

To: St. Joseph's Board of Directors  
From: Dr. Gillian Kernaghan, President and CEO  
Date: April 20, 2016

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On March 29, I had the pleasure of attending London Health Research Day hosted each year by Schulich School of Medicine & Dentistry and Lawson Health Research Institute. The largest research day of its kind in Ontario, the event showcased more than 400 poster and platform presentations from top graduate trainees representing health science labs from across Schulich, Lawson, Robarts Research Institute, London Health Sciences Centre (LHSC) and St. Joseph's. More than 750 people attended. The keynote speaker was Dr. Peter Libby, who presented "Inflammation and Atherosclerosis: A translational tale" as part of The Lucille & Norton Wolf Health Research Lecture Series.

I was also inspired at the Lawson Impact Awards ceremony held April 13. The awards celebrate unique accomplishments in hospital-based research in London and honour scientists, staff, trainees and partners who have demonstrated excellence. A list of recipients is available in this report. In a special presentation, I was delighted when Ruthe Anne Conyngham was made a honorary Lawson scientist. For nearly 20 years, Ruthe Anne has been a tireless health care advocate locally, provincially and nationally. A dedicated volunteer, she has the unique distinction of serving as Chair of the Board of Directors of St. Joseph's, LHSC, Lawson, the Canadian Healthcare Association and the Ontario Hospital Association.

Ruthe Anne is a staunch supporter of the research mission of academic hospitals. In honouring her, Lawson said the following:

*Very few individuals can grasp the complexity of management of our health care system while also having an arms-length perspective of the optimal balance of care, education and research needed to create leading academic health centres. Ruthe Anne has brought a unique perspective to health and health research in London as a committed volunteer but with the experience of a gifted professional. It is fitting that Lawson this year recognize her contributions to health research and to academic medicine by making her an Honorary Lawson Scientist.*

Also this month, I enjoyed teaching the Crucial Accountability course to Board and Board committee members. The course builds on the skills learned in Crucial Conversations and introduces a set of new skills to resolve accountability issues. For those who took part, I hope you found it worthwhile.

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](mailto:gillian.kernaghan@sjhc.london.on.ca).

## Our Patients

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### **MRI and CT wait times continue to decline**

Wait times for MRI and CT imaging at St. Joseph's Hospital continue to plummet as a result of quality improvement projects reported in the March 2016 board report:

- The non-urgent (priority 4) CT wait time for November, December, January decreased from 80 to 53 days for the 90th percentile, which is now below the current provincial 90<sup>th</sup> percentile average of 56 days.
- The non-urgent (priority 4) MRI wait time for the same time period decreased from 72 to 60 days for the 90th percentile, which is well below the current provincial 90th percentile average of 103 days.

### **St. Joseph's Family Medical and Dental Centre renovation – an update**

Finishing touches were completed in April on extensive renovations to St. Joseph's Family Medical and Dental Centre. While the centre remained opened throughout construction, which began in January 2016, the refreshed centre became fully accessible on April 11.

It was the first major facelift for the centre since it opened in 1985. The renovated space is updated, clean and bright and will greatly enhance the patient experience as well as the work environment for staff, physicians and trainees. The Primary Care Diabetes Support Program now has its own dedicated space with more exam rooms, the Dental Clinic has new flooring and new sterilization processes, and Family Medical has increased clinical and consult space to support additional Thames Valley Family Health Team staff.

### **A legacy of love**

Music therapists are accredited health care professionals who use music to help promote, maintain and restore mental, physical, emotional, and spiritual health. Music therapy has been shown to help improve an individual's cognitive function, motor skills, social skills, and quality of life.

At Parkwood Institute, music therapist Jill Kennedy works with patients in the Palliative Care Unit and residents in the Veterans Care Program, delivering music therapy sessions tailored to meet each individual's specific needs. For patients and residents who are interested, Jill also helps them create a "legacy gift" – a digital recording of songs, stories or other expressions that are placed on CD to be shared with loved ones for years to come.

Recently, Jill worked with 102-year-old veteran Vince Wise, a talented singer in his younger years. With Jill's help Vince's musical talent and most treasured memories continue to flourish. Read and view the touching story of Jill and Vince's collaboration on [St. Joseph's website](#).

### **Extending our reach**

Parkwood Institute's annual Acquired Brain Injury Survivor and Family Education Series began on March 22, 2016, with an extended reach.

The eight-week series, open to individuals with acquired brain injury (ABI), their family, and friends, provides education, information and an opportunity to meet others affected by brain injury. Among the topics being covered this year are:

- An overview of the structure and function of the brain and the various consequences of brain injuries
- Practical strategies for coping with an ABI

- Financial support after an ABI
- Dealing with headaches and pain following ABI
- The practice of mindfulness in coping with ABI
- Life after brain injury – reintroducing leisure activities
- Survivor stories

Held on Tuesday evenings, individuals can attend in person at Parkwood Institute or via videoconference. Those viewing the series live via OTN can ask questions in real time.

In the past, videoconference locations were limited to Southwestern Ontario but the 2016 series was opened up to anyone within Ontario with access to an Ontario Telemedicine Network (OTN) system. This year's series is being broadcast to 14 sites, including six sites outside of the region – Sudbury, Kingston, Brockville, Belleville, Orangeville and Mississauga. The expansion was achieved through the support of the Ontario Brain Injury Association and ABI system navigators across the provincial brain injury network.

St. Joseph's has presented the series for more than 20 years, the past six years using OTN. It is archived by OTN so that it is also available afterwards for people to view at home.

## Our People

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### **Syrian refugee support – an update**

As previously reported, St. Josephs responded to an urgent request by the South West LHIN for help in meeting the health care needs of London's Syrian refugees by providing three staff members to partner with the London InterCommunity Health Centre, Cross Cultural Learner Centre and Thames Valley Family Health Team. Throughout February and March 2016, the three St. Joseph's employees formed a mini mobile medical team addressing the health care needs of the Syrian newcomers that required immediate attention. As they neared the end of their secondment, the three described their experience and what it has meant to them in a story that can be found on the [St. Joseph's website](#).

### **Therapeutic cruising**

Speech language pathologist Becky Orenczuk with the Stroke Rehabilitation Program at Parkwood Institute, and Liz McKinnon, a speech language pathologist with Parkwood Institute Mental Health Care, participated in a unique clinical experience. They went on a cruise with a group of 60 stroke survivors and their partners. The group, called the Aphasia Recovery Connection (ARC), is a non-profit U.S. group led and organized by aphasia advocate Carol Dow-Richards, a mother of a stroke survivor. The ARC mission is to provide support services to improve the quality of life for people recovering from aphasia. The group does two "Learning's at Sea" per year and Becky and Liz joined to work as facilitators, leading supported conversation groups, word game sessions and other therapeutic activities. They acted as "conversation partners" at dinner and accompanied many stroke survivors on land tours.

The cruise started in Baltimore with ports of call to Nassau, Coco Cay, Key West and Port Canaveral. Becky said she was inspired by the resiliency of the stroke survivors and their partners, the support they provide to one another, and their confidence to integrate in a social environment. There were several hundred other guests aboard the ship so practicing speech skills and supported conversation skills was integral to the group members' daily life during the cruise.

Becky and Liz received no compensation. They took part because they love what they do and wanted to reach out to others.

## **Our Finances**

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### **South West LHIN funding supports stroke care realignment**

South West LHIN funding supported four retreats held in January, February and March 2016 for the collaborative team of clinicians from University Hospital Clinical Neurosciences and Parkwood Institute's Stroke Rehabilitation Program. The purpose of the retreats was to map out an efficient and effective model for integrated, patient focused care that meets new targets for stroke care. The LHIN dollars supported the costs of the retreats and the role of a facilitator to guide the work and assist the team's co-leads.

With new targets in stroke, patients will be discharged earlier from the acute stroke unit at University Hospital to the 4AN rehabilitation unit at Parkwood Institute, which requires streamlined processes to facilitate referral, discharge and transfer of patients. The vision of the realignment project is to refine and create more efficient processes to support the earlier transition of patients from University Hospital to Parkwood Institute while sustaining best practices, the newly created systems and a positive patient experience.

While complex, the stroke realignment work has been significant. The end result of the two teams coming together and working as one while focusing on what's best for patients has proven worthwhile and successful.

Project team work continues while the new model is finalized for implementation, expected to take place in June 2016.

### **South West LHIN funds additional rehabilitation equipment**

One-time funding was received from the South West LHIN to purchase additional functional electrical stimulators (FES) and cycles for upper extremities in the Rehabilitation Program at Parkwood Institute. The additional equipment will increase capacity to support patients in the recovery from stroke, acquired brain Injury and spinal cord injury.

Used with patients who have upper limb paralysis or weakness, the FES cycle equipment cycles forward and backward for a programmed period of time, targeting specific muscle groups to contract when they receive electrical stimulation through electrodes. If the muscle fibers become fatigued during cycling, a motor kicks in to provide relief. The bike also tracks whether individuals are using electrically-stimulated arm muscles to power the cycle or whether the motor is helping them with the motion.

The use of FES to enhance neurological recovery is rapidly becoming standard of practice in rehabilitation centres throughout North America. With reduced length of inpatient stays and efforts to maximize recovery during outpatient visits, equipment such as this will be crucial in attaining positive patient outcomes. The therapy has many benefits, including improving strength and range of motion, relaxing muscle spasm and preventing muscle atrophy.

## **Clinical, Education and Research Excellence**

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### **New Interprofessional Practice Council**

Last spring, the professional practice department implemented a new model to support professional practice across St. Joseph's. This involved transitioning discipline-specific

professional practice leader positions to new, full time professional practice consultant roles. With this change came an opportunity to revise existing structures, and, as a result, a new council was formed – the Interprofessional Practice Council.

The council meets monthly with representation from all health discipline councils, the Medical Advisory Committee, professional practice, ethics, pharmacy, diagnostic imaging, and spiritual care. Its purpose is to provide a forum for members to collaborate on and provide leadership in matters related to professional practice, and ensure linkages to the strategic initiatives of the organization.

Since September 2015, the council has approved an interprofessional education plan for the next fiscal year, reviewed and approved corporate documentation standards, and provided feedback on physician-assisted death, staff survey results for allied health and nursing from a corporate perspective, quality improvement plan and psychotherapy practices. The council is also working to revamp the internal website for professional practice, expected to be complete by mid-May.

The professional practice department is planning an evaluation of the model change later this spring.

On a related note, an interprofessional practice newsletter has been launched to showcase and update staff on discipline-specific topics, provide an opportunity for all disciplines to stay abreast of each other's work, and provide updates on topics that may apply to all or many disciplines.

### **A life changing project**

Lawson Health Research Institute scientist Dr. Gregor Reid, Director of the Canadian Centre for Human Microbiome and Probiotic Research based at St. Joseph's Hospital, recently received \$1.45 million in funding from the Canadian International Food Security Research Fund – a joint program of Global Affairs Canada and the International Development Research Centre – to develop a program called Fermented Food for Life. The program will work with Yoba-for-life, Heifer International and Joma Kenyatta University of Agriculture and Technology to distribute one-gram sachets that contain probiotic lactobacillus rhamnosus GR-1 bacteria and a unique streptococcus thermophilus strain for approximately \$0.50 each. Each sachet can produce up to 100 litres of yogurt when added to milk. The sachets will provide those living in Africa with the opportunity to begin businesses and earn a steady income as the yogurt is very easy to produce.

### **Parkwood Institute Research Program half-day retreat**

On April 22, Drs. Tim Doherty, Michael Borrie and Dick O'Reilly, interim chairs of the Parkwood Institute Research Program, will host a half-day event entitled "An Overview of Current and Future Research".

Parkwood Institute Research is a program of Lawson Health Research Institute representing the researchers and research programs of Parkwood Institute. The event will provide an opportunity for researchers to become familiar with the reorganization of Parkwood Institute Research, which now brings together the Centre for Cognitive Vitality and Brain Health, the mental health care research program and the former Aging, Rehabilitation and Geriatric Care Research Centre. As a clinical research program embedded in an active teaching hospital, Parkwood Institute Research focuses on advancing innovations and discoveries directly related to patient care.

The event will showcase the work being done and identify opportunities for collaboration within the three research themes - mental health care, cognitive vitality and brain health, and mobility and activity. In order to provide a broad overview, each theme will host four to five speakers with presentations completed in 15 minute sequences.

### **Lawson Impact Awards**

Congratulations to this year's recipients of the Lawson Impact Awards, which honour research making a difference. There are five awards given to Lawson scientists, staff, and trainees who demonstrate excellence in academics, leadership, training, operations and innovation. There are also two special awards that recognize partners that go "above and beyond" in their support of Lawson: Industry Partner Award; and the Community Partner Award.

The 2016 recipients are:

- Dr. William Clark – Scientist Career Award
- Dr. Stephen P. Lownie – Innovation Award
- Dr. Fred Dick – Dr. Joseph Gilbert Research Contribution of the Year Award
- Swati Mehta and Kaitlin Al and Samantha Whiteside – Leadership Award
- Richard McClelland – Staff Award of Excellence
- Merz Pharma Canada Ltd. – Industry Partner of the Year Award
- Mike Schlater, Domino's Pizza Canada – Community Partner of the Year Award

Award recipients Swati Mehta, Samantha Whiteside and Kaitlin Al all work at St. Joseph's. Swati is located at Parkwood Institute and works with stroke expert and researcher Dr. Bob Teasell, and Kaitlin and Samantha are working on translational research in probiotics with scientist Jeremy Burton, Deputy Director of Lawson's Canadian Centre for Human Microbiome and Probiotics. More on each of the award winners is available on [Lawson's website](#).

The recipients were honoured on April 13 during an evening celebration that featured dinner, awards and a keynote address by Dr. Rishi Desai, Chief Medical Officer at Osmosis, an online comprehensive system for independent study which is currently used by more than 20,000 medical students across the globe.

### **Canadian first for cancer genetic screening test**

The Molecular Genetics Laboratory – part of citywide Pathology and Laboratory Medicine – has announced the development of a breakthrough hereditary cancer panel genetic test that it is making available for primary screening within the Ontario Breast Screening Program.

The hereditary cancer panel test uses next generation sequencing technology to assess multiple genes in parallel for genetic alterations that may contribute to inherited risk for cancers in families. The findings provide critical information to guide treatment decisions such as surgery, chemotherapy and radiotherapy.

The new hereditary cancer panel developed by the Molecular Genetics Laboratory team replaces previous out-of-country testing costing Ontario several thousands of dollars for each test. It is a single primary screening test that is faster, more clinically comprehensive and much more cost-effective. This is a first-in-Canada offer for Ontario labs and a significant clinical breakthrough for breast and ovarian cancer sufferers.

### **A regional resource**

Pathology and Laboratory Medicine has successfully negotiated with Ingersoll, Tillsonburg and Woodstock hospitals to be their provider of all referred-out testing. This work has been won on the knowledge of our clinical excellence, our cost-effectiveness and competitiveness.

### **Teaching the next generation of dietitians**

Susan Bird, a Master student from Brescia University College, completed her eight week placement with Food and Nutrition Services (FNS) on April 8. Susan has contributed greatly to the FNS team. For example, she assessed the regular menu for compliance with Canada's Food Guide and made recommendations for changes, and conducted a full review of the vegetable preparation for Western Counties Wing and came up with several recommendations.

Brescia's dietetic internship program has grown from 10 graduates in 2009 to a forecasted 28 in June 2016. Providing high quality, accredited dietetic internship programs is essential for the Canadian health care system. There is now a shift to stronger collaborations between universities and the health care system to provide opportunities for students to enter the dietetic profession.

Two students from an internship facilitated by London Health Sciences Centre joined FNS at St. Joseph's on April 11. (As part of the LHSC internship, students are placed at St. Joseph's for seven weeks.)

On March 4, 2016, four Japanese students who are training to become dietitians, along with Dr. Alicia Garcia, Chair of the Division of Food and Nutritional Sciences at Brescia, toured the food service operation at the Parkwood Institute's Mental Health Care Building. The tour focused on production flow. Dr. Garcia was particularly interested in the capabilities and installation requirements of the two Rational ovens and the students were intrigued by pre-thickened liquids.

## **Fostering our Partnerships**

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### **Expanding our reach**

A new partnership between the Centre for Mental Health Research (CMHR) at the University of Waterloo and Parkwood Institute's Operational Stress Injury Clinic (OSIC) will deliver specialized mental health services for Canada's veterans, members of the Canadian Armed Forces and the RCMP in the Waterloo area.

The number of Canadian veterans diagnosed with posttraumatic stress disorder (PTSD) has almost tripled since 2007, creating an increased need for mental health services to aid their recovery. Decades of research has shown that PTSD tends to develop into a chronic condition that rarely gets better on its own without effective psychological treatment. Providing culturally aware, evidence-based assessment services through the CMHR will allow better access to care for those in the Waterloo community who are struggling with service-related psychological injury.

The OSIC is proud to partner with the CMHR to increase its service reach for Canada's military and RCMP personnel. The partnership also furthers St. Joseph's academic mission and will provide unique research and clinical training opportunities for Waterloo students and residents in clinical psychology.

### **Collaborating to improve care for older adults**

As previously reported, the Behaviour Supports Ontario (BSO) program is a collaborative partnership between Local Health Integration Networks, Alzheimer Society of Ontario, Health Quality Ontario, and the Ministry of Health and Long-Term Care. It aims at enhancing services for older Ontarians with complex and responsive behaviours by investing in local initiatives that will improve care wherever they live – at home or in the community. St. Joseph's is the lead organization for BSO in the South West LHIN

On March 3, 2016, the BSO Operations Team hosted a “Long Term Care Home Collaborative” at the Best Western Lamplighter Inn. The event attracted 186 participants and received excellent reviews. Presentations were provided on a wide range of topics such as: Preserving Personhood in Persons with Dementia; Suicide in the Elderly; Schizophrenia in Long Term Care; Delirium and Alzheimer's Culture Change in the Long Term Care Environment; Addictions within the Long Term Home; and Personality Disorders and Dementia.

In other news related to the care of older adults, St. Joseph's Regional Geriatric Psychiatry Program and Specialized Geriatric Services partnered once again to host the fall Southwestern Ontario Geriatric Assessment Network (SWOGAN) event. This is an educational event with geriatric medicine and mental health services partners across the South West and Erie St. Claire LHINs. Attendees represent multiple professions, from personal support workers to physicians. This year 122 people attended.

SWOGAN links geriatric and geriatric mental health assessment teams in the ten counties of Southwestern Ontario that provide specialized services to frail seniors and their caregivers. The purpose of SWOGAN is to lead and sustain a network of care in Southwestern Ontario that builds local capacity to care for older adults with multiple, complex needs.

### **Sharing our knowledge and experience**

The Parkwood Institute Mental Health Care team and the Acquired Brain Injury Rehabilitation team jointly hosted visitors from West Park Healthcare Centre in Toronto. Donna Renzetti, Vice President of Programs, and Dr. Sharon Jankey, Clinical Director of Acquired Brain Injury Behavioural Service, received tours of Parkwood Institute's Mental Health Care Building, Neurobehavioural Rehabilitation Centre, and acquired brain injury inpatient and outpatient areas. They were interested in our facilities, space and program planning as they are gathering information for building a new facility at their site. The visit provided an opportunity to discuss ideas related to space and to better integrate care for brain injury and mental health patients.

## **Recognitions and Celebrations**

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### **Kathy Burrill Leadership in Mission Award**

Demonstrating “extraordinary” leadership, vision and commitment during a time of tremendous transformation to health care in London, Dr. John Denstedt is the first recipient of the newly named Kathy Burrill Leadership in Mission Award, one of two President's Awards for Leadership.

The Kathy Burrill Leadership in Mission Award celebrates efforts to exemplify and advance St. Joseph's roles and values as a Catholic, academic and community-oriented health care provider. Recipients are effective change agents and forward-thinkers – the type of leader others want to follow or work with in partnership. At the same time, they lead in keeping with the example of our founders, upholding our rich history and traditions.

Those nominating urologist Dr. Denstedt say he exemplifies these attributes daily, from his high standard of ethics when the stakes are high, to his clear vision for surgery citywide, staunch support of St. Joseph's role, and many advances he has led in teaching and surgical practice in London. As Chair/Chief of the Department of Surgery throughout restructuring, Dr. Denstedt ensured the needs and concerns of the organization were heard. As a result, leading edge surgical programs continue to flourish at St. Joseph's Hospital.

The award was renamed to honour Kathy Burrill, who passed away suddenly in November 2015. During her 31 years at St. Joseph's, Kathy was dedicated to cultivating and nurturing partnerships and relationships and made remarkable contributions to St. Joseph's mission.

More on Dr. Denstedt and the award is available [here](#).

### **An outstanding teacher**

Congratulations to psychiatrist Dr. Sandra Northcott, who received the Hippocratic Council Teaching Award in Clinical Science from the graduating class at Schulich School of Medicine & Dentistry. The award recognizes an outstanding teacher in clinical science. Dr. Northcott is the Physician Leader for the Assessment, Treatment and Rehabilitation programs at Parkwood Institute Mental Health Care, including Adult Ambulatory Services, the Coordinated Access Team as well as the London, Strathroy and Oxford ACT Teams.

### **United Way names 2016 campaign chair**

Dr. Karima Velji, Vice President of Patient Care and Quality at St. Joseph's, is the new campaign chair for the United Way of London & Middlesex. In this volunteer leadership role, Karima will champion the 2016 campaign, which supports a network of programs and services accessed by more than 85,000 London and Middlesex County residents each year. She takes over from Anna Iacobelli, Senior Vice President Western Ontario Region, TD Canada Trust

In making the April 19 announcement, Andrew Lockie, CEO of United Way London & Middlesex, said the agency is fortunate have Karima as the campaign lead. "As a health care executive with progressive leadership experience spanning the full continuum of care, Karima brings unique insights to our work of building a healthy and prosperous community for all."

The United Way's announcement can be found [here](#).

## **Other**

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### **Integrated Health Service Plan for 2016-2019**

All LHINs produce a three-year plan for the local health system. The plan, called an Integrated Health Service Plan (IHSP), outlines the key strategies, outcomes required and priority populations that all organizations, sectors and networks will need to consider in their strategic and operational plans to collectively advance health system changes for the LHIN. This plan is intended to represent the voices of the diverse populations who use the health care system as well as the health service providers.

On April 1, the South West LHIN's most recent IHSP 2016-2019 came into effect. The plan's key priorities are:

- Stronger primary health care that is linked with the broader health care system
- Optimized health for people and caregivers living at home, in long-term care and in other community settings
- Supporting people in preventing and managing chronic conditions

- Stronger mental health and addiction services and relationships with other partners
- Timely access to hospital-based care at the LHIN-wide, multi-community, and local level
- A rehabilitative approach across the care continuum
- People with life-limiting illnesses and their families at the centre of hospice and palliative care

The full plan as well as highlights can be found on the [South West LHIN website](#).

### **Patient's First progress report**

On March 23, 2015, the Ontario government released its [Patients First: Action Plan Progress Report](#) and announced a number of results it says are giving patients better and faster access to high-quality health care services while building a sustainable system. The government's announcement is available [here](#).

### **Recommendations released for repetitive transcranial magnetic stimulation**

Health Quality Ontario (HQO) has posted a final recommendation from the Ontario Health Technology Advisory Committee (OHTAC) for repetitive transcranial magnetic stimulation (TMS) for treatment-resistant depression. OHTAC recognizes that "electroconvulsive therapy is the most effective treatment for non-psychotic, treatment-resistant depression and recommends that repetitive TMS be publicly funded for patients with non-psychotic, treatment-resistant depression only when electroconvulsive therapy is not an option." The full recommendation report is available [here](#).

TMS is a treatment available at Parkwood Institute's Mental Health Care Building

### **Ontario Hospital Association provides guidance for physician-assisted death requests**

The decision in Carter v. Canada (Attorney General) on physician-assisted death is set to take full effect on June 6, 2016. While further legislative guidance is anticipated, in the interim period leading up to this date, individuals may make applications to court for judicial authorization for physician assistance in dying.

To support hospitals in this evolving and complex environment, the Ontario Hospital Association (OHA) has produced a new guidance policy resource entitled "Addressing Interim Access Requests for Physician-Assisted Death". This policy resource is designed to:

- Provide an overview of the legal and regulatory framework arising from the Carter decision, and relevant developments in Ontario since the decision was released.
- Address the development of processes or policies on physician-assisted death in a hospital setting by identifying applicable clinical and operational considerations.
- Provide guidance on available resources and supports to inform internal processes and staff awareness related to physician-assisted death.

### **Gap in service for clients of the Assistive Devices Program**

Shoppers Home Health Care will no longer be a supplier for wheelchairs and wheelchair seating components through the Ministry of Health and Long Term Care's Assistive Devices Program (ADP).

All eligible individuals who apply for ADP funding assistance for a power wheelchair that includes power dynamic tilt and/or recline must obtain their equipment from the Central Equipment Pool (CEP). The CEP provides ADP clients with high technology wheelchairs at a discounted price, quality recycled equipment, and a rebate on the client's costs once the equipment is returned to the pool. All routine maintenance and repair costs are provided free of

charge to CEP clients. All components of the system, including positioning devices, must go through CEP.

Shoppers Home Health was the sole provider for the CEP and was accountable for the provision and maintenance of these power devices. While Motion Specialties has agreed to purchase select assets from Shoppers, at this time there is no vendor in place to support the purchase or maintenance of power wheelchairs with power add-on devices through the CEP program.

The ADP is attempting to secure a new provider to support the CEP program. In the meantime, the gap in service will impact some St. Joseph's patients and residents with respect to their personal mobility device.

### **Bill 178 and proposed regulations to address smoking and vaping of medical marijuana**

On March 10, 2016, the government introduced Bill 178, *Smoke-Free Ontario Amendment Act, 2016*. The proposed amendments to the *Smoke-Free Ontario Act* (SFOA), in conjunction to proposed amendments to the SFOA Regulation 48/06, and regulations under the *Electronic Cigarettes Act*, are designed to strengthen smoking laws, including additional prohibitions regarding the smoking or vaping of medical marijuana, and additional prohibitions on the indoor use of electronic cigarettes. A backgrounder on Bill 178 prepared by the Ontario Hospital Association is available [here](#).

The proposed amendments would be in addition to the existing partial ban on smoking on hospital grounds that came into force earlier this year. Hospitals must be 100 per cent smoke-free by January 1, 2018.

Bill 178 has undergone first reading in the legislature. The government currently has an open regulatory consultation on the proposed legislation. The deadline for comments to the government is April 24, 2016.

### **Health care supply chain expert panel formed**

As reported in December 2015, the Ministry of Government and Consumer Services and the Ministry of Health and Long Term Care jointly announced planning of a new health care sector supply chain strategy given the current state of more than eight Shared Service Organizations, all with a variety of business models and menus of services for members and customers. Consultant reports, including the Drummond report, have suggested that significant savings are possible with improved collaboration and strategic alignment.

An expert panel has now been appointed to deliver advice and recommendations to the government by the end of the year on the development of the strategy. In the coming months, the panel will be soliciting input and engaging with health care and supply chain stakeholders to leverage their extensive knowledge and expertise.

## **Environmental Scan**

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### **St. Thomas Elgin General Hospital CEO to step down in October**

St. Thomas Elgin General Hospital (STEGH) President and CEO Paul Collins has announced that he will retire when his current five-year contract expires in October 2016.

Collins had originally tendered his resignation back on June 30, 2010 only to be rehired on a one-year contract the very next day. That agreement was extended for an additional five years on October 21, 2011.

Collins long advocated for the redevelopment project at STEGH. Billed as the "Great Expansion", the process dates back to 1997 and is expected to be completed in November 2017.

[St. Thomas Times Journal, March 16, 2016](#)

### **Federal budget kicks the health spending can down the road**

The health care sections of the Liberal government's first budget is a grab-bag of short-term fixes that lets Health Minister Jane Philpott tick three items off from her mandate letter as promises kept. But it kicks the big-ticket items the Liberals had promised to address – like provincial health transfers, home care and palliative care – further down the road.

Among the funding initiatives are:

- \$25 million for the Public Health Agency of Canada over five years for a strategy to boost vaccination rates, and \$1.4 million over two years for harmonizing concussion management guidelines with the provinces.
- \$39 million for the Canadian Foundation for Healthcare Improvement over three years to find ways to improve the health care system.
- \$50 million to Canada Health Infoway to boost e-health initiatives in Canada (like online prescriptions and tele-health).
- \$47.5 million a year for the Canadian Partnership Against Cancer for efforts that will "complement the initiatives in a new Health Accord."
- An extra \$95 million a year in new annual funding for research granting councils.
- \$5 million for the Heart and Stroke Foundation over five years for research into women's health.
- \$4 million over four years for the Canadian Men's Health Foundation to help promote behavioural change.
- Out of the \$3.4 billion social infrastructure pie, First Nations health care centres will receive \$270 million over five years for repairs, building and renovations.
- \$64.5 million over five years for Nutrition North, plus an additional \$13.8 million per year, to expand the program to isolated communities.

Chris Simpson, president of the Canadian Medical Association, said he would still like to see home care strengthened and some of the infrastructure money find its way into the health care sector for investments in things like nursing homes and long term care facilities, adding those will require "thoughtful partnerships" between the provinces and federal government in the new Health Accord.

[iPolitics, March 22, 2016](#)

### **Investigating the link between probiotics and the health of female astronauts**

Two Western University researchers are making the case for the use of probiotics for female astronauts to avoid serious health complications on long space missions.

Gregor Reid, professor, and Camilla Urbaniak, PhD Candidate, at Western's Schulich School of Medicine & Dentistry, are investigating the role of the microbes in the health of female

astronauts. Microbes in the human body are known to influence health and disease, from digestive and urinary health to managing anxiety.

NASA has plans to send humans to an asteroid by 2025 and Mars in the 2030s. A round-trip mission to Mars is expected to last two to three years. During the long-term mission, the human microbiome will be exposed to microgravity, sterilized food, stress and radiation. According to NASA, female astronauts have a lower threshold for exposure to space radiation than male astronauts, limiting how much time they can spend in space.

Urbaniak and Reid, who is the Director of Lawson Health Research Institute's Canadian Centre for Human Microbiome and Probiotic Research based at St. Joseph's Hospital believe probiotics could play a role in maintaining health and mitigating some of the health risks associated with space travel.

Key concerns during space flights include rapid bone loss and a compromised immune system. Health challenges faced by females are unique and may be more pronounced in space. Challenges include urinary tract infections (UTIs), osteoporosis, breast cancer and compromised vaginal health. Female astronauts have a higher prevalence of UTIs during spaceflight than their male counterparts. While antibiotics are used to treat UTIs in normal gravity, their efficacy may be weakened in microgravity leading to failure in controlling severe and recurrent infections.

Specific probiotics have been shown to prevent UTIs in women on Earth. Certain strains of probiotics may also be beneficial in increasing bone density and preventing osteoporosis, and treating inflammatory or stress-induced gastrointestinal discomfort.

Female astronauts have a 20 per cent higher risk of cancer development, primarily breast and ovarian cancers. Reid suggests that existing studies which show a connection between probiotics and breast cancer may be an avenue for investigation, making it safer for women to participate in long space missions.

[Schulich School of Medicine and Dentistry, March 23, 2016](#)

### **Budget shifts federal science focus back to basics**

Scientists waiting to hear how Liberal campaign promises will translate into dollars and cents got their answer on March 22, 2016, with the release of Trudeau government's first budget, which is clearly directed at bolstering basic research. With increases aimed at both university and federal labs, the budget represents a marked shift away from the Harper government's strong emphasis on science funding tied to commercial applications and industrial partnerships.

As expected, the government has increased funding for the three granting councils that funnel federal dollars to university researchers across the country in the areas of health, natural and social sciences. After years of relatively flat budgets while the Conservatives directed money toward large, signature projects and infrastructure, science advocates were urging the government to provide more support to individual researchers that are struggling to maintain their programs day-to-day.

A \$46-million increase was already on the books based on the last budget of the outgoing Conservative government. The new budget augments that to \$141-million, including \$19-million to help cover the so-called indirect costs that universities must meet to support scientific research on their campuses. That translates into 4- to 6-per-cent increases for the granting

councils above their 2015 operating level, the largest step-up in a decade. The budget also renewed funding for Genome Canada, with a \$237.2-million infusion to fiscal year 2019-2020.

Also in the budget, Minister of Science, Kirsty Duncan, is tasked with undertaking a comprehensive review of federal support for fundamental science over the coming year.

[Globe and Mail, March 23, 2016](#)

**Canadian drug companies agree to divulge how much they pay doctors, health groups**  
Amid ongoing controversy over the fees pharmaceutical companies pay doctors, 10 Canadian-based firms have agreed to divulge how much cash they hand over to physicians and health organizations every year. They say the voluntary program should make the financial ties between pharma and medicine more visible – and help “neutralize” charges of conflict of interest.

The firms plan to start publishing statistics on their overall payments to health professionals next year, though will stop short of releasing figures for individual physicians, as now required in the United States.

The program – kick-started by GlaxoSmithKline Canada (GSK) – has been endorsed by Innovative Medicines Canada, the pharmaceutical sector’s trade association. The participants, all branches of multinational corporations, include Abbvie, Amgen, Bristol-Myers Squibb, Gilead, Eli Lilly, Merck, Novartis, Purdue and Roche. Another 40 members have yet to join, including giants Pfizer, Johnson and Johnson, Bayer and Sanofi.

Critics have long worried about the money flowing from pharmaceutical companies to doctors, such as fees for speeches, participating on advisory committees or working as consultants. Evidence suggests those monetary ties can influence prescribing habits – and that industry-funded specialists can sway other doctors.

Some researchers say the initiative is a small step in the right direction, but questioned how much good it would achieve, given the plan to publish only “aggregate” amounts.

[National Post, March 28, 2016](#)

**Surgeries at teaching hospitals take 22 per cent longer, Canadian study finds**  
Common surgeries at Canadian teaching hospitals do take longer than at community hospitals but a new study suggests this may be costly and inefficient.

Training new surgeons is an essential part of health care, but time is money especially in the operating room, said Dr. Christopher Vinden, a general surgeon at London Health Sciences Centre. When he and his co-authors examined records for adults across Ontario who had 14 common surgical procedures from 2002 to 2012, they found overall it took 22 per cent longer on average at teaching hospitals or about 25 minutes more, compared with non-teaching hospitals.

"The magnitude of this increase is large enough to potentially affect direct and indirect costs, institution and surgeon efficiency, and possibly impact surgical outcomes," they concluded in the latest issue of the *Canadian Journal of Surgery*.

Two subtle outliers in the findings also point to a potential new avenue to organize and schedule procedures, the study's authors said. For example, if there are days when all the hernia

surgeries are performed and another day for elective gall bladders, Dr. Vinden suspects efficiencies would be achieved.

For policy makers, Dr. Vinden said the findings point to how teaching institutions need to be compensated more per case than an equivalent case in a community hospital or else teaching centres will try to limit participation of trainees.

[CBC News, March 31, 2016](#)

### **Local Bishop urges Catholics to speak out against doctor-assisted death**

The head of the Catholic Diocese of London is calling on parishioners to get involved in the debate over doctor-assisted death. In a [letter](#) that will be distributed in parishes across the Diocese of London the weekend of April 2, 2016, Bishop Ronald Fabbro calls on Londoners to call their elected representative and urge them to “protect the vulnerable and ensure that individuals and institutions can continue to provide health care without being pressured by law to act against conscience.”

[AM980, March 31, 2016](#)

### **Majority rejects assisted suicide for mentally ill, poll finds**

An overwhelming majority of Canadians believes psychological suffering on its own should never be grounds for granting a doctor-assisted death.

While Canadians seem particularly appalled by the idea of allowing assisted suicide for “mature minors” with psychological suffering, a majority supports lethal prescriptions for terminally ill children and youth, a newly released poll suggests.

The Angus Reid Institute survey of 1,517 Canadian adults “goes beyond asking ‘should we’ to, ‘how should we’, and ‘where should the limits lie’,” said Shachi Kurl, executive director of the Angus Reid Institute. “We’re starting to see where the pushback exists.”

The results suggest Canadians are not in line with key recommendations proffered in a parliamentary report calling for broad access to assisted death. Among the findings are:

- Nine-in-ten Canadians think some form of assisted death should be allowed but are split as to whether the regulations governing it should be strict or minimal.
- While 78 per cent of respondents say assisted suicide shouldn’t be allowed when a person has severe psychological suffering – but no terminal illness – severe pain and imminent terminal prognoses are circumstances under which Canadians see a place for people to ask for help ending their own lives (73 and 76 per cent, respectively).
- Older Canadians are especially vehement in their opposition to allowing assisted suicide for people who have psychological suffering. Almost nine-in-ten respondents aged 55 or older (86 per cent) say psychological suffering should not, on its own, be grounds for assisted death.
- Christians – both Catholic and Protestant – are more likely to favour strict regulation of assisted death, while those of other faiths – and especially those who identify as atheist or agnostic – tend to prefer less regulation.

[Angus Reid, April 1, 2016](#)

### **Cure for HIV and AIDS could be only a few years away**

A cure for HIV and AIDS could be just a few years away after scientists proved they can snip away the virus from infected cells and prevent the disease returning.

The HIV virus attacks and kills immune cells leaving patients highly vulnerable to other infections. But scientists in the U.S. have shown that it is possible to use genetic editing technology to cut away the virus from the DNA of cells.

Although the experiments have so far only been in a lab, researchers at Lewis Katz School of Medicine at Temple University in Philadelphia are confident that within three years they will be able to start trials on humans.

British experts said the treatment would effectively “engineer the body to cure itself from the inside.”

The human immune cells which were tested in the lab showed no alteration to any other parts of the genetic code. There have been fears that altering DNA could trigger genetic breaks which would prove harmful or lethal to humans. The research was published on Nature’s Scientific Reports website.

[National Post, April 2, 2016](#)

### **Nurses shut out from post traumatic stress disorder legislation**

Frontline registered nurses (RNs) are outraged that the province has excluded them from coverage under Bill 163, Supporting Ontario’s First Responders Act (Post Traumatic Stress Disorder, 2016). The Ontario Nurses’ Association (ONA) is calling for the immediate inclusion of all nurses.

"In the course of our working lives, our heroic nurses are witness to and experience a wide array of critical and traumatizing events," says ONA First Vice-President Vicki McKenna. "Registered nurses are in every sense first responders. As a result, we can, and many do, suffer from post traumatic stress disorder. Nurses have every right to be covered under this progressive bill."

The act passed final reading at Queen's Park on April 5, 2016. Police, firefighters, correctional officers and nurses, and paramedics will no longer be forced to prove their post traumatic stress disorder is work related. Any diagnosis will now be presumed to have been caused by their on-the-job experiences. The legislation means first responders can access Workplace Safety and Insurance Board (WSIB) benefits more easily.

[Ontario Nurses’ Association, April 4, 2016](#)

### **Burnout growing among family, friends looking after home care patients**

Ontario’s home care system may be facing a perfect storm as home care patients become more elderly, ill and impaired, and the family members and other unpaid caregivers who help care for them are increasingly affected by stress and burnout.

That is the finding of [The Reality of Caring: Distress Among the Caregivers of Home Care Patients](#) released April 5, 2016, by Health Quality Ontario. The report examines the growth of distress, anger, depression and the inability to continue caregiving among unpaid caregivers of long-stay home care patients in Ontario. Fully 97 per cent of these patients rely on family

members, friends or neighbours for assistance that supplements the care they receive for a long or indefinite period of time from Ontario's publicly-funded home care sector.

The Reality of Caring finds that long-stay home care patients as a group are becoming older and are affected to a growing degree by cognitive impairment, functional disability and frail health. It also finds that the family members and other unpaid caregivers who help look after long-stay patients are generally more distressed the more cognitively impaired, functionally disabled and in frail health the patients are. Higher rates of distress are also associated with providing more hours of care.

In 2013-2014, among long-stay home care patients with unpaid caregivers, one third had caregivers who experienced distress, anger or depression in relation to their caregiving role, or were unable to continue in that role. That rate of distress, at 33.3 per cent, had more than doubled from 15.6 per cent in 2009-2010. Over the same period, the proportion of patients with caregivers who were not able to continue looking after them also more than doubled, to 13.8 per cent from 6.6 per cent.

[Health Quality Ontario, April 5, 2016](#)

### **Number of adults with diabetes worldwide has quadrupled since 1980**

The number of adults estimated to be living with diabetes has nearly quadrupled over 35 years, the World Health Organization (WHO) said on April 6, 2016, urging huge efforts to change eating habits and increase physical activity. Factors driving this dramatic rise include overweight and obesity.

"Globally, an estimated 422 million adults were living with diabetes in 2014, compared to 108 million in 1980," the WHO said in its first-ever global report on the disease, warning that the condition had spread because of worldwide changes "in the way people eat, move and live."

The disease directly caused 1.5 million deaths in 2012 – the latest available global figures – but elevated blood glucose levels linked to diabetes were responsible for an additional 2.2 million deaths that year, the report said.

The region worst affected, with 131 million estimated cases in 2014, was the WHO's Western Pacific region, which includes China and Japan. The Southeast Asia region – which includes heavily populated India and Indonesia – was the next most affected, with 96 million cases. Europe and the Americas were third and fourth on the list, with 64 million and 62 million cases respectively.

WHO is issuing a call for action on diabetes, including expanding health-promoting environments to reduce diabetes risk factors and strengthening national capacities to help people with diabetes receive the treatment and care they need to manage their conditions.

[World Health Organization, April 6, 2016](#)

### **Ontario doctors' pay must be negotiated, not imposed**

In this editorial, Globe and Mail health reporter Andre Picard examines the stand-off between the Ontario government and the province's doctors, who have been without a contract for more than two years with no formal talks for more than a year.

“The health system has changed in recent years, and it needs to change a lot more to provide proper care to the aging population,” writes Picard. “Part of that reform needs to be a fundamental rethink of how we pay doctors. That has to be negotiated, not imposed. But, to negotiate a new approach, you need two parties at the table, both with open minds and a willingness to do major surgery, not apply more Band-Aid solutions.

Read the full editorial [here](#).

[Globe and Mail, April 12, 2016](#)

### **Waiting for treatment and surgery cost Canadians almost \$1.2 billion last year**

Long waits for surgery and medical treatment cost Canadians a combined \$1.17 billion – or \$1,304 per patient – in 2015, finds a new study released April 12, 2016, by the Fraser Institute.

The study, [The Private Cost of Public Queues for Medically Necessary Care](#), calculates the average personal cost of time lost during the work week in Canada last year for each of the estimated 894,449 patients waiting for treatments. When calculations are extended to include hours outside the traditional work week – evenings and weekends – the estimated cost of waiting jumps from \$1.17 billion to \$3.53 billion, or about \$3,951 per patient.

Residents of Ontario faced the fifth highest private cost of waiting per patient at \$941. British Columbia had the highest cost of waiting per patient at \$1,713.

[Fraser Institute, April 12, 2016](#)

### **Doctors who assist in patient deaths may suffer psychological distress**

Doctors who participate in assisted death may experience the same kind of psychological distress as police officers involved in shootings, says a medical leader in Quebec, where physicians have participated in the euthanasia of an estimated 20 patients since December 2015.

Four months after becoming the first jurisdiction in the country to permit “medical aid in dying” Quebec is experiencing some of the early challenges of turning the once unimaginable and theoretical into reality. Normand Laberge, executive director of the Quebec Medical Association, says the long-awaited introduction of a new federal assisted-dying law will be the easy part. “The hard part is what comes after,” he said.

Some of the scenarios that have already emerged in Quebec include a doctor who attempted to block a terminally ill cancer patient’s access to assisted death because of his own moral opposition to the act, patients who mistakenly believe they can now get “euthanasia on demand,” and the challenges of what to do with people who “almost fit” the criteria.

“The tough cases fall in the grey zones. People’s lives don’t fit neatly into boxes and checklists,” said Dr. Eugene Bereza, director of the Centre for Applied Ethics at Montreal’s McGill University Health Centre.

The recent case of a 61-year-old Sherbrooke man who starved himself for 53 days so he could satisfy Quebec’s legal criteria for an assisted death is an example of the unforeseen anguish that can be involved, said Laberge. The man met every requirement, except that death wasn’t imminent.

Dr. Bereza said support structures are needed to help guide doctors – those who are willing to participate in assisted death, as well as those who are not – “through the ethical discussions you’re going to have with yourself.”

[National Post, April 13, 2016](#)

### **Physician-assisted death legislation introduced**

On April 14, 2016, the federal government tabled legislation on [Medical Assistance in Dying \(Bill C-14\)](#) designed to:

- recognize individual choice of medically assisted death for adults who are suffering intolerably and for whom death is reasonably foreseeable
- affirm the inherent and equal value of every person's life
- avoid encouraging negative perceptions of the quality of life of persons who are elderly, ill or disabled
- protect vulnerable people from being encouraged to die in moments of weakness
- re-affirm society's goals with regard to preventing suicide
- encourage a consistent approach to medical assistance in dying across Canada

Under the proposed legislation, medical assistance in dying would be available to a person who meets all of the following criteria:

- being an adult (at least 18 years old) who is mentally competent or capable to make health care decisions for themselves
- having a grievous and irremediable medical condition
- making a voluntary request for medical assistance in dying which does not result from external pressure
- giving informed consent to receive medical assistance in dying
- being eligible for health services funded by a government in Canada

The government proposes to appoint independent bodies to study the issues surrounding mature minors, people who suffer only from mental illness, and advance requests in the context of medical assistance in dying.

The issue of access also has not been addressed in the bill. According to the government's [backgrounder](#), "The government is proposing to work with provinces and territories on the development of mechanisms to coordinate end-of-life care for patients who want access to medical assistance in dying. This system would help connect patients with a physician or nurse practitioner willing to provide medical assistance in dying, and support the personal convictions of health care providers who chose not to participate. It would also respect the privacy of those who are willing to provide this assistance. This system could also offer other end-of-life care options to both patients and providers."

The government has also created a [website](#) with more information.

[Government of Canada, April 14, 2016](#)

### **Groups worry assisted-dying legislation doesn't protect physicians who are opposed**

Assisted dying legislation tabled April 14, 2016, does not compel health care providers to help patients die, but some are worried the proposed bill won't legally protect physicians who oppose the practice.

Medical professionals who provide assisted death would no longer have to fear criminal prosecution under the proposed legislation. On the other side, those who object to participating will not be forced to offer the service. But some argue these assurances won't offer legal protection to health care workers whose consciences won't allow them to participate in assisted death. The Catholic Health Alliance of Canada, which represents 110 Catholic hospitals, community health centres, nursing homes and long-term care facilities, said in a statement that laws and policies "must specifically respect and protect individuals and organizations that decide not to be involved in physician-assisted death on the basis of conscience or religious convictions."

The alliance said it will work with health systems across the country to develop provincial legislation, policy and regulations to address conscience protection for health care providers and institutions.

The Justice Centre for Constitutional Freedoms, a secular non-profit legal organization based in Calgary, said it was disappointed by the lack of protection for physicians, nurses, pharmacists and other health care workers and institutions that refuse to offer assisted dying, as well as those who refuse to refer patients to others who will.

"There is no codification of medical practitioners' conscience rights," said Jay Cameron, a lawyer for the centre. It's important because colleges of physicians are formulating their own guidelines, and physicians face professional discipline for non-compliance, he said.

[Ottawa Citizen, April 14, 2016](#)

### **What you should know about the Liberals' assisted-dying bill**

In this Globe and Mail article, key questions and answers are provided about the proposed physician assisted death legislation tabled by the federal government on April 14, 2016. It includes what the legislation will mean to various groups and individuals, including Catholic hospitals. It is available [here](#).

[Globe and Mail, April 14, 2016](#)

### **Palliative care improves quality of life, but patients link it with death**

The stigma associated with the name "palliative care" is preventing people from getting early access to supportive care that would improve their quality of life, says new research from the Princess Margaret Cancer Centre in Toronto. They conclude the service needs to be "rebranded."

Two groups of 24 patients with advanced cancers were studied along with 23 caregivers. "Initially, both groups perceived palliative care as synonymous with death; as care at the end of life in a setting where they would die, and in general as a frightening, anxiety-provoking thing they wanted to avoid," said Dr. Camilla Zimmermann, principal investigator and head of the palliative care program at the University Health Network in Toronto.

The source of the stigma is doctors and nurses who give the impression that palliative care is only end-of-life care, said Zimmermann. And she also blamed the media.

The group of patients that received early palliative care had an improved quality of life, compared to the group that had only standard cancer care. Zimmermann concluded there has

to be a change in the way palliative care is presented to patients from the moment of diagnosis and throughout the course of the illness.

The study was published in the *Canadian Medical Association Journal*.

[Radio Canada International, April 18, 2016](#)

## St. Joseph's in the News

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[London Health Sciences Centre may scale back some services and try to shift more care to homes](#), London Free Press, March 16, 2016

[Sisters of St. Joseph's Awards](#), CTV London, March 18, 2016

[Inspectors find more problems at Mount Hope](#), London Free Press, March 22, 2016

[Investigating the link between probiotics and the health of female astronauts](#), Morning Post Exchange, March 25, 2016

[Budget shortfall of \\$6 million also comes with job cuts and changes to 'care delivery'](#), London Free Press, March 30, 2016

[Caressant Care Bonnie Place happy to receive 19 twiddle muffs](#), St. Thomas Times Journal, March 30, 2016

[Job cuts at St. Joseph's](#), CTV London, March 30, 2016

[Facing a \\$5.9M deficit, St Joseph's to reduce staff by 60 positions](#), CTV London, March 30, 2016

[St. Joseph's Health Care cuts 60 positions, beds at Parkwood due to budget crunch](#), AM640 and AM980, March 30, 2016

[Cutbacks at St. Joseph's](#), Blackburn News, March 30, 2016

[Small box hold big promise in cardiac care](#), Hospital News, April 2016

[London Health Sciences Centre trimming \\$20 million from budget](#), London Free Press, March 31, 2016

[LHSC slashes staff hours to meet budget demands](#), AM980, March 31, 2016

[Preventing kids vision loss](#), Hospital News, April 2016

[LHSC facing cutbacks](#), Blackburn News, March 31, 2016

[Ontario Health Coalition head says province deliberately underfunding hospitals](#), AM640 and AM980, March 31, 2016

[Gut bacteria hold clues to heart health](#), The Pasadena Citizen, March 31, 2016 (also published in the Bay Area Citizen)

[Changing lives with probiotics in Africa](#), Morning Post Exchange, March 31, 2016

[Layoffs looming](#), CTV London, March 31, 2016

[Waterloo centre to provide psychological services for veterans, military and RCMP](#), Morning Post Exchange, April 4, 2016

[Centre for Mental Health at UW announces new partnership](#), 570News, April 5, 2016

[Spring Dream Lottery returns In support of local hospitals](#), AM640, AM980 and 880AM, April 6, 2016

[Waterloo centre to provide mental health services to veterans](#), Waterloo Record, April 6, 2016

[Low-income diabetics in London struggle to pay for proper care](#), London Free Press, April 7, 2016

[Run for Retina](#), CTV London (at the 26.50 mark), April 8, 2016

[Volunteering reaps unexpected benefits](#), London Free Press, April 9, 2016

[The top hospitals that treat brain injuries In Toronto and Ontario](#), Lerner's Lawyers, April 12, 2016

[United Way's 2016 campaign chair named](#), CTV London, April 19, 2016

[United Way's 2016 campaign chair named](#), 880AM, April 20, 2016