity was improved for Regional Mental Health Care ACT teams so that they could fully participate in HUGO.
- New label and wristband printers were purchased to support the processes required by HUGO, which add additional safety features to patient documentation.
- Policies and guidelines were reviewed, updated and revised as necessary, and several new policies needed for HUGO were approved and circulated.

The HUGO transformation really begins on May 21. The preparation steps listed above are key to the launch. There will be hundreds of new processes across our organization driven by HUGO and the pursuit of doing it better. The process of getting better will involve revisiting all of the assumptions and planning in the past months, and making changes to leverage the capability of what HUGO can offer. HUGO is just a tool for teams to employ, along with the other tools of strong team work and effective communication. We know from other sites that have gone live with this functionality across North America that the adoption cycle is six to nine months. We will revise our workflows, make changes to the software and continue to improve our methods of delivering care to our patients through the experience of automating many steps that were previously manual. Strong support for our frontline care givers will be critical to move through the next period of adoption and the impact of the changes brought on by HUGO.

HUGO has now been successfully implemented at nine hospital organizations participating in this initiative in the region, most recently at LHSC in April 2014. At LHSC they are seeing a high level of adoption of the closed loop medication administration (barcode scanning), exceeding the minimum target of 85 per cent successful scanning at University and Victoria hospitals. The number of orders entered electronically fluctuates between percentages in the mid-70s to low 80s. The feedback and issues that care providers are experiencing at LHSC include transitions of care, additional time spent on the computer, and the medication ordering and reconciliation processes. Much work is underway to improve these.

With HUGO implementation at St. Joseph's our region will be the first in the province to go live with this level of electronic health record integration. It marks a giant step forward in the journey towards a fully integrated electronic health record.

Quality and Service Excellence

Going smoke free – an update

As previously reported, St. Joseph's is phasing in smoke free environments at all our sites to better support those we serve and as part of our role in promoting a healthy community.

Designated smoking areas are being eliminated and smoking anywhere on hospital property will not be permitted. The Southwest Centre for Forensic Mental Health Care opened smoke-free in June 2013 and St. Joseph's Hospital became smoke-free as of Dec. 2, 2013.

Dates have now been set for the remaining three sites. Mount Hope Centre for Long Term Care will go smoke free on August 1, 2014, followed by Regional Mental Health Care London (RMHCL) on August 18, 2014, well in advance of moving to the new building in November 2014. Parkwood Hospital will be the last site to go smoke free on October 6, 2014.

At RMHCL, intensive work at the clinical level is being undertaken to help patients transition to a smoke-free environment. Currently, the patient population reflects a high rate of smokers.

At Parkwood, seven to eight veteran residents smoke and they will also be supported clinically in preparation for the transition to a smoke-free environment. Ethics will be involved in the patient planning for this change. The future of the smoking room in the pub will be part of the planning. As well, a robust staff plan is in the works, including cessation support.

Urgent Care Centre – supporting patient care

The Urgent Care Centre (UCC) team is working collaboratively with various departments to better manage high patient volumes during peak periods and meet the service needs of UCC patients. Among recent changes to support patient care are:

- Beginning May 24, weekend access to ultrasound will be moved from 9:00 am -1:00 pm to 11:00 am - 3:00 pm to better meet the needs of the UCC.
- Planning is underway for UCC clinical reception assistants to be able to directly book UCC patients for ultrasound. This will allow the UCC to provide same day service until slots are fully booked, then schedule for the next day and provide the patient with appointment information before leaving the UCC.
- Beginning May 24, weekend access to x-ray will be moved from 7:00 am-6:00 pm to 7:30 am-6:30 pm to better meet the needs of UCC.
- On weekdays, if x-ray is required past 8:00 pm, it is available and can be accessed.
- Laboratory Services now communicates to the UCC team leader every time there is equipment downtime and when it is back up. The team leader can then adjust patient flow and practices accordingly.
- Portering is working with the UCC to trial a designated portering service for the UCC from 7:00 pm to 9:00 pm on weekdays. Data is being collected and reviewed to determine if there is an ongoing need for these additional hours.

Expect a Call – an update

As previously reported, St. Joseph's Diagnostic Imaging Centre implemented an automated reminder call system in June 2013 that reminds patients of their scheduled diagnostic imaging appointments. The goal is to reduce missed appointments, improve wait times and enhance patient satisfaction. The text-to-voice system first went into effect for MRI patients and was then expanded to include all scheduled diagnostic imaging appointments at St. Joseph's Hospital and Parkwood Hospital.

About 80,000 scheduled diagnostic imaging scans are performed at St. Joseph's every year. When the reminder call system was implemented the no-show rate for scheduled appointments was about eight per cent, which significantly impacts efficiency.

The reminder system is currently reaching 94 per cent of patient appointments on a monthly basis and the no-show statistics have declined by one per cent. This means the number of missed appointments has dropped by 800.

New quality assurance position

Pathology and Laboratory Medicine has announced the creation of a "Quality Assurance Specialist" position. This position is the result of careful resource planning and will provide much needed expertise in regulatory requirements, Ministry of Health affairs and leader/staff support in all things quality. Congratulations to Donna Murphy for accepting this challenging and much needed position.

In other Pathology and Laboratory Medicine news, the Trace Elements laboratory has entered into agreement with Smith Nephew South Africa to provide chromium and cobalt testing on their hip replacement study patients. This seven-year agreement brings international exposure and revenue for Pathology and Laboratory Medicine.

People Initiatives

National Nursing Week

National Nursing Week May 12-18 was celebrated across St. Joseph's with various activities, such as poster board presentations, musical tributes, awareness days to promote the special attributes and contributions of nurses, and an opportunity for nurses to reflect on aspects of their profession that allow them to "soar". This new "What Makes you Soar" initiative focused on questions such as "*My nursing role inspires me to...*", "*My passion for nursing is lifted to new heights when.....*" and "*I love nursing because.....*". These reflections will be shared with nurses through the Nursing Council newsletter, Nursing Excellence Awards and other avenues.

The musical tribute was provided by Michael Hiltz, a grateful patient who received care at London Health Sciences Centre (LHSC) and Parkwood Hospital for a rare condition. When he first arrived at Parkwood he was in a wheelchair, but by the time he was discharged on March 20, 2014, after six weeks of therapy he was able to walk using crutches.

Michael, who plays guitar, wrote a song called "Hall of Fame for Nurses" to express his gratitude to all staff at LHSC and Parkwood who helped in his recovery. Michael sang the song to the 4AE care team at Parkwood just before he was discharged and travelled back to Parkwood to perform it live during nursing week celebrations. More about Michael and a video of him performing the song is available [here](#).

Among other highlights of the week were:

- The Nursing Professional Practice team visited units across all sites to engage the nurses in discussion about emerging issues and share Nursing Council news.
- Daily Nursing Week fun challenges were sent to the nurses asking them and/or their team to build these into their regular daily routines as a way to improve the quality of their work life.
- Nurses and their teams were encouraged to show team spirit by wearing the "colour of the day".
- St. Joseph's operating room nurses developed a fun, interactive game fashioned after the "Operation" board game. "The Classic Game with a Twist" station in the Cheapside

lobby promoted perioperative nursing by engaging patients and staff through trivia about nursing history, facts and figures, St. Joseph's surgical history, and more.

- More than 50 nurses came out to the "Nursing Nourish and Nosh Night" on May 15 at Aroma Mediterranean Restaurant. Nurses across the organization had fun building professional relationships through cooking part of the meal together.

The national theme for the Nursing Week put the spotlight on nurses at the forefront of effecting health care transformation. St. Joseph's is proud to employ 1,400 nurses across our organization.

Budget Initiatives

Cheque scanner purchase

The Finance Department is purchasing a digital cheque scanner for the St. Joseph's Business Office, which will allow cheques to be remotely deposited and improve the timeliness and control of deposits.

Sharing out success

The Finance Department has reviewed with the Ministry of Health and Long Term Care the methodology used to adjust the acute inpatient and day surgery health-based allocation model (HBAM) to reflect the adolescent mental health population. The impact of this adjustment on the 2011/2012 cost variance results is approximately \$7 million. In discussions with the Health Ministry, we shared our success with applying the HBAM expected unit cost to assist in the budget planning for Complex Continuing Care. The ministry's Health System Funding Reform Team has invited St. Joseph's to share our success story in that regard and be profiled for best practice and innovation from which others can learn.

Legislation

Mount Hope inspection

With the implementation of the Long Term Care Homes Act (LTCHA) in 2010, all long term care (LTC) homes in Ontario are subject to resident quality inspections (RQI) by LTC home inspectors. An RQI inspection is a comprehensive inspection that looks at all aspects of quality of care and quality of life of the residents. This is done through observation, interviews with residents, families and staff, and through a review of health records. If the inspectors identify deficiencies, they gather the information necessary to determine whether the home is in compliance with the standards of care and regulations set out in LTCHA. Written notices, voluntary plans of correction or compliance orders may be made to address any findings. Copies of the public version of inspection reports detailing all findings of non-compliance must be publicly posted in LTC homes and provided to residents' and family councils. They are also published on the ministry's website.

On May 14, nine inspectors from the Ministry of Health and Long Term Care arrived for the annual inspection of both Marian Villa and St. Mary's. They will be on site for a minimum of two weeks.

Collaboration and Integration

Framing the Phoenix

Framing the Phoenix is an art exhibition presented by the Mental Health Promotions Committee of London. It's a venue for artists whose lives had been touched by mental illness to share their talents and reduce stigma and discrimination. It's also an opportunity for their family and friends and the community to gain greater understanding of mental health issues and supports. The event began ten years ago, inspired by the story of the phoenix – a mythical bird of fire that, with the help of the sun, rises out of fire and ashes and is reborn fresh and new. The phoenix represents the resiliency and recovery of those who struggle with mental health issues.

St. Joseph's staff volunteer with the Mental Health Promotions Committee of London and the event is widely promoted across St. Joseph's. Registered nurse Beth Muia at St. Joseph's Regional Mental Health Care is the volunteer chair of the committee. The 10th anniversary of the Framing the Phoenix exhibit was held May 6 to 17 and included a poetry night on May 13.

Sharing our expertise

During two, full-day meetings in Stratford of the South West LHIN Vision Care Project, St. Joseph's case costing team presented information on our costing results and provided support to the costing of cataracts for hospitals that do not have a formal case costing system. St. Joseph's is the lead organization for the Vision Care Project, which is reviewing the current state of ophthalmology services in the South West region with a specific focus on cataract surgery.

'Patient costing' (or case costing) is a single source of clinical, utilization and financial information presented at the patient level. It provides the full cost of an episode of care (i.e. encounter) by gathering all direct costs (e.g. nursing, allied health, diagnostic services, pharmacy, food, supplies, maintenance and depreciation) and all indirect costs (e.g. administrative costs, general expenses and support services) that are associated with a particular patient's stay.

Having completed the Ministry of Health process to become a case-costing facility, St. Joseph's will be using case costing for internal reporting and for special projects within the organization.

Senior friendly care

St. Joseph's will be participating in a region-wide event focused on implementing and sustaining senior friendly best practices in hospitals. On June 19, 2014, all leaders and staff are invited to attend *Senior Friendly Hospital Care: Implementing & Sustaining Promising Practices in the South West LHIN*. The event is an opportunity to learn about senior friendly best practices and network with hospitals in the LHIN to share senior friendly strategy successes and challenges.

The keynote speaker is Dr. Barbara Liu, Executive Director of the Regional Geriatric Program (RGP) of Toronto. Dr. Liu has worked to promote the RGP's Senior Friendly Hospital Framework with decision makers, hospitals and frontline providers and has led the RGPs of Ontario involvement in the provincial Senior Friendly Hospital Strategy (SFH). The afternoon will offer an opportunity for participants to develop an individualized SFH sustainability plan for their organization and contribute to a broader South West LHIN SFH Sustainability Plan.

Hosting Hong Kong

A group of social workers and a clinical psychologist from Hong Kong will be coming to London to attend the Caring Dads training at Changing Ways on May 29-30. The training is for professionals who work with fathers who have physically abused, emotionally abused or neglected their children, exposed their children to domestic violence or who are deemed to be at high risk for these behaviours. The Hong Kong group is with a non-governmental organization called Po Leung Kuk. The group's work includes support for a women's shelter and providing domestic violence prevention programming.

As part of their trip to London, the Hong Kong group has requested site visits and program observation with various agencies and organizations. As they will be starting a Caring Dads group they are interested in how organizations work together around the issue of domestic violence. On May 26 the group will be visiting St. Joseph's Sexual Assault and Domestic Violence Treatment Centre to tour the centre and have time with staff for a question and answer session.

Role-playing to improve care

As part of the Emergency Department Transformation Project at London Health Sciences Centre, volunteers from the community were sought to participate in a role playing exercise. Participants were given a patient scenario to act as they trialed a new approach to caring for patients in the Emergency Department. Two members of the Regional Mental Health Care London Family Advisory Council – Fay Beaton and Nancy Grady – participated in the exercise. Both Fay and Nancy felt it was a good opportunity to observe how this new model of care will lead to patients being seen quicker. They also reported how dedicated the staff were in wanting to improve care. The exercise was held in April 2014 at the Hellenic Centre in London.

Palliative care provincial audit

Parkwood Hospital is participating in a planned "value for dollars" audit of palliative care across the province being conducted by Ontario's Auditor General. Four members of the audit team were at Parkwood May 14-16 to learn about our program and services and how we work with our partners to deliver quality, efficient and effective care. Results from the audit will be reported in the Auditor General's 2014 Annual Report. In December 2011, the Ministry of Health and Long Term Care produced a key document "Advancing High Quality, High Value Palliative Care in Ontario: Declaration of Partnership and Commitment to Action". There is significant interest in determining the status of the declaration mandate.

The Auditor General watches over the administration of Ontario's finances to help the province's legislature hold the government accountable. This is done by carrying out detailed scrutiny of government spending and then producing annual and special reports that provide provincial ministers with the information they need to judge how well public resources are being used.

Education and Research

Optimizing care the older adult

On April 30, 2014, about 550 health care providers gathered for the sold-out Geriatric Medicine Refresher Day where they spent an intense day learning the most up-to-date medical information and techniques from national and international experts. The keynote speaker was Dr. Peter Whitehouse, a geriatric neurologist, cognitive neuroscientist and global bioethicist who spoke on *The Art of Dementia: Finding Beauty in a Broken World*. Also on the agenda were 13

health care experts who presented on a variety of topics including older drivers, elder abuse, alcohol problems in later life, sudden vision loss and elder meditation. The overall purpose of the annual conference is to optimize care for the older adult, an area of care rapidly growing in importance. According to projections by Statistics Canada, the number of adults over age 65 could exceed the number of children by 2016 for the first time in Canadian history.

The annual conference was hosted by the Division of Geriatric Medicine at Western University's Schulich School of Medicine & Dentistry in collaboration with St. Joseph's Specialized Geriatric Services.

Presenting on Parliament Hill

On May 12, Dr. David Hill, Scientific Director, Lawson Health Research Institute, and Dr. Irene Hramiak, Lawson scientist and Chair/Chief, St. Joseph's Centre for Diabetes, Endocrinology and Metabolism, participated in a forum on Parliament Hill that offers Canada's parliamentarians an opportunity to learn about recent and exciting developments arising from the laboratories of Canada's world-leading health researchers.

Research Canada: An Alliance for Health Discovery spearheaded the creation of a Health Research Caucus (HRC) in 2009, drawing parliamentarians from all political parties to participate in a non-partisan forum to discuss the critical importance of health research to the health and wealth of Canadians, and consider the benefits of the health research industry's skilled and knowledgeable work force. HRC events are attended by Members of Parliament, industry, academic and non-profit sector leaders. They feature keynote speakers and educational exhibits or "kiosks" where attendees can enjoy one-on-one discussions with presenting researchers.

The focus of the May 12 HRC event was "Diabetes Research and Innovation in Canada" with four theme areas: obesity, lifestyle and poverty; new technologies in diabetes research; genetic risks of diabetes; and therapeutic advances and discoveries in Canada. Dr. Hill was one of two keynote speakers and presented broadly on innovation in diabetes research in Canada. Dr. Hramiak was a presenting researcher at a kiosk where she featured two key trials funded by the JDRF Canadian Clinical Trial Network – the artificial pancreas program in type 1 diabetes mellitus, and the REMOVAL trial in 1 diabetes mellitus. St. Joseph's is playing a key role in both these international trials. (See "Sleeping Easy" in this report for more on the artificial pancreas trial.)

Lawson Impact Awards

On May 1, Lawson Health Research Institute launched a new event – the Lawson Impact Awards – to recognize Lawson scientists, staff, trainees, and partners who demonstrate excellence in academics, leadership, training, operations, industry, and innovation. Highlights of the awards presentation included dinner, awards presentations, and a keynote address by Dr. Mike Evans, renowned health advocate and influencer. Dr. Evans is the creator of the worldwide YouTube sensation '23 ½ hours', a regular contributor to the Globe and Mail and CBC Radio, chief editor of the provincial health portal, and founder of the Mini-Med School at the University of Toronto. In the spirit of the event, Dr. Evans discussed the importance of translating research innovations to the public to prevent disease and improve health.

Six individuals received Lawson Impact Awards at the inaugural event:

- **Scientist Career Award – Dr. Frank Prato, scientist and Assistant Scientific Director:** Dr. Prato is a visionary, mentor, and leader who has made Lawson a national

and international leader, home to many firsts for research and state-of-the-art equipment. His personal resume is rich with more than 30 years of grantsmanship, industry partnerships, and academic honours. He has translated his research through 11 patents and four start-up companies, one of which was the first ever spin-off from Lawson to be listed on the Toronto Stock Exchange. Dr. Prato's work is based at St. Joseph's Hospital.

- **Innovation Award - Dr. Ting-Yim Lee, scientist:** Dr. Lee is internationally renowned for his development of CT Perfusion, a technology that measures how blood flows through tissues in the body. Now licensed by GE Healthcare, this technology is in use in more than 8,000 hospitals worldwide to better diagnose and treat stroke and cancer patients. Results of a recent socioeconomic study shows public investment in Dr. Lee's work has not only expedited this innovation, but also yielded a 2:1 return on investment. Dr. Lee's work is based at St. Joseph's Hospital.
- **Dr. Joseph Gilbert Research Contribution of the Year Award - Dr. Nathalie Bérubé, scientist:** Dr. Bérubé's award winning study published in the prestigious *Journal of Clinical Investigation* sheds new light on the role of genetic protein in protecting the developing brain from intellectual disabilities. The study was recommended by the Faculty of 1000 (leading biomedical experts helping scientists to discover, discuss and publish research) and received the prestigious Canadian Institutes of Health Research Age+ Prize for excellence in research on aging by Canadian scholars.
- **The Staff Award of Excellence - Craig Johnson, Clinical Research Coordinator:** Craig supports the Cancer Clinical Research Unit, one of the most active clinical research teams at Lawson, where his patient recruitment rate to clinical trials is 10 times higher than the average in his area. These results speak to his ability to connect with patients and effectively communicate the importance of clinical research to their care.
- **The Leadership Award - Ashley Watson, trainee:** Ashley is a city-wide representative for Lawson's trainee association and a volunteer with countless organizations in the London community, including the Children's Health Foundation, where she works to promote health and scientific research. Her research has been published in three high-impact scientific journals.
- **Industry Partner of the Year Award - Lantheus Medical Imaging:** Lantheus is a long-term supplier to both London hospitals. As a research partner, the company provides Lawson with regulatory assistance, clinical trial access and sales/marketing support, while Lawson offers access to a state-of-the-art manufacturing facility and leading edge research. In 2010, Lantheus signed a manufacturing and supply agreement with Lawson and last year transferred the production of Gludef™ for all its customers in Ontario to Lawson. Gludef is a radiopharmaceutical agent used for imaging in patients undergoing oncologic diagnostic procedures.

Building the Bridge to Discovery

Lawson Health Research Institute has launched a new infographic video, called *Building the Bridge to Discovery*, to help improve stakeholder's understanding of the Lawson identity and inspire pride. As Lawson is so seamlessly embedded in the hospitals, it can be difficult to identify when, where and how research is taking place. The video uses a series of visual representations to provide context for, and improve understanding of, the impact of hospital-based research. The video was launched at the inaugural Lawson Impact Awards on May 1 to great accolades. It can be viewed [here](#).

Sharing our expertise

At the request of Health Canada, the Royal Society of Canada assembled an expert panel to conduct a review of Safety Code 6, which concerns the potential health risks of radiofrequency fields from wireless telecommunication devices. Lawson Health Research Institute scientist Dr. Frank Prato participated as a member of the panel. Dr. Prato is Lawson's Imaging Program Leader and Assistant Scientific Director. He is also Chief Medical Physicist at St. Joseph's and his research is based at St. Joseph's Hospital. The report, *Health Canada's Safety Limits for Exposure to Radiofrequency*, was released in April 2014 and was well received by Health Canada. The full report and supporting materials are now available on the society's [website](#).

Sleeping easy

Parents of children in a ground-breaking diabetes trial in London say they are enjoying peace of mind and a good night's sleep for the first time in years. The North American trial is looking at ways to prevent dangerous low blood sugars overnight in children with type 1 diabetes, and it's helping both children and parents go to bed worry free.

The study is a partnership between St. Joseph's Centre for Diabetes, Endocrinology and Metabolism and the pediatric diabetes group at Children's Hospital, London Health Sciences Centre. Dr. Irene Hramiak, Chair/Chief of the Centre for Diabetes, Endocrinology and Metabolism is collaborating with Dr. Cheril Clarson, section head of pediatric endocrinology at Children's Hospital. Both Dr. Hramiak and Dr. Clarson are also Lawson Health Research Institute scientists.

Low blood sugar, or hypoglycemia, is a condition that can lead to coma, seizures or death for individuals with diabetes. More than half of these episodes occur during sleep hours. In children, the rate is higher – 75 per cent of hypoglycemic seizures occur during sleep.

The goal of the clinical trial, known as the pump shut-off study, is to test a system that mimics the pancreas to reduce the rate of nocturnal hypoglycemia. The system is a combination of an insulin pump to deliver insulin, a continuous glucose monitoring system to measure blood sugars in the patient every five minutes, and a computer algorithm (software) that predicts for each individual when they are at risk for hypoglycemia. When operating, the system avoids low blood sugar while the patient is sleeping by turning off the insulin pump when it predicts low blood sugar could occur and then turning the pump back on when there is no longer a risk of low blood sugar.

The trial is also underway at Stanford University and the University of Colorado in the U.S. A total of 45 adults have been previously studied and now a total of 90 children are being studied. The pediatric trial is expected to be completed in September 2014.

Renewing Canada's mental health system

On May 14, the Chair of the Mental Health Commission of Canada (MHCC) spoke at Regional Mental Health Care London for the 10th Annual Tony Cerenzia Research Lecture hosted by Lawson Health Research Institute. Dr. David Goldbloom is one of the most respected voices in the field of mental health. He is a professor of psychiatry at the University of Toronto, Senior Medical Advisor at the Centre for Addiction and Mental Health, and has published more than 100 scientific articles and book chapters. His talk focused on how research and evidence-based approaches are helping the MHCC accelerate the renewal of Canada's mental health system and address the stigma associated with mental illness. Among the MHCC's initiatives is Canada's first-ever mental health strategy, "Changing Directions, Changing Lives." Released in

May 2012, the strategy is comprised of six strategic directions that focus on awareness, prevention, access, recovery, and knowledge sharing.

Recognitions and Celebrations

An international reputation

Congratulations to Dr. Stewart Harris who has been awarded the 2014 Hellmuth Prize for Achievement in Research. The Western University award recognizes faculty members with outstanding international reputations for their contributions in research – one of the defining hallmarks of a university. Two prizes are offered annually, one in the area broadly defined as the natural sciences and engineering, one in the social sciences and humanities.

A family physician, Dr. Harris is professor at the Schulich School of Medicine & Dentistry and Medical Director of St. Joseph's Primary Care Diabetes Support Program. His research focuses on caring for populations at special risk with a focus on the cause and prevention of type 2 diabetes in First Nations communities. Other research areas include diabetes care in family practice and the role of family physicians in the Canadian health care system.

The renowned researcher holds the Canadian Diabetes Association Chair in Diabetes Management as well as the Ian McWhinney Chair of Family Medicine Studies. He has appointments in the Division of Endocrinology & Metabolism, Department of Family Medicine and Department of Epidemiology and Biostatistics, as well as serves as a research scientist at the Lawson Health Research Institute. Dr. Harris has published more than 219 articles in major peer-reviewed journals.

This year's awards ceremony was held May 6 during which Dr. Harris delivered his lecture, *The Diabetes Pandemic; Mitigating its Impact*.

Excellence in Nursing Awards

St. Joseph's Excellence in Nursing Awards is one of the ways that nurses across the organization are recognized for the work they do. These awards are peer nominated and open to all nurses working in any capacity at St. Joseph's. The 2014 recipients are:

- Excellence in Direct Care
 - Mount Hope/Parkwood Hospital - Katie Watson
 - St. Joseph's Hospital - B6 Inpatient Surgical Team
 - Mental Health - Gord Cummings
- Excellence in Leadership
 - Beverley Barrie
 - Ruth Mooser
- Excellence in Teaching and Coaching
 - Carrie Howard
 - Anne LeMesurier
- Excellence in Innovation and Evidence Informed Practice
 - Mary Helen Clarke
 - Christine Tsao

St. Joseph's congratulates these nurses for all they do every day to support their colleagues and to make a difference in the lives of our patients and residents.

A Champion of Mental Health

Brett Batten, a former St. Joseph's forensic mental health patient, is the recipient of the 2014 Champion of Mental Health Award presented by the Canadian Alliance on Mental Illness and Mental Health.

Brett's mental health journey began at age 15 and has spanned 30 years. He has lived with mental illness since adolescence and has also been arrested, incarcerated, judged, found guilty and found Not Criminally Responsible (NCR). What makes his story so unique is his willingness to talk about it. While a patient for seven years in the Forensic Psychiatry Program at St. Joseph's he was encouraged to make advocacy part of his recovery. He soon became a sought-after speaker. In the past year alone Brett has presented his story at schools, churches, hospitals, detention centres, housing groups and media in an attempt to dispel myths and reduce stigma, specifically regarding the often-forgotten field of forensic mental health care. His powerful words at the opening of St. Joseph's Southwest Centre for Forensic Mental Health Care stood out as the most memorable moment of that day. Subsequently, he was asked by an MPP to discuss the corrections and forensic systems and presented 12 pages of thought-provoking information with the hope to advance the mental health care agenda. He has also had several articles published on NCR and the treatment of patients with mental illness.

The annual Champions Awards celebrate individuals and organizations whose outstanding contributions have advanced the mental health agenda in Canada. St. Joseph's congratulates Brett on this tremendous honour. It was presented at a gala in Ottawa on May 5 as part of the Bell Let's Talk mental health initiative. A CBC News clip featuring Brett is available [here](#).

Veteran cartoonist honoured

Merle Tingley (Ting), a Parkwood Hospital veteran, was honoured with an art show, *Ting - A Celebration of Comic and Graphic Arts*, at The Arts Project in London held April 22 to May 3, 2014. For nearly 40 years Ting was an editorial cartoonist for the London Free Press during which he attracted a loyal following in more than 60 daily and weekly publications. His famous cartoon mascot, Luke Worm, was famed among readers of all ages.

Environmental Scan

WHO warns international spread of MERS 'very likely'; Canada on lookout

Countries should be on the lookout for cases of MERS in people returning from Middle Eastern countries affected by the virus, the World Health Organization said on April 24, 2014 in an updated risk assessment of the new coronavirus.

The number of known infections has skyrocketed in recent days, with Saudi Arabia alone reporting 48 cases on April 23 and 24. In the 20 months since the world became aware a new coronavirus was infecting people, there has not been a single month where the total cases from all affected countries was as high as that two-day tally. In the past two weeks alone cases were exported to Greece, Malaysia, Jordan and the Philippines, the global health agency said, warning that the virus may pop up in various parts of the globe carried by people who have been to countries like Saudi Arabia and the United Arab Emirates. The WHO says three-quarters of the recent cases appear to be ones where the transmission was person to person, not from an animal or environmental source to a person.

[CTV News, April 24, 2014](#)

Health Quality Ontario unveils new data on existing health interventions

As the province's advisor on health care quality, Health Quality Ontario (HQO) has released the fourth edition of its *Ontario Health Technology Maps Project Report*. This report looks at the adoption of evidence-based medical and surgical procedures and laboratory tests that can be tracked through existing databases. It provides information to health care professionals on variations in care across the province and changes needed to improve the quality of health care for Ontarians.

In this year's report, continuity of care for chronic disease management is highlighted as a key area where adjustments should be made to improve patient care. The report found that 45 to 60 per cent of Ontarians with chronic illnesses are receiving a high continuity of care. This means 75 per cent of their visits with health care professionals are with the same health care provider. With the population aging more Ontarians will require regular interaction with their health care providers to effectively manage their chronic illnesses and symptoms. HQO recommends that continuity of care be the preferred model for chronic disease management.

Overall there were 21 interventions included in this year's Maps Project Report. The report and recommendations related to all 21 health interventions are available [here](#)

[Health Quality Ontario, April 28, 2014](#)

Strengthening home and community care

On April 24, 2014, the Ontario government released [A Vision for Home and Community Care in Ontario](#), which focuses on improving care for Ontarians receiving health care services at home or through community supports. In the opening statement of this vision, Health Minister Deb Matthews calls for "a truly patient-centred home and community care sector" that must be fully integrated with other health care providers.

"We must be open to trying new approaches when it comes to the delivery of home and community care. This includes better coordination of care for low acuity patients, bundled payment for the full course of care for select procedures, self-directed care and hospital provision of community supports where warranted. New approaches to home and community care will be evaluated and shared."

To support its vision, the government announced a series of home and community care summits across Ontario, which will be used to gather feedback from providers, patients and their families on patient and caregiver experiences and solutions for improving patient care. Input from health care experts on how to improve the quality and value of care provided in the home and community sector will also be sought.

The government also announced its intention to improve accountability, transparency and quality of care in the home care sector by:

- Developing a new home care Personal Support Worker Workforce Stabilization Strategy
- Extending the Freedom of Information and Protection of Privacy Act to community care access centres.

[Ministry of Health and Long-Term Care, April 24, 2014](#)

Arbitrator sides with Ontario nurses on raises

An arbitrator awarded the province's nearly 60,000 frontline nurses pay increases of 1.4 per cent in each of the next two years – less than the two per cent a year the union was after, but more than the association representing the province's hospitals had hoped to pay when talks between the two sides broke down in March 2014.

Anthony Dale, the president of the Ontario Hospital Association (OHA) warns that the new contract would add approximately \$60-million in inflationary increases to the budgets of hospitals across the province. An OHA media release is available [here](#).

The Ontario Nurses' Association (ONA) said it intends to keep pressing the Ontario government to ensure that cash-strapped hospitals do not cut nursing positions to make up the difference.

The ONA's last collective agreement expired on March 31, 2014. Under the previous contract, members of the ONA took a pay freeze in the first two years and a 2.75 per cent increase in the third.

[Globe and Mail, May 1, 2014](#)

Most seniors take five or more drugs, numbers double in long-term care facilities

Most seniors in Canada are taking at least five drugs – and that number increases dramatically for older seniors and those living in long-term care facilities, according to a new report from the Canadian Institute for Health Information (CIHI).

[Drug Use Among Seniors on Public Drug Programs in Canada, 2012](#) found that nearly two-thirds of seniors (those age 65 and older) are taking five or more prescription drugs. Drug use increases with age, with more than 40 per cent of Canadians age 85 and older taking more than 10 drugs. Additionally, seniors living in long-term care facilities take more medications than those who are living in the community; nearly two-thirds are taking at least 10 drugs.

“Older seniors tend to have more complex needs, often including multiple chronic conditions,” says Michael Gaucher, director of Pharmaceuticals and Health Workforce Information Services at CIHI. “As their health care needs evolve, it is important to regularly review their medications to ensure they are taking the medications they need, while considering treatment goals and the benefits and risks of each medication.”

Statins, used to treat high cholesterol, are the most commonly used drug class, with almost half of all seniors taking them. Of the 10 most commonly used drug classes, six are used to treat cardiovascular conditions.

CIHI data shows that the medications being prescribed for seniors living in long-term care facilities are different from those prescribed for seniors living in the community. Seniors in long-term care are much more likely to be taking psychotropic drugs, which are used to treat a wide range of conditions, including depression, anxiety and insomnia. The rate of antidepressant use among seniors in facilities is three times higher than the rate for seniors living in the community, while antipsychotic use is nine times higher.

A summary of the report is available [here](#).

[Canadian Institute for Health Information, May 1, 2014](#)

First-ever study of severe asthma in Canada identifies significant gaps in care

The Asthma Society of Canada has released the first-ever patient study of severe asthma in Canada. The study, [*Severe Asthma: The Canadian Patient Journey*](#), takes an in-depth look at the personal, social, medical and economic burden of severe asthma in Canada.

Severe asthma (SA), a more serious form of asthma and a greater threat to life, impacts the health and economic well-being of between 150,000 and 250,000 Canadians. Between 250 and 300 Canadians will die this year of asthma. Beyond personal costs, asthma is the leading cause of hospital admission in Canada. Between 2010 and 2011, direct and indirect costs associated with treating asthma topped more than \$1-billion.

The study included extensive interviews with SA patients in Alberta, Ontario and Quebec, as well as responses from every province through an online survey. It highlights the patient experience of SA in their daily lives, in the health care system, with respect to treatment options, and with family, friends and in the work place. Key findings include:

- SA is generally poorly understood and diagnosed, and inconsistently managed by health care providers. Its severity is discounted by patients themselves, sometimes as a result of the stigma associated with the disease.
- SA significantly reduces the personal, social, financial and health outcomes for many Canadians. SA has a noticeable impact on the Canadian economy.
- Treatment of SA is hindered by availability of specialists, misdiagnoses and lack of patient understanding.
- New treatment options are not well known by patients or physicians.

[Asthma Society of Canada, May 6, 2014](#)

London Health Sciences Centre announces new president and CEO

On May 7, 2014, London Health Sciences Centre (LHSC) announced that Murray Glendining has been named the hospital's new president and chief executive officer, effective immediately. Glendining assumes this position permanently after recently serving as acting president and CEO at LHSC. Ruthe Anne Conyngham, chair of the LHSC board of directors, said Glendining was unanimously selected by the board after an extensive process to consider all potential options.

Glendining joined LHSC in June 2012 as executive vice president of Corporate Services and Clinical Support responsible for Finance, Diagnostic Services, Clinical and Information Technology, Facilities Management, Business Development & Commercial Operations and Decision Support. Prior to joining LHSC, Murray spent ten years with Hamilton Health Sciences Centre as executive vice president of Corporate Affairs and later assumed the additional role of regional chief information officer for the Hamilton Niagara Haldimand Brant LHIN where he led the provincial strategy for an electronic health record within the region.

In announcing the appointment, LHSC says Glendining has demonstrated exceptional leadership, "significantly advancing LHSC's strategic objectives, driving engagement of front line staff and physicians through transformational change initiatives, and further strengthening partnerships with key system stakeholders."

[London Health Sciences Centre, May 7, 2014](#)

OPP launch mental health screener for frontline officers

On May 8, 2014 the Ontario Provincial Police (OPP) announced it will soon begin using a science-based, standardized mental health screening form across the province which will help frontline officers articulate, in medical terms, why a person is being brought to a hospital for psychiatric assessment.

The Brief Mental Health Screener (BMHS) is the result of a collaborative partnership between the OPP, University of Waterloo and interRAI, a network of researchers in over 30 countries committed to improving care for vulnerable populations, including persons with mental illness. InterRAI has developed assessment instruments for emergency care, nursing homes, home care, mental health and intellectual disabilities, among others.

The BMHS is based on the interRAI Mental Health assessment system, a comprehensive standardized instrument mandated in 2005 by the Ontario Ministry of Health and Long-Term Care for use with all patients admitted to an Ontario hospital for inpatient psychiatric care. The BMHS has been evaluated through an OPP pilot project and will improve police response to people experiencing a mental health crisis. It will also assist officers in dealing with these situations and serves as a positive example of community mobilization in action. OPP Detachment Commanders will soon be seeking partnerships with Ontario hospitals to implement use of the BMHS.

[Ontario Provincial Police, May 8, 2014](#)

Military 'culture of drinking' drives vets to streets, study finds

The spectre of post-traumatic stress disorder (PTSD) throwing Canada's veterans on the streets gets the attention of media and politicians. But a more insidious problem, drinking, led to homelessness for the dozens of Canadian veterans studied and helped in a just-completed national research project.

"Within the military culture there is also the culture of drinking," Western University researcher Cheryl Forchuk said. "They started drinking heavily while they were in the military. It was often years later . . . everything fell apart."

The report recommends social service agencies in Canada ensure they screen ex-soldiers for alcoholism. The study wrapped up March 31, 2014, and researchers are just completing the report for the federal government.

The recommendation is one of many developed from a three-part 23-month study that first asked homeless veterans in Toronto, Calgary, Victoria and London what they needed, put some different ideas into practice, then assessed how things went. As a result of the project, the City of London will be creating a manual to help inform other municipalities on how to best support veterans experiencing homelessness, said Grant Martin, coordinator of LondonCares, the city's addiction and homelessness program. The manual will include ways to help get veterans off the streets, into treatment, and, in the case of some veterans, back to jobs.

[London Free Press, May 14, 2014](#)

St. Joseph's in the News

[Senior drivers: 'Thanks for taking my licence away'](#), Globe and Mail, April 18, 2014

[Two research pillars honoured with Hellmuth Prize](#), Western News, April 24, 2014

[Pain management](#), Interview with Dr. Pat Morley-Forster, CBC Radio Ontario Morning, April 28, 2014

[More Canadians to suffer chronic pain](#), Radio Canada International, April 28, 2014

[Chantal Kreviazuk says compassion needs to be extended to all](#), CTV News, April 29, 2014

[Breakfast draws growing community of mental health champions](#), London Community News, April 30, 2014

[1 in 5 Canadians struggle with chronic pain](#), CBC News, April 30, 2014

[Chantal Kreviazuk sings for mental illness support in London](#), Metro News, April 30, 2014

[Supporting the quest to live fully](#), Hospital News (page 39 of flip edition), May 2014

[Vest helps rehabilitate after mild brain injuries](#), Hospital News (page 5), May 2014

[Theresa Carriere will run from Sarnia to London June](#), London Free Press, May 1, 2014

[Dream Lottery bonus nears, tickets 60 per cent sold](#), London Community News, May 1, 2014

[Pain management training for doctors faces funding issues](#), CBC News, May 1, 2014

[Offering up a refresher course in the care of older adults](#), London Community News, May 1, 2014

[Concern as number of seniors grow](#), CTV London, May 2, 2014

[Local man honoured for tackling mental health issues](#), Metro News, May 2, 2014

[London vet going public with PTSD story in effort to get others help](#), London Free Press, May 4, 2014

[Chris Hadfield to discuss recovery](#), London Free Press, May 5, 2014 (also published in Sarnia Observer)

[Ontario relying on police to deliver what passes for mental health care in this province](#), National Post, Christie Blatchford column May 5, 2014 (also published in Windsor Star)

[Mental health week: dealing with stigma](#), CBC Radio, Ontario Morning (podcast), May 6, 2014

[Mental illness stigma](#), CBC News, May 6, 2014

[It's Mental Health Week — has anybody noticed?](#), DiaBlogue (OPSEU Health Care Divisional Council), May 7, 2014

[1st CAV mounts up for annual Trooper Mark Wilson Ride](#), London Community News, May 11, 2014 (also published in the Orangeville Banner)

[St. Joseph's hooks Chris Hadfield for fall fundraiser](#), London Community News, May 12, 2014

[Planned Memorial Cup parade could be derailed by weather](#), London Free Press, May 15, 2014

[Military 'culture of drinking' drives vets to streets, study finds](#), London Free Press, May 14, 2014

[London planning red carpet welcome for Memorial Cup](#), AM980, May 15, 2014

[Planned Memorial Cup parade not derailed by weather](#), London Free Press, May 15, 2014

[Heroes Trew meaning of Cup](#), London Free Press May 16, 2014

[Memorial Cup gala raises funds for Parkwood Hospital](#), London Community News, May 16, 2014

[Breaking bread with champions at Memorial Cup Captain's Pancake Breakfast](#), London Community News, May 18, 2014