



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: February 24, 2016

On January 29, 2016, I participated in the fourth annual Talent Management Conference: Building Collaborative Partnerships, which attracted an excellent turnout. This is part of the Talent Management Program for physicians and the faculty of Schulich School of Medicine and Dentistry. Karima Velji and I had the opportunity to have a 'fireside chat' with the participants in the 'Talent Pool'.

On February 4, I was pleased to present at an Ontario Hospital Association conference entitled "Critical Incident Reviews and Disclosures: The Intersection of Legislation." Conference highlights included an interactive discussion regarding engaging the patient, case study lessons learned, and perspectives and process reviews from an organizational and patient level. The conference also looked at how hospitals conduct quality of care reviews for critical and non-critical incidents. I presented on engaging the patient's point of view and highlighted the experiences of a patient and family members involved in two separate critical reviews at St. Joseph's. To share the perspective of these individuals they were interviewed on camera, which was then edited for the presentation. All appreciated being asked to participate and provided good insight into the review process and what was most important to them.

Also on February 4, I was pleased to support St. Joseph's Hospice by attending the Four Elements for Hospice: Earth event. The evening of dining and entertainment was part of unique series of four annual celebrations, each inspired by one of the four elements (fire, earth, water, air) with proceeds supporting the important work of St. Joseph's Hospice.

In recent weeks, Board Chair Phil Griffin and I hosted meetings with four MPPs as part of our efforts to garner their support in advocating for hospital funding at Queen's Park. They included Jeff Yurek, MPP Elgin-Middlesex-London, Deb Matthews, MPP London North Centre, Teresa Armstrong, MPP London-Fanshawe, and Peggy Sattler, MPP London West. The meetings led some MPPs to request further engagement with St. Joseph's. MPP Peggy Sattler, for example, returned on February 10 for a tour of our Regional Sexual Assault and Domestic Violence Treatment Program.

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.

Our Patients

Influenza vaccination program – an update

In collaboration with the Middlesex-London Health Unit, we have been closely monitoring influenza activity in our community since October 2015 and have recently seen an increase in influenza with activity expected to peak in the coming weeks. As a result, we have enacted the masking requirement of our Influenza Vaccination for Staff policy. As of February 8, all non-vaccinated staff are required to wear a procedure mask when within two metres of a patient or resident. This includes in all common areas such as hallways and cafeterias. Masking is an additional measure to contain the spread of influenza.

Non-vaccinated visitors are also encouraged to wear a procedure mask. New influenza signage has been placed at all main entrances of our facilities to remind visitors to take a mask if they have not received the influenza vaccine.

Though influenza is appearing later this year the risks remain the same. According to the Public Health Agency of Canada up to 8,000 people will die due to flu-related complications. As health care providers and support staff we know the serious consequences influenza can have on the health of our patients and residents, as well as ourselves. The latest report from the Middlesex-London Health Unit indicates that, from February 14-20, there have been 37 laboratory-confirmed cases of influenza (30 influenza A and seven influenza B) reported to the health unit, of whom 15 were hospitalized and one has died. Since September 1, 2015, there has been a total of 83 laboratory-confirmed influenza cases (70 of influenza A and 13 of influenza B) reported in London and Middlesex County. No influenza outbreaks have been declared since September 1, 2015.

As of February 19, the combined staff and physician vaccination rate at St. Joseph's is 64.8 per cent (up from 63.7 per cent last month.) The physician rate is 69.2 per cent and the staff rate is 64.6 per cent.

World Day of the Sick

As is the tradition at St. Joseph's, a World Day of the Sick Roman Catholic Mass and Sacrament of the Sick was held at Parkwood Institute's Main Building on February 11. During this celebration Bishop Ronald Fabbro anointed patients and residents in attendance and bestowed a special blessing on caregivers. Pope John Paul II instituted World Day of the Sick in 1992 on the Feast of Our Lady of Lourdes. This annual celebration provides an opportunity for those involved in health care to recall the roots of their healing mission and is always a poignant ceremony at St. Joseph's. A story and photos can be found on the [St. Joseph's website](#).

Improving access to care

Every year at St. Joseph's Hospital, nearly 400,000 outpatient visits are made to the various specialty clinics. If someone doesn't show up for their appointment without notice, it means the spot can't be filled by someone else.

For the medicine services clinics (doesn't include surgical programs) the no-show rate for outpatient visits range from about three per cent to as high as nine per cent, with the average being about 6.9 per cent. In 2014-2015 that equated to 4,813 missed appointments, which significantly impacts efficiency and wait times.

To better serve patients and reduce wait times, patients with scheduled appointments in the chronic pain, cardiac investigation, cardiac rehabilitation, allergy and respirology clinics will begin receiving automated reminder calls in April 2016. For diabetes and osteoporosis patients, the appointment reminder calls will begin in June 2016.

The automated call will provide the location, date and time of the appointment and a phone number for patients to change or cancel the appointment. The system has been used successfully in the Diagnostic Imaging Centre since 2013. About 80,000 scheduled diagnostic imaging scans are performed at St. Joseph's every year. Since the calls were introduced, the no-show rate has declined from eight per cent to five per cent. This means the number of missed appointments has dropped by 2,400 annually.

Patients receiving the automated reminders can change their preferred phone number or opt out of the reminder call system by calling Privacy and Risk.

Patient-centred initiatives – a few examples

- The Geriatric Psychiatry Program at Parkwood Institute's Mental Health Care Building was successful in receiving South West Senior Friendly Hospitals (SFH) 2015-2016 one-time funding for the purchase of the following:
 - 54 senior friendly clocks, which have large numbers for easy reading
 - 42 whiteboards for patient rooms to help facilitate communication with patients as well as identify clear goals and objectives with patients each day.
 - Motion-activated LED night lights.

The Veterans Care Program also received one-time SFH funding for eight tub mats for tub rooms.

- Elgin ACT2 held a beach-themed "Beat the January Blues" event for clients. About 40 clients attended the event, held at the ACT building, with very positive feedback. The team had decided to try this in lieu of a Christmas party as there are many events in December hosted by community agencies. January is a month where ACT clients struggle and are in need of positive quality-of-life activities.
- On January 21, 2016, more than 50 students from St. Marguerite d'Youville Catholic School spent the day with residents of the Veterans Care Program. The students, from Grades 6,7,8, participated with residents in curling, bowling, bingo and in Veterans Arts where they made shrink plastic valentines. The students stayed for, and helped serve, soup and sandwiches for lunch to the residents. The outing was highlighted in the [school newsletter](#), where the students shared some of their thoughts about the day.

Enhancing community care for stroke patients

Crystal Branco, a speech language pathologist with Parkwood Institute's Community Stroke Rehabilitation Team, in collaboration with the Ontario Stroke Network, has received a St. Joseph's President's Grant for Innovation for a pilot project using community-based groups to meet the ongoing needs of individuals with aphasia.

Aphasia is one of the more severe disabling complications of stroke, affecting a person's ability to communicate. As a result, individuals are prone to isolation and depression. There are very limited aphasia supports in the community and no opportunities for long-term therapy. Yet, with therapy, improvements can continue beyond a year.

The pilot project will serve stroke survivors in the region, primarily those discharged from Parkwood Institute's stroke rehabilitation services, by providing opportunities for socialization, language practice and skill building in a group setting led by a speech therapist and specially

trained volunteers. The project, which will serve up to 24 clients in our area over a one year period, will test the feasibility and outcomes of the group.

Our People

New online employee and physician support

In early February, Homewood Health, St. Joseph's Employee and Family Assistance Program provider, launched a new online employee assistance plan platform called Homeweb. The website provides access to expert health and wellness tools, resources and support – anywhere, anytime. Homeweb offers a broad range of enhancements and improvement such as:

- Access to Homeweb on any device
- Improved look and feel, layout, and search functionality
- Ability to create a personal profile
- Enhanced user experience with content recommendations
- Click to chat
- Easy access to support services
- Specialized information and reporting services for specific audiences such as managers, human resources and plan administrators
- Targeted e-courses and articles

Diffusing challenging behaviours, improving care

Dealing with patients and/or visitors who are at times verbally aggressive can be a challenge and a stress for staff in busy clinics and services. To learn how to better manage such individuals, two teams recently had an opportunity to attend an interactive education session, "Talking With Verbally Aggressive People," developed and led by Elaine Sheaves and Lee Rowden of Organizational Development and Learning Services. The program helps build awareness of safety in the work environment, communication strategies in the management of escalating, aggressive behaviors, and the importance of self-reflection and managing our emotions as staff members. It is available to all teams upon request, and can be customized to their unique situations.

- Cataract Suite nurses attended the session, which helped them put themselves in the shoes of those faced with mental health challenges to gain insight and tap into empathy. Staff were also taught skills and strategies to help them work with these patients/visitors in a way that can diffuse the behaviors. Staff found the session very beneficial. The plan is to provide the session to other teams within Ivey Eye Institute.
- In Food and Nutrition Services (FNS), staff, on occasion, deal with aggressive residents and family members. Dietary aides work independently on the units and know they can call for support if needed. But when conflict arises, most staff would like to deal with the situation in the moment. For FNS, the session has been customized for non-clinical staff to help build awareness of communication strategies in the management of escalating, aggressive behavior. More than 40 FNS staff will receive the training.

Our Finances

Ontario Hospital Association requests inflationary funding increase

On behalf of its 147 member hospitals, the Ontario Hospital Association (OHA) has provided a [submission](#) for an inflationary funding increase to the Standing Committee on Finance and Economic Affairs as part of their 2016 pre-budget consultations.

Ontario hospitals have shown tremendous leadership in their efforts to further improve their performance, says the OHA. After four years without an increase in base operating funding, hospitals are now at a critical juncture. As hospitals absorb growing operating costs, it is increasingly difficult to invest in other important health care priorities, such as capital improvements, new medical and diagnostic equipment, and information and communications technology.

In its submission, the OHA says an investment in hospital operating costs will help to ensure stability within Ontario's health care system during health care restructuring. An inflationary funding increase for hospitals in the 2016 Ontario Budget will keep wait times low, maintain access to elective surgery and ensure that important health service programs are maintained.

The OHA media release can be found [here](#).

Functional electrical stimulation program to expand

Funding has been received to purchase additional functional electrical stimulation (FES) equipment, which will provide increased access to this treatment modality for rehabilitation patients at Parkwood Institute.

As previously reported, St. Joseph's implemented an Upper Extremity Functional Electrical Stimulation (FES) Program in June 2015. Primarily for individuals with spinal cord injury who have some degree of upper limb paralysis or weakness, the program involves arm cycling on specially equipped machines with a goal to improve function and independence. Other benefits include preventing muscle atrophy, enhancing overall physical fitness, and promoting vascular circulation. Electrodes are placed on three muscle groups of each upper limb. These electrodes help to contract individual muscle fibres to assist with the cycling as needed. The bike has a motor that will kick in when the muscle fibres become fatigued. The bike also has the ability to demonstrate whether the motor is assisting the patient with the motion, or if the patient is using the stimulated arm muscles to power the cycle independently.

The additional funding will expand the cycle program for both upper and lower extremities and create more capacity for our patients to utilize this treatment modality.

Clinical, Education and Research Excellence

Streamlining education for students

In January 2016 St. Joseph's completed a trial that offered e-learning for nursing students through the Health Sciences Placement Network (HSPnet). If successful there is potential to create a provincial tracking system for required student e-learning at placement sites.

HSPnet is an electronic system for improving the management of practice education activities for health sciences students across a province. Practice education management activities include coordinating clinical placements (preceptorships, clerkships, internships, or practica) and related activities. HSPnet streamlines manual processes for managing practice education, improves communications and information sharing, and brings together multiple local data sets to provide better system-wide information. Students can also use HSPnet to view and prioritize available placement opportunities, and submit online applications for projects, coop placements, or employment opportunities.

St. Joseph's was one of only two health care organizations in Ontario to participate in the e-learning trial. In the trial, all nursing students from Western University commencing a placement in January 2016 with a supervising nurse at St. Joseph's completed their required e-learning through HSPnet. The trial was a technological success with few technical glitches and provided St. Joseph's with a mechanism for confirming that students have truly completed the e-learning modules. Previously, St. Joseph's had to rely on the students' self-reports.

Staff at HSPnet and the Council of Ontario Universities are now looking at expanding the use of HSPnet for student orientation to placement agencies. The ultimate goal is to develop consistent e-learning content across Ontario that students complete once to satisfy orientation to core information for all their placements at agencies in Ontario that use HSPnet. In the meantime, St. Joseph's will continue to use HSPnet to provide student orientation. At this time, however, the St. Joseph's e-learning modules will be restricted to St. Joseph's students.

A rising star

Lawson Health Research Institute scientist Dr. Hon Leong has been awarded a Prostate Cancer Canada (PCC) Rising Star research grant for his work in prostate cancer. Now in its fourth year, the Rising Star award recognizes outstanding new prostate cancer researchers and supports their pursuit of ground breaking research. Funded by Movember and selected by PCC, each recipient will receive approximately \$450,000 over three years.

The 2016 award will support Dr. Leong's work to validate a novel class of drugs that could prevent the spread of prostate cancer to other parts of the body. Dr. Leong's lab, located at St. Joseph's Hospital, will be performing rigorous testing of these drugs with the hope of improving prostate cancer prognosis.

It's the second time that Dr. Leong has won the award. He was also a recipient in 2013.

Highlighting mental health transformation success

A special edition of Healthcare Quarterly produced by Longwoods Publishing launched on January 28, 2016, entitled "Transforming Mental Health Services: Lessons Learned from Southwestern Ontario". The issue is dedicated entirely to the success of mental health transformation in our region and includes articles published by current and former mental health care leaders at St. Joseph's and partners in our region. The special issue is available [here](#).

The issue's launch coincided with a celebration marking the one-year anniversary of Parkwood Institute's Mental Health Care Building.

Advancing health research

The Council of Academic Hospitals of Ontario (CAHO) has invited all politicians, bureaucrats, policy makers and staff at Queen's Park to join Reza Moridi, Minister of Research and Innovation, to a breakfast on March 2, 2016, to learn about Ontario's research hospitals, leaders and scientists. This health research showcase will provide the opportunity to see the province's most interesting and leading-edge hospital-based health research initiatives. Representatives from Lawson Health Research Institute will be Dr. Cheryl Forchuk (Mental Health) and Drs. Frank Prato and Savita Dhanvantari (Imaging).

- **Mental Health:** Dr. Forchuk will be one of five featured research displays and will showcase smart technologies for mental health and homeless populations including iris-scanned ID. The iris-scanned ID serves as a biometric solution for health care identification and data linkage, especially for the homeless.

- **Imaging:** Ontario Research Fund (ORF) funding has built a world class group of molecular imaging scientists at Lawson. This funding has translated over the last 10 years into royalties from patents (\$20 million), spin-off companies, training of highly qualified personnel (100 plus), new permanent research jobs (20), Ontario collaborations (10), and international collaborations (30). As a result more and more patients in Ontario will benefit from precision imaging resulting in personalized management of their disease/condition. Today in London alone, new molecular imaging tests have resulted in more than \$40 million per year in improved resource utilization. Finally ORF researchers in London, working with those in Hamilton and Vancouver, have developed a method to produce a medical isotope needed by 400,000 patients per year in Ontario to replace the production of this isotope by the reactor at Chalk River when it is shut down by 2018.

To coincide with the breakfast, CAHO has released the third and final video in a series focused on the theme “Building a Healthier, Wealthier, Smarter Ontario.” The third video, [Building a WEALTHIER Ontario: Hamilton’s Story](#) uses the story of Hamilton as a microcosm to highlight the impact that research hospitals are having on our local economies and, collectively, on the provincial economy. It illustrates how the health research sector has been a catalyst for transformation from a manufacturing-based economy to a knowledge-based economy, generating a spillover effect on the city’s cultural capacity and ability to attract new people, new businesses and start-ups, and new investments. This story is happening across Ontario, and research hospitals are helping to make that transformation happen. The [HEALTHIER](#) and [SMARTER](#) videos will also be shown.

Improving care for Canadian military personnel and veterans

On January 11, 2016, psychiatrist Dr. Don Richardson and psychologist Dr. Maya Roth co-hosted Military and Veteran Health Research Day with attendees from Western University, McMaster University, the Anxiety Treatment and Research Clinic of St. Joseph’s Healthcare Hamilton, Veterans Affairs Canada, Canadian Institute for Military and Veteran Health Research, Defense Research Development Canada (an agency of the Department of National Defence), and the Hospital for Sick Children. This was the first meeting of an external research consortium. Meetings will be planned bi-annually with the objectives of facilitating and promoting mutual research interests, establishing collaboration, and advancing knowledge and clinical care provided to Canadian military personnel and veterans.

The relentless pursuit of safety

Two strategies have been implemented to promote patient safety through student education:

- A workshop held in early January 2016 to welcome students to St. Joseph’s in disciplines supported by Professional Practice included a discussion about strategies students can implement to contribute to the safety of everyone at St. Joseph’s. This discussion will be an ongoing feature of the student welcome/orientation workshop provided by Professional Practice.
- A self-learning package has been developed for all students in disciplines supported by Professional Practice to review with the staff members supervising their learning at the start of their placements if the students are unable to attend the welcome/orientation workshop. The package includes a link to the hand hygiene campaign on the St. Joseph’s intranet and a discussion question for the student and staff member about actions in which students can engage to promote the safety of everyone at St. Joseph’s.

Highlighting safety considerations for students at the start of each placement will hopefully improve hand hygiene compliance among students and increase the probability that students will interact with patients in a manner that prioritizes patient safety.

Fostering our Partnerships

Support for Syrian refugees

St. Joseph's quickly responded to an urgent request from the South West LHIN on behalf of London Intercommunity Health Centre (LIHC) to deploy staff members to support health assessments for Syrian refugees. Three of our staff members were deployed to assist – one nurse practitioner and two medical secretaries. In addition support was offered to fund an additional nurse practitioner if needed and if hired on a temporary basis by LIHC.

The latest information indicates that London welcomed 452 Syrian government-assisted refugees between December 20, 2015 and February 1, 2016. The Cross Cultural Learner Centre expects another 350 government-assisted Syrian refugees to arrive in London by the end of the month, followed by 500 more throughout the course of 2016. In addition, 56 privately-sponsored Syrian refugees have arrived in London and another 117 are being processed.

Recognitions and Celebrations

Don Smith Commercial Building Awards

St. Joseph's Hospital was among various showpiece commercial projects in the London area honoured on February 3, 2016 at the bi-annual Don Smith Commercial Building Awards.

The awards are named after the late Don Smith, co-founder of EllisDon, a world-renowned construction company that got its start in London. The Regional Commercial Council of the London and St. Thomas Association of Realtors (LSTAR) established the awards for commercial, industrial and institutional projects. To be eligible, properties must fit into one of the following categories: commercial (including retail and office buildings); industrial; institutional (community); or multi-family. They must also be located within LSTAR's jurisdiction of Middlesex and Elgin counties and must have been completed between August 1, 2013 and July 31, 2015.

This year's 19 entrants were judged on how sensitive they are to the environment, design and innovation, and on the extent to which they meet a specific developmental need within the community.

Both St. Joseph's Hospital (Milestone 2 Phase 3, which includes the new Zone A) and Parkwood Institute's Mental Health Care Building were among 10 entrants in the institutional category. St. Joseph's Hospital emerged as the winner in that category.

Other

Guidance document on physician-assisted death

As previously reported, in December 2015 the College of Physicians and Surgeons of Ontario (CPSO) released draft interim guidance on physician-assisted death (PAD) for public consultation. On behalf of its member hospitals, the Ontario Hospital Association (OHA) provided feedback which covered a number of issues, including:

- The need for context-sensitive application of physician and patient expectations, given the diversity of treatment settings and geographic locations in which physicians practice.
- Suggestions for clarification of the key criteria used to guide the determination of eligibility for physician-assisted death.

- The need to balance various interests and reconcile equitable patient access to clinical services, with the rights of physicians who might object to participating in assisted dying processes.
- Clarification of the documentation-related requirements for physician-assisted death, particularly as they relate to existing practices and procedures.
- The importance of emphasizing ongoing collaborative and inter-professional care in this context, with a patient-centered perspective.

Public consultation is now complete and the CPSO has issued the final [Interim Guidance on Physician-Assisted Death](#). This guidance document sets out the CPSO's interim direction for the medical profession in the absence of a legislative framework to govern the provision of PAD. Should the government develop a legal framework, that framework will take priority over the direction in the CPSO's interim guidance document.

The OHA has prepared a [backgrounder](#) to assist members in understanding the guidance document.

South West LHIN Integrated Health Service Plan 2016-2019

Earlier this month the South West LHIN released its plan for the local health system for the next three years. 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 South West LHIN.

The plan, which represents the voices of diverse populations as well as health service providers, offers an overview of Ontario's Patient's First: Action Plan for Health Care for the health system and details on how success is demonstrated and measured in the South West LHIN.

Over the next three years the South West LHIN will execute five implementation strategies while advancing seven key priorities to achieve its vision of an integrated system of care for all in the region.

The implementation strategies are: Health equity; Integration and collaboration; Quality improvement and innovation; eHealth and technology; and Accountability and transparency

The 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 palliative care

Highlights of the IHSP are available [here](#) and the full plan is available [here](#).

Environmental Scan

Complex issue of when to stop mammograms

Lost in the arguing over whether women should begin mammograms at age 40 or 50 or somewhere in between is the issue they'll all eventually face: when to stop.

"There's a point at which everybody begins to scratch their head and say how much longer do you have to keep doing this?" said American Cancer Society specialist Robert Smith. It's an increasingly complex balancing act as older women are living even longer. The risk of breast cancer rises with age. But so do the odds of other serious illnesses that may be more likely to kill in a senior's remaining life span — or to make them less able to withstand the rigours of cancer treatment.

The cancer society's advice: Women should continue mammograms as long as their overall health is good and they have a life expectancy of at least 10 more years. Last week, guidelines issued by the U.S. Preventive Services Task Force said there's not enough evidence to recommend for or against mammograms at age 75 and older because that age group just hasn't been studied enough to tell.

About 26 per cent of breast cancer deaths each year are attributed to a diagnosis after age 74, according to the American Cancer Society. "The question we have not really studied very carefully is what fraction of those deaths is truly avoidable," Smith said.

[Ottawa Citizen, January 16, 2016](#)

Electronic health record now available for 3.6 million south west Ontario residents

More than 37,000 doctors, nurses, therapists, and other health care professionals across Southwestern Ontario are now able to securely access electronic patient information from the region's 67 hospitals, four Community Care Access Centres (CCACs), four regional cancer programs, provincial clinical systems for laboratory tests and results, and the picture archiving and communication system for medical imaging. This is now all available through ClinicalConnect.

ClinicalConnect, implemented by connecting South West Ontario (cSWO) Program and funded by eHealth Ontario, is a secure, web-based portal that provides authorized physicians and health care professionals with real-time access to their patients' electronic health record (EHR). In October 2015 the final acute care hospital sites, including St. Joseph's Health Care London, were successfully integrated with the regional clinical viewer. For the first time – from Windsor to Tobermory to Guelph and through Niagara Falls – patient health information from across the continuum of care can be accessed by authorized health care professionals to gather essential patient data in seconds from those organizations using ehealth technology.

"This has enabled health care providers across the continuum of care to make more informed decisions resulting in better patient outcomes," said Dr. James MacLean, cSWO Program clinical advisor.

A benefits realization program has been implemented to understand how the integrated EHR further enables health care professionals to provide quality care and increase efficiency.

[eHealth Ontario, January 20, 2016](#)

Hospitals at crossroads, says Ontario Hospital Association president

In this editorial, Anthony Dale, president of the Ontario Hospital Association, comments on the Ontario government's new parking rates directive and the funding pressures faced by hospitals.

"Ontario's health care system is undergoing a period of intense transformation and hospitals are under enormous pressure to do more with less funding to maintain access to care. As a result, the decision to cut revenues could not have come at a worse time," he writes.

After four years without a funding increase, hospitals are at a critical crossroads, says Dale. "It's now time for the Government of Ontario to increase hospital operating funding in the upcoming provincial budget. As the Ontario government moves to restructure the health care system in the year ahead, there is some risk of instability. As we all work to make Ontario more patient-centered, it is essential that hospitals have the resources they need to maintain access to care."

Read the full editorial [here](#).

[Sault Star, January 21, 2016](#)

New online mental health gateway and app launched to improve access to care

The Centre for Addiction and Mental Health (CAMH), supported by Bell Let's Talk, has launched Portico Network, an online interactive platform that connects health and community service providers to the latest clinical tools, resources and information about treating mental illness and addiction.

Guided by CAMH expertise, porticonetwork.ca was designed in partnership with Bell Business Markets for health care professionals but is equally accessible for anyone looking for reliable, evidence-based information about mental illness and addiction. The online platform brings together tools, resources, and practitioners in an effort to improve care for people with mental illness.

"Most Canadians access health care exclusively through a primary care setting, be it a physician's office or a family health team," said Dr. David Goldbloom, co-editor of Psychiatry in Primary Care and senior medical advisor at CAMH. "As demand for specialized mental health services continues to outstrip supply, we need practical and effective ways to better equip primary care professionals to treat mental illness in their daily practice."

The Portico Network team is working with knowledge partners across Canada to create links to the best tools and websites, and generate valuable discussions to improve practice for clients and families. In addition to mental health resources and information, the site is mobile ready and features top trends, as well as the ability to customize content, join discussions and add expertise to forums.

One of the first resources now available through Portico is [Psychiatry in Primary Care](#), a suite of products designed to support family doctors and front line practitioners in rapid assessment and treatment options for mental illness. First developed in 2011 as a popular paper pocket guide, CAMH experts have created a mobile app version of Psychiatry in Primary Care with built-in assessment guides, diagnostic criteria and customizable toolkits

[Centre for Addictions and Mental Health, January 21, 2016](#)

Health ministers agree to tackle drug prices, home care and mental health

On January 21, 2015, Federal Health Minister Jane Philpott wrapped up two days of meetings with provincial and territorial counterparts, with the ministers deciding to tackle drug prices, community care and innovation as top priorities.

One specific action from the meetings is the creation of a working group on the high cost of prescription drugs, which Ottawa agreed to join. The group will build on the work of the provinces' bulk-buying program – the Pan-Canadian Pharmaceutical Alliance – which saves money by negotiating large contracts with pharmaceutical companies.

[CBC News, January 21, 2016](#)

Canadian Red Cross to add new mental health training programs

The Canadian Red Cross, Canada's leading provider of first aid and CPR programs, and Bell Let's Talk have announced a \$150,000 investment in new initiatives focused on mental health training for Canadians:

- Canadian Red Cross will incorporate mental health programming into its standard first aid training, enabling individual Canadians to recognize the signs and symptoms of a developing mental health emergency and provide comfort and care until professional help arrives.
- A new Canadian Red Cross program focused on training first responders will look beyond physical symptoms and evaluate emotional well-being following an emergency such as a natural disaster.
- This new mental health training component will also be incorporated into the new section on mental health under the “Learn” tab in the Red Cross First Aid App, supporting both the general public and first responders who use the app.

The Initiatives are a crucial step in building mental health consideration into every level of health care, said Mary Deacon, Chair of Bell Let's Talk.

[Canadian Red Cross, January 26, 2016](#)

Depression now equal to high blood pressure as a top reason Canadians see physicians

New research announced by Morneau Shepell Inc. found that depression is now equal to high blood pressure as a top reason Canadians see physicians. Depression was the top-ranked condition by 24 per cent of physician respondents, equal to high blood pressure, which was the top-ranked condition by a different 24 per cent of physician respondents. The results are from a national survey that polled physicians, employees and employers across Canada.

Comparatively, musculoskeletal disorders were the top-ranked condition by 11 per cent of physician respondents. Furthermore, 63 per cent of physicians reported that depression, anxiety disorders or stress-related issues had the fastest increase in cases they had seen over the last two to three years.

The national survey also found that a large majority (82 per cent) of employees who reported struggling with mental health issues and two thirds (67 per cent) of employees who reported struggling with stress symptoms said it impacts their work. Comparatively, only half (53 per cent) of employees who reported struggling with physical health issues said it impacts their work.

Among other findings are:

- More than two thirds (67 per cent) of highly engaged employees reported excellent or very good mental health, compared to less than half (35 per cent) who are not engaged. Workplace stress has been found to have a higher impact on engagement than personal stress. Nearly half (47 per cent) of employees who are not engaged reported extreme workplace stress but less than one in five (18 per cent) of employees who are not engaged reported extreme personal stress.
- Employees reported that the sources of workplace stress are due primarily to emotional or interpersonal issues (e.g., office culture, communication, conflict), as indicated by 60 per cent of employees.

[Morneau Shepell, January 26, 2016](#)

Patients to obtain assisted death despite doctors' opposition

The group representing Canada's medical doctors says no one who qualifies for a physician-assisted death will be denied access despite overwhelming objection to the practice by the nation's 82,000 physicians.

"I can sit here today in front of this committee and guarantee that simply from a numbers perspective access will not be an issue," Dr. Jeff Blackmer, vice-president of medical professionalism at the Canadian Medical Association (CMA), told a parliamentary committee.

The CMA, which had long opposed physician-hastened death, polled 1,407 doctors last summer and found 63 per cent would refuse providing "medical aid in dying" if requested. That despite the Supreme Court of Canada's ruling Canadians have a constitutional right to physician-assisted death. But Blackmer assured the MPs and senators on the special joint committee that still leaves 30 per cent of the profession – about 24,000 doctors – who would consent.

"It's really about connecting the people that qualify for assisted dying with the providers that are willing to undertake assisted dying with that patient," he said. "

CMA president Dr. Cindy Forbes also reminded the committee the CMA supports not just doctors with conscientious objections to providing the service, but those whose moral objections extend to providing patients with referrals to physicians who will assist.

The special joint Commons committee on physician-assisted dying was struck in response to a Supreme Court's decision last year which ruled that a ban on physician-assisted dying violated Canadians' charter rights, giving the government a year to pass new legislation. The high court recently extended the deadline until June 2016 to allow the Liberal government time to hold public consultations and deliver a new law. Five senators and 11 MPs form the committee, which will report back with legislative suggestions by February 26, 2016.

[Ottawa Citizen, January 27, 2016](#)

Record-breaking \$6.2 million raised for mental health during Bell Let's Talk Day

It's a new Bell Let's Talk Day record – 125,915,295 calls, texts, tweets and shares on January 27, 2016 raised \$ 6,295,764.75 for Canadian mental health.

The campaign ran over the 28.5-hour period between midnight Newfoundland time and midnight Pacific time. It saw a 3.1 per cent increase over the total interactions on Bell Let's Talk Day

2015. Bell is donating five cents per interaction to mental health programs, at no extra charge to participants.

The top Twitter trend in Canada on Bell Let's Talk Day, #BellLetsTalk, was the most-used hashtag in the world with 6,826,114 total tweets and retweets – 43 per cent more than last year. All day long, Olympians, professional sports teams and players, major corporations and a broad range of the most high-profile Canadian, US and global entertainers and other celebrities drove hundreds of thousands of retweets from fans and followers. To see these conversations, visit [Bell Let's Talk](#).

[CTV London, January 28, 2016](#)

New District Stroke Centre to open at St. Thomas Elgin General Hospital

Beginning in April 2016, St. Thomas Elgin General Hospital (STEGH) will be adjusting the manner in which it handles stroke patients and begin its transformation into one of the four district stroke centres in the South West Local Health Integration Network. The District Stroke Centre will be a specialized unit within the Continuing Care Centre dedicated to providing both acute and rehabilitative care for all stroke patients.

“In this new integrated model, our stroke patients will remain on the same unit, in the same bed, surrounded by health team members with expertise in stroke care to help them through their entire patient journey. This unit will meet best practice standards in the delivery of care,” says Dr. Nancy Whitmore, chief of staff and vice-president at STEGH. “This is an exciting time for our hospital and our community.

[St. Thomas Elgin General Hospital, January 28, 2016](#)

Smartphone app proven to reduce admissions

Smartphones create smarter mental health care, a landmark Canadian study has found. About 400 mentally ill people, given smartphones and an app to guide their health care, experienced fewer psychiatric hospital stays, fewer emergency room visits for mental health, fewer arrests and fewer outpatient visits over 18 months, the study concluded.

“This is really pivotal. The study showed this kind of approach can work,” said Western University researcher Cheryl Forchuk.

Aside from helping people with serious mental illness, the smartphone strategy could lower costs in mental health care and open up much needed space in the health care system for other people seeking help, said Forchuk, a nursing and psychiatry professor at Western and a scientist at the Lawson Health Research Institute in London.

Published in the *Journal of Technologies in Society*, the study involved 12 researchers from Western University, University of Toronto, University of British Columbia, the peer-support group Can-Voice and the Canadian Mental Health Association.

Researchers recruited 400 clients with serious mental health disorders from four mental health agencies in the London area to be part of what they called the Mental Health Engagement Network. Each person had been previously admitted to hospital for psychiatric care at least six times. Each person was given an iPhone4S with an app called Lawson SMART that provided a wide range of health care information, monitoring and communication with their counsellors.

The app included a mood monitor that allowed them to track their emotional status and store and share that information in real time with health care workers. The app also provided a journal where they could log their thoughts, a way to note their health care reminders and ways to measure their own physiological conditions, such as blood pressure, that would give a barometer of their mental health.

The health care workers had access to their client's system to monitor their health and communicate with them.

[London Free Press, February 2, 2016](#)

Canada is failing heart failure patients

A new report says more needs to be done to help a growing number of Canadians living with damaged hearts. About 600,000 people are living with heart failure – an incurable, long-term condition where the heart is not pumping enough blood due to damage from heart attacks and disease, says the Heart and Stroke Foundation study entitled [The Burden of Heart Failure](#). That growing number is putting a strain on patients, their families and the economy. It is estimated that heart failure results in direct costs of more than \$2.8 billion per year in Canada.

Depending on the severity of symptoms, about half of heart-failure patients die within five years and most will die within 10 years, the report says. Even with excellent care, heart failure patients face tough challenges.

Because of long and frequent hospital visits, heart failure is referred to as a “revolving door condition.” Leaving out childbirth, heart failure is the third most common reason for hospitalization according to the Canadian Institute for Health Information – trailing only respiratory disease and heart attack, both of which are associated with heart failure. The average length of stay for heart failure patients is long – eight days – as these patients are usually complex, often managing other health issues.

Hospital visits due to heart failure have gone up every year for the past several years. About 50,000 people are diagnosed each year with the condition, and these numbers are expected to increase as the population ages and more people are living with cardiovascular disease.

The study also finds there are not enough heart failure specialists or heart failure clinics, and family physicians who are often the care providers for these patients can lack the specialized knowledge and training to deal with complicated cases. There is a lack of continuity of care from the hospital to the community with enormous gaps in home care support.

(Note: St. Joseph's Health Care London recently created a heart failure clinic at St. Joseph's Hospital.)

[Heart and Stroke Foundation, February 2, 2016](#)

Physician-assisted dying will hurt medical profession, ethicist argues

Physician-assisted dying will weaken fundamental respect for life and inflict lasting damage on medicine and law, respected medical ethicist Dr. Margaret Somerville has warned parliamentarians. Doctors and other health care providers should be banned altogether from practising euthanasia and assisted suicide, she said. Government should instead establish a novel, non-medical “profession” to aid in or administer death to desperately sick and consenting individuals, she said.

“Legalizing physician-assisted suicide and euthanasia is a seismic shift in our most fundamental values as individuals and foundational values as a society,” said the professor of law and of medicine at McGill University and founding director of the McGill Centre for Medicine, Ethics and Law. “I believe future generations will look back on the legalization of assisted suicide and euthanasia as the most important social-ethical-legal values decision of the 21st century, and the decisions that parliament will make about the legislation and regulations to govern those interventions are an integral part of that decision.”

Somerville was one of the final experts to testify before the special joint committee of MPs and senators, which is working to a February 26, 2016, deadline to prescribe a legislative framework on which government can hang a new physician-assisted dying law.

In a paper to be published in the *Medical Law Review* 2016, Somerville and co-author Benny Chan, editor-in-chief of the *McGill Journal of Law and Health*, urge the government to invoke the Charter’s “notwithstanding clause” to allow parliament to adopt legislation overriding the constitutional rights at issue for five years in order to give itself time to address the issue.

No matter when government acts, however, the institutions of medicine and law will suffer because each is now involved in a practice that will damage their capacity to convey an immutable respect for life, said Somerville.

[Ottawa Citizen, February 4, 2016](#)

Concussion raises long-term suicide risk

Adults who experience a concussion appear to have a long-term suicide risk three times higher than that of the general population – and that risk rises to four times higher if the traumatic brain injury occurred on a weekend, a study suggests.

The study, published in the *Canadian Medical Association Journal*, also found that having a subsequent concussion was associated with a further increase in the risk that a person would take his or her own life.

"We know that a concussion can cause lasting changes in the brain that can alter mood, perhaps resulting in behaviour changes, including impulsivity," said principal researcher Dr. Donald Redelmeier, an internal medicine specialist and senior scientist at Sunnybrook Health Sciences Centre in Toronto. "It's possible that we're seeing greater suicide risk linked to weekend concussions due to risk-taking associated with recreation or misadventure, whereas weekday injuries may be linked to employment hazards."

To conduct the study, researchers analyzed Ontario health records to identify more than 235,000 concussion patients between 1992 and 2012. Over that 20-year period, 667 people with a history of concussion died by their own hands. Those injured on weekdays accounted for 519 suicides, three times the population norm of about nine per 100,000 annually, while those whose brain injuries occurred on weekends accounted for 148 suicides, about four times the population norm.

[CBC News, February 8, 2016](#)

Research shows seniors who find meaning in life identify more reasons for living

Suicide accounts for more than 800,000 deaths each year. Globally, adults over the age of 65 are most at risk. A recent study led by Dr. Marnin Heisel, a scientist at Lawson Health Research

Institute, explored the relationship between perceived meaning in life, reasons for living and thoughts of suicide in seniors. Findings suggest that a perception of meaning in life can lead to increased identification of reasons for living and, in turn, to a significantly decreased likelihood of contemplating suicide.

Dr. Heisel, also a clinical psychologist and associate professor at Western University, and his colleagues interviewed 109 community-residing adults over the age of 65. Participants were assessed for suicide ideation (thoughts of suicide), their perception of reasons for living and their perception of meaning in life.

Meaning in life refers to the sense that one's life has a deeper significance, while reasons for living refer to individual examples of those things that make life worthwhile. The study, published in the journal, [Aging & Mental Health](#), found that individuals who report more reasons for living are far less likely to contemplate suicide, as are individuals who report a strong sense of meaning in life. Findings also suggested that those older adults who find meaning in life are much more likely to identify reasons for living.

Dr. Heisel's findings support a growing exploration of positive psychological factors that may help to enhance mental health and wellbeing while preventing the development of depression and thoughts of suicide.

[Lawson Health Research Institute, February 9, 2016](#)

Report finds 3.4 million Canadians had unmet health care needs in 2014

In 2014, 11.2 per cent of Canadians over the age of 12 reported not being able to receive the health care they needed. That works out to about 3.4 million people going without physical, emotional or mental health care. A third (33.4 per cent) said this was due to wait times being too long, 13.7 per cent said health care services were not available at the time, and cost was a barrier for 11.4 per cent of respondents.

The information comes from 2014's [Canadian Community Health Survey](#), released by Statistics Canada on February 9, 2016. Among other findings in the report are:

- Overall, females (12.4 per cent) were more likely than males (10 per cent) to have reported an unmet health care need.
- Among age groups, unmet health care needs were lowest for those aged 12 to 19 and those aged 65 or older, and were highest for those aged 20 to 54.
- The largest proportion of reported unmet needs was for the treatment of physical health problems (65.1 per cent). Other types of unmet needs included treatment for emotional or mental health problems (11.4 per cent), regular checkups (9.4 per cent) and treatments for injuries (8.8 per cent).

[Global News, February 9, 2016](#)

Let dementia patients request assisted death in advance, advocates urge

The advocacy organization Dying With Dignity is urging federal and provincial legislators to allow people diagnosed with dementia to make advance requests for assisted death while they are still able to make the choice.

Incoming CEO Shanaaz Gokool says without a legal advance directive those with degenerative illnesses such as Alzheimer's face a cruel choice: to end their lives too early while still they are sound of mind or to suffer until natural death occurs.

A poll commissioned by Dying With Dignity suggests 80 per cent of Canadians agree that people with a terminal medical condition such as dementia should be permitted to consent to assisted death in advance.

The poll of more than 2,500 Canadians comes as federal lawmakers prepare new regulations for physician-assisted dying, which will become legal in June 2016 following a Supreme Court of Canada ruling last February. The poll also found that 85 per cent of respondents support the Supreme Court decision, and that support for allowing advanced directives was strong in every region of the country.

[Toronto Star, February 11, 2016](#)

Thomas Cardinal Collins: Sanctity of life is our common mission

On February 3, 2016, Thomas Cardinal Collins, Archdiocese of Toronto, made a presentation to the special joint parliamentary committee on physician-assisted death on behalf of the Coalition for HealthCARE and Conscience. During his presentation, he said the following:

“For centuries, faith-based organizations and communities have cared for the most vulnerable in our country, and they do so to this day. We know what it is to journey with those who are facing great suffering in mind and body, and we are committed to serving them with a compassionate love that is rooted in faith and expressed through the best medical care available.

We were brought together by a common mission: To respect the sanctity of human life, which is a gift of God; to protect the vulnerable; and to promote the ability of individuals and institutions to provide health care without being forced to compromise their moral convictions. It is because of this mission that we cannot support or condone assisted suicide or euthanasia.”

An excerpt from the presentation is available [here](#).

[Ottawa Citizen, February 11, 2016](#)

Your pharmacist's secret weapon: How your DNA can help perfect your medication

A team of researchers at the University of British Columbia (UBC) are testing patients' saliva for genetic variations that affect how individuals respond to medications. The study is the largest in North America to look at whether community pharmacists can gain the skills required to collect DNA samples from patients, walk them through the consent process and explain how specific drugs may interact with the patient's genetic makeup. So far, 200 patients in 33 pharmacies throughout British Columbia have participated in the study. The next phase, expected to start in 2016, will involve 1,000 patients in pharmacies across Canada.

The goal, researchers say, is to bring personalized medicine to a pharmacy near you. “I see genetic information as a way to prescribe less medication – and more accurately,” said the study's principal investigator, Dr. Corey Nislow, associate professor at the UBC Faculty of Pharmaceutical Sciences.

Specialists in pharmacogenomics – the study of gene-drug interactions – have linked more than 150 medications to genetic variations that affect how a patient reacts to specific drugs. The growing list does not cover every drug on the market, which number in the thousands, but it includes some of the most widely prescribed medications, such as antidepressants, cholesterol-lowering statins and blood thinners. No one disputes the data. But medical experts disagree on

how health care professionals should put this knowledge into practice – and whether routine genetic testing will result in better medication choices for patients.

In the study, patients meet with a pharmacist in a counselling room at their local drugstore. After going over the consent forms, the pharmacist gives the patient a plastic test tube with a funnel attached and leaves the room while the patient spits into the vial. The test tube is sent by courier to UBC, where DNA is extracted from the sample and analyzed. About a week later, the pharmacist goes over the results with the patient using a report that includes a list of medications and their predicted impact on the patient. The results might indicate the patient has an increased risk of a specific side effect or a lower-than-normal chance of the treatment working.

The plan is for a stand-alone company to make this tool available through Canadian pharmacies as early as 2017.

[Globe and Mail, February 15, 2016](#)

Deal vaults London firm into medical big league

Software developer iConect in London is partnering with U.S. defence contractor Lockheed Martin to help make hospital records more secure. Lockheed Martin has an information division that's been hired to retrieve old medical records and make them accessible using new technology.

With 4,000 hospitals across North America having on average 50 legacy information systems each, that's billions of files to retrieve – and secure software is needed to store them. That's where iConect comes in, said president Ian Campbell.

iConect sells software, called Xera, used by law firms to share and secure legal files so lawyers in separate offices can view the same records. That type of security also is needed to keep medical files safe, so Lockheed called iConect.

“Data from 10 years ago is all on old servers. The program will go into a hospital and take their old data and move it into our system,” which is secure, said Campbell. “Instead of searching eight files, they will search just one.”

[London Free Press, February 15, 2016](#)

Ontario announces new chief medical officer of health

Dr. David Williams has been appointed as the province's new chief medical officer of health, effective February 16, 2016. Dr. Williams has been acting chief medical officer of health since July 1, 2015. He has worked in the field of public health since 1991 and has held various positions, including medical officer of health for the Thunder Bay District Board of Health, and associate chief medical officer of health and infectious disease at the Ministry of Health and Long-Term Care. In addition, he was acting chief medical officer of health for Ontario from November 2007 to June 2009.

[Ministry of Health and Long Term Care, February 18, 2016](#)

When doctors help you die: Key questions ahead of federal assisted death report

A special joint committee will give the federal government its recommendations on physician-assisted death on February 25, 2016, bringing Canada a step closer to setting up a framework for doctors to help their patients die.

But the committee's report, and Ottawa's response to it, could have much broader implications, affecting the way health practitioners assess a patient's capacity to make treatment decisions, the obligations physicians have when their patients want something that goes against the doctor's beliefs – even the way Canada's provinces collect death statistics.

In a far-reaching interview with Global News, Health Minister Jane Philpott talked about the complex issue and the many factors to take into consideration in creating a framework. Her interview is available [here](#).

[Global News, February 22, 2016](#)

Task force opposes colonoscopy for routine colorectal cancer screening

Colonoscopy should not be used for routine screening of colorectal cancer in patients with no symptoms or family history of the disease, the Canadian Task Force on Preventive Health Care advises in updated guidelines issued February 22, 2016. Instead, the task force strongly recommends that low-risk patients aged 50 to 74 be screened for colorectal cancer using stool-based testing every two years or sigmoidoscopy every 10 years.

Sigmoidoscopy is a procedure in which a flexible scope allows the doctor to view the lower portion of the colon and rectum, not the entire colon as is the case with colonoscopy. Stool-based tests look for signs of blood that may indicate cancer in the large bowel.

The guidelines update the task force's previous 2001 advice, which recommended fecal testing every one to two years or sigmoidoscopy every five years in asymptomatic adults.

The new Canadian guidelines are similar to the 2008 U.S. Preventive Services Task Force recommendation that adults aged 50 to 75 should be screened for colorectal cancer using a fecal blood test or sigmoidoscopy, but they differ in one major way. While the U.S. group recommends colonoscopy as a screening tool, its Canadian counterpart does not believe there is sufficient evidence to support that advice.

Although clinical trials are underway to look at how colonoscopy stacks up against stool testing and sigmoidoscopy in reducing cases of colorectal cancer and deaths from the disease, results are not yet available, said task force member Dr. Scott Klarenbach of the University of Alberta.

The task force also advises against screening asymptomatic patients age 75-plus because of their shorter life expectancy and a lack of evidence showing a benefit from the tests.

[CTV News, February 22, 2016](#)

St. Joseph's in the News

[Thousands of veterans in Canada amongst the hidden homeless](#), CBC Radio, The Current, January 8, 2016

[New software that analyses bar codes on medication and a patient bracelet have cut drug errors at London hospitals](#), London Free Press, January 20, 2016

[Interview with Julie Sawchuk, Parkwood Institute patient](#), CBC radio, January 22, 2016 (podcast, at the 33:02 mark)

[And you Are?: Quadriplegic learns to take things one step at a time](#), London Free Press, January 24, 2016

[Living with mental illness: Part 1](#), CTV London, January 26, 2016

[Living with mental illness, Part 2](#), CTV London, January 27, 2016

[Hospital hiring freeze, but no layoffs to full-time staff, says union](#), London Free Press, January 28, 2016

[Transforming mental health services: Lessons from South Western Ontario](#), Healthcare Quarterly, Vol. 18 Special issue 2016,

[Smartphone app proven to reduce admissions](#), London Free Press, February 2, 2016

[Best of the bunch](#), London Free Press, February 3, 2016

[Prostate cancer research](#), CTV London, February 3, 2016

[Ontario issues second \\$750M green bond to help fund infrastructure projects](#), Canadian Manufacturing, February 2, 2016

[2015 Don Smith Commercial Building Award winners named](#), CTV London, February 3, 2016

[Former military tool to target prostate cancer](#), London Free Press, February 4, 2016

[Detecting prostate cancer with a drop of blood and Gulf War technology](#), Morning Post Exchange, February 5, 2016

[St. Joe's faces clash with rules](#), London Free Press, February 8, 2016

[Rising Star eyes new weapons against prostate cancer](#), Western News, February 11, 2016

['She believed everyone was good': Murdered Sarnia teacher starkly different from her twisted killers](#), National Post, February 11, 2016

[Hospice shortage fuels fear](#), London Free Press, February 12, 2016

[Experts' calls for change unheeded by hospitals](#), London Free Press, February 12, 2016

[Fundraising efforts launched for local promoter-musician Kelly paralyzed after fall](#), Windsor Star, February 15, 2016

[Ontario to fund eight low carbon infrastructure projects with \\$750 million Green Bond](#), Daily Commercial News, February 16, 2016

[London research notes](#), Londoner, February 19, 2016

[Living with low vision](#), Good Times magazine, March 2016

[Patients and staff were unwittingly exposed, officials say, but details remain scant](#), London Free Press, February 24, 2016

[Some London hospital patients may have been exposed to tuberculosis](#), CTV London, February 23, 2016

[Hospital patients, staff possibly exposed to TB via infected health care worker](#), CFPL AM640 and AM980, February 23, 2016

[Possible TB exposure at London hospitals](#), Blackburn News, February 23, 2016

[Dozens of London patients exposed to tuberculosis](#), CBC News, February 23, 2016