

To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: May 25, 2016

Congratulations to St. Joseph's Health Care Foundation and the Canadian Mental Health Association Middlesex on their very successful Breakfast of Champions on May 11. It was the 10th year for this enlightening event, which featured Patrick Kennedy, a former US congressman and son of the late Senator Ted Kennedy. Patrick spoke about the need to confront stigma by changing the way we view and talk about mental illness, and was candid about living with bipolar disorder and his struggle with addiction. The event was sold out with more than 1,000 attendees.

On May 13-14, I took part in the Canadian Conference on Physician Leadership in Toronto. This annual conference is geared to well-established physician leaders in addition to those just stepping into leadership roles. The theme was "Leading together: achieving results." I participated in a lively panel discussion that debated "politicians are an obstacle to real health care reform." Other panelists included: Jeff Braithwaite, Australian Institute of Health; Chris Eagle, former CEO of Alberta Health Services; and Anne Snowdon, Odette World health Innovation Network, Odette School of Business.

Before the conference, on May 11-12, participants dedicated to a career in leadership could take advantage of various courses. I was among the presenters and taught Crucial Conversations to participants.

The Catholic Health Alliance of Canada held their annual conference May 4-6 and I, along with Board Chair Phil Griffin, attended. The focus was on end of life care and the importance of honouring and respecting the dignity of each person.

Also this month, I hosted seven quarterly staff and physician engagement sessions across all sites (May 9, 10, and 16). At these sessions, I reviewed end-of-year performance indicators and provided an update on physician-assisted death, Ontario's Patient's First proposal and St. Joseph's Quality Improvement Plan, which has been refreshed for 2016-2017. Feedback from these face-to-face sessions is consistently positive.

On April 28, the SouthWestern Academic Health Network (SWAHN) held a retreat in Sarnia that was attended by about 60 people. Accomplishments to date were discussed as well as how we can move forward together to achieve the vision of SWAHN, which is to positively transform health outcomes and delivery of health care in Southwestern Ontario through integrated excellence in research, education and clinical practice..

Once again this summer, St. Joseph's will be taking part in Canadian Blood Services' annual Hospital Challenge, which has hospitals competing to donate the most units of blood during the months of June and July. On June 20, board members are invited to St. Joseph's "Adopt a Clinic" day. On that day, all staff, physicians, volunteers, board members, friends and family are encouraged to stop into the London Blood Donor Clinic at 820 Wharncliffe Road South to

donate blood. This will help us in the Hospital Challenge as well contribute to our annual blood donation target of 225 units of blood for the year.

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 – wrap up

With a sustained significant decline in the number cases of influenza in our community in April 2016, as confirmed by the Middlesex London Health Unit, non-vaccinated staff, physicians and visitors were no longer required to wear a mask in areas where patients may be present as of April 27, 2016.

Since September 1, 2016, there has been a total of 464 laboratory-confirmed influenza cases reported in London and Middlesex County (321 influenza A, 142 influenza B, one influenza A and B co-infection).

At St. Joseph's, there were fewer Influenza outbreaks declared this year compared to 2014-2015. In total, there were two flu outbreaks declared, both at Mount Hope Centre for Long Term Care, with the duration of the outbreak less compared to the previous season. Last season there was a total of nine outbreaks across our sites.

Our combined staff and physician vaccination rate as of April 22, 2016 was 65.4 per cent.

Enhancing pain management for spinal cord injury patients

An innovative, comprehensive pain management approach was rolled out on April 1, 2016 on the spinal cord injury rehabilitation inpatient unit at Parkwood Institute. The approach is a result of work by the Spinal Cord Injury Knowledge Mobilization Network (SCI KMN), a community of practice aimed at building capacity and developing an organizational culture of innovation. Clinicians and Lawson Health Research Institute scientists at Parkwood Institute have played a central role in the SCI KMN. Parkwood Institute is one of seven Canadian sites within this community of practice. The overall goal is a more consistent, evidence-informed and systematic approach to implement sustainable practice change and thereby better manage secondary complications in the spinal cord injury population.

The novel pain management approach involves "Take Control of Your Pain" education sessions for patients, as well as the introduction to non-pharmacological approaches to pain management, such as 20 minute yoga sessions, alternating with mindfulness meditation sessions, offered on a weekly basis by qualified program staff. Initial patient feedback has been positive.

Zero Suicide initiative

At the Breakfast of Champions on May 11, St. Joseph's Health Care Foundation officially introduced Canada's first Zero Suicide initiative. This initiative has transformed suicide rates in health systems in the United States and United Kingdom through a system-wide quality improvement initiative that sets a bold goal of reducing suicides and attempted suicides in the health care system by wrapping care differently around the individual.

Phase one of this innovative new program will be launched in the Adult Ambulatory Program at Parkwood Institute. The vision for future phases is to extend the project across St. Joseph's mental health care programs and to community partners in the local mental health care system.

The initiative aligns with St. Joseph's relentless pursuit of safety for patients, families and staff. Every year in Canada, 4,000 people die by suicide.

To create permanent, sustainable and system-wide change, the foundation is raising funds for the initiative. Additional information is available on the foundation's [website](#).

World travelers

Veterans from 4 Bruce/Elgin in Western Counties Wing are travelling the world and getting a taste of various cultures, all from the comfort of home. Every Tuesday, the Taste and Travel Group focuses on a specific country to discuss the iconic buildings, languages, economy, famous people and traditional foods, which they also get to taste. Led by therapeutic recreation assistant Cheryl Evagelinos, the veterans started on the East Coast of Canada where they heard stories from those veterans who trained or were based there before or during the war. They also discussed the seafood industry and enjoyed some clam chowder soup and lobster bisque.

Next up was British Columbia for Nanaimo bars, New York for cheesecake, Boston for Boston cream pie, California for a fresh, healthy smoothie, New Orleans for gumbo soup, Scotland for shortbread, England for a fancy tea party, France for éclairs, Switzerland for cheese, and Italy for tiramisu.

While enjoying treats from around the globe, the veterans share stories and reminisce about each person's time in that country. Coming up next is Greece for the Acropolis, beautiful Islands and baklava.

A celebration of achievements and courage

On June 8, 2016, St. Joseph's mental health Patient's Council will host their annual general meeting to raise awareness of the council, celebrate recent accomplishments, and inspire hope on the road to recovery.

The mental health Patient's Council serves as a voice for ongoing improvement and quality of care for patients at Parkwood Institute's Mental Health Care Building and Southwest Centre for Forensic Mental Health Care. Made up of volunteers, council members generously give their time, skills, and share their lived experience to serve and support patient initiatives.

The annual general meeting will recognize the council's past and present accomplishments, such as the establishment of the Patient Bill of Rights – a collaborative project that promotes awareness and the dignity of mental health care patients. As well, two keynote speakers who will share their own personal stories about living with mental illness, overcoming stigma and their remarkable paths to recovery.

The Patient's Council had an opportunity to share what they do on with Patrick Kennedy, keynote speaker at the Breakfast of Champions. Patrick met with council members when he toured Parkwood Institute's Mental Health Care Building before the event.

On a related note, the Assertive Community Treatment (ACT) 1 team is also celebrating achievements by marking 20 years supporting clients in the London community. Past and

present staff of the ACT 1 London team are will be gathering for afternoon of memories and celebration on June 4, 2016.

ACT teams are professionals with clinical experience in occupational therapy, psychiatric nursing, psychiatry, social work, therapeutic recreation, and vocational support. ACT teams work in the community helping individuals with severe and long-lasting mental illness to live independently and to achieve their personal, educational, and/or vocational goals. St. Joseph's manages seven ACT teams across Southwestern Ontario.

Our People

National Nursing Week

St. Joseph's marked National Nursing Week May 9-15 across all sites. This year's theme – "Nurses: with you every step of the way" – emphasized the importance of nurses for individuals of all ages.

Nursing Week is a time for celebration and recognition of the contributions made every day by nurses throughout our organization. At St. Joseph's, about 1300 nurses are employed across all sites working in various roles – registered practical nurses, registered nurses, nurse educators, advanced practice nurses, as well as in leadership roles. Whether it is caring for those who call St. Joseph's home, providing rehabilitation care to assist patients' in their quest to live fully, or supporting same day and short stay care, we thank our nurses for their efforts to earn the complete confidence of those we serve.

During the week, email messages were sent to nursing staff, displays highlighted the nursing profession, and unit-based potluck lunches were organized. Also at this time, recipients of the Nursing Excellence Awards and bursaries are announced. The awards and bursaries recognize individuals for their dedication to exceptional care. A complete list of award and bursary recipients is available [here](#). Awards will be presented at St. Joseph's Excellence in Nursing Awards Ceremony in June 2016.

Staying connected to our roots

A small exhibition space is currently being completed at St. Joseph's Hospital to showcase a medical artifact and memorabilia collection that takes us back in time at the hospital and the St. Joseph's Nursing School. There will be several themed exhibits a year in the space, which will be open to staff, physicians, volunteers and visitors. The grand opening and first exhibit, "Faith and Caring", will take place on June 2, 2016 from 1:30 – 4 pm, with ribbon cutting and official opening at 1:30 pm. The exhibit space can be found in Zone A, Level 1, near the Richmond Street entrance

The exhibits and the collection itself are being coordinated and maintained by a new St. Joseph's Historical Committee. Plans are to continue adding to the collection – a fascinating treasury of items and photos spanning the 128-year history of the hospital. Items in the collection – called the St. Joseph's Hospital and Nursing School Artifact Collection – were donated by former students, staff, physicians, administrators and the Sisters of St. Joseph.

LearnNow

Since the implementation of HUGO, more than 300 quick guides and videos have been created to support clinicians and providers in the use of the electronic health record. These were previously stored on a webpage with no ability to search, filter or track usage. Feedback from

providers indicated that they wanted information to be easily accessed, both within the chart and on mobile devices.

To address this need, LearnNow has been developed. LearnNow is the London and regional hospitals' learning repository for clinical computer systems educational tools and materials. It offers, within the electronic health record, in-the-moment access to relevant learning materials through the use of Cerner's eCoach software.

For each user, learning materials are suggested based on recent activities in the chart and relevance to the person's role. In addition to accessing through LearnNow, all materials are now stored on a searchable website – the LearnNow library – and can be accessed directly through the Internet on any type of device.

LearnNow will also be used to communicate changes and enhancements to the electronic health record through monthly bundles. The goal is for the LearnNow library to become a central repository of information and tools for all disciplines related to the electronic health record. The ability to track usage and gather feedback will support the creation of relevant, accessible learning materials.

LearnNow went live across all hospitals and sites on May 16.

Our Finances

Enhancing spinal cord injury rehabilitation

Funding has been received from the South West LHIN for new Bioness Inc. equipment designed to improve hand function for individuals with spinal cord injury (SCI). In April 2016, occupational therapists and occupational therapy assistants with the Spinal Cord Injury Rehabilitation Program at Parkwood Institute attended a one-day in-service to train on the Bioness H200 – a radio frequency-controlled orthosis that fits over the patient's hand and wrist.

The equipment provides functional electrical stimulation to five muscle groups of the forearm and hand in a sequential order to initiate functional hand movements. It can be used with stroke patients as well those with SCI. The muscles are stimulated via surface electrodes on the orthosis. In addition to improving hand function, the Bioness H200 also helps to increase blood flow to the arm and hand, increase range of motion of wrist and digits, decrease disuse atrophy of muscles, and reduce spasms in the hand.

The equipment will complement existing therapy strategies to optimize the patients' hand function during their rehabilitation.

Clinical, Education and Research Excellence

Improved prostate cancer imaging a first in Canada

Scientists at Lawson Health Research Institute are the first in Canada to capture prostate cancer images using a new molecule. Known as a prostate specific membrane antigen (PSMA) probe, the new molecule is used in positron emissions tomography (PET) scans. The probe targets PSMA, a unique molecule on prostate cancer cells, to provide highly specific images for better diagnosis and management of patient disease.

PET probes are used in imaging to correctly diagnose cancer. The probes are injected into a patient where they spread to identify sites of disease. The most common PET probes are

suitable for many types of cancer, but are not as sensitive in identifying prostate cancer. PSMA probes provide higher accuracy by targeting PSMA molecules, which are highly over-expressed on prostate cancer cells.

PSMA probes are gaining popularity across the globe. This specific probe is a molecule called 18F-DCFPyL and was developed by Dr. Martin Pomper at the John Hopkins Hospital in Baltimore. Dr. Pomper, also a scientific advisor to Lawson's prostate imaging team, worked in collaboration with Canada's Centre for Probe Development and Commercialization (CPDC) to bring the probe to Canada.

Lawson's Canadian Institutes of Health Research (CIHR) team in Image Guidance for Prostate Cancer gained early access to the PSMA probe due to a history of close collaboration with Dr. Pomper and the CPDC. Marking the first time a PSMA probe has been used in Canada, the team captured PET/MRI and PET/CT images from a 64-year-old prostate cancer patient on March 18, 2016 at St. Joseph's Hospital.

Lawson plans to study the probe with an additional 20 men over the next two years as part of an ongoing clinical trial funded by the Ontario Institute for Cancer Research (OICR). Lawson scientists are working with researchers across Ontario to develop other clinical trial protocols that will use 18F-DCFPyL to measure responses to drug treatments and to evaluate men with suspected recurrence of prostate cancer after radiotherapy.

Defining the role of hospital-based palliative care

Palliative Care Program leadership at Parkwood Institute contributed to a workshop session at the Hospice Palliative Care Conference in April 2016. The session presented the work on "Palliative Care Units: Establishing Definitions and Standards in Ontario through an Evidence-Based and Participatory Process". This project was co-chaired by Parkwood Institute and Élisabeth Bruyère Hospital with contributions from Ontario hospital-based palliative care units. The goal of this work was to define the role of hospital-based palliative care units within the context of the palliative care health system.

Sharing our expertise

Physiotherapist Shannon McGuire and speech-language pathologist Penny Welch-West at Parkwood Institute were invited by the Ontario Neurotrauma Foundation (ONF) to attend a Concussion Strategy Ontario Summit on April 15, 2016. The purpose was to help determine the minimum standards for a concussion clinic in Ontario and develop a position paper. Both Shannon and Penny will be included in the eventual authorship of this paper. During the summit, Shannon was invited to help develop the third edition of the ONF Guidelines for Concussion/mTBI & Persistent Symptoms.

Use of prescription marijuana for veterans

On April 18, 2016, Dr. Don Richardson, a psychiatrist with the Operational Stress Injury Clinic at Parkwood Institute, took part in the first expert panel hosted by Veterans Affairs Canada (VAC) on the use of marijuana for medical purposes. The committee consisted of clinicians and researchers from across Canada, as well as Dr. Cyd Courchesne, Director General of Health Professionals and National Medical officer of the Department of Veterans Affairs. The purpose of the meeting was to advise VAC regarding a policy on the use of prescription marijuana for military veterans.

International Clinical Trials Day

To mark International Clinical Trials Day on May 20, Lawson Health Research Institute recognized all those who participate in clinical trials and who are involved in the delivery of clinical research. As the research institute of St. Joseph's and London Health Sciences Centre, Lawson takes a "bench to bedside" approach with researchers focusing their efforts on the development of new knowledge that can be applied directly to patient care. Clinical research with patients plays a crucial role in this work. Lawson currently has 2,488 active clinical studies with 549 new clinical studies approved in 2015. More about clinical research is available [here](#).

To stay up to date on hospital-based research taking place at sites across the city, visit [Lawson's "News and Events" webpage](#).

iSee – an update

As previously reported, iSee is an innovative vision screening research program of St. Joseph's Ivey Eye Institute that is catching problems early for children ages 18 months to four years. Using a special, automated digital camera, the screening, which only takes a few seconds, detects amblyopia (lazy eye). Drop-in screening clinics are held in the community at multiple locations. Parents are not required to pay for the screening.

Since the screening launched in June 2016, 1,269 children have been screened though iSee. Of those, 76 children have been referred to an optometrist for possible lazy eye.

Fostering our Partnerships

Partnering for patient and family education

The Transitional and Lifelong Care (TLC) program at Parkwood Institute is partnering with the Children's Hospital of London Health Sciences Centre, Thames Valley Children's Centre and the Child and Parent Resource Institute to host an education day on June 11, 2016. The full day-event is designed for adults or youth living with medical complexities and their families. Among the topics to be presented are: transitioning from children's services to adult services and the TLC program; estate planning; common gastrointestinal problems; pain management; Developmental Services Ontario; and adaptive cooking.

The event also serves as an introduction to the TLC program and a networking opportunity for families. The TLC program, funded by the South West LHIN and launched in March 2015, provides rehabilitative care for adults with disorders of childhood onset, such as cerebral palsy, spina bifida and developmental delay. Thanks to medical and technological advances, the life expectancy of those with these disorders has increased dramatically, with the vast majority of these children now surviving into adulthood. While rehabilitation and specialized care services for these children are provided until they reach age 18 at Thames Valley Children's Centre and Children's Hospital, there has been no program in this area dedicated to their ongoing care once they become adults. At Parkwood Institute, the TLC program leverages rehabilitation therapists' expert skills to enhance the health and quality of life for these patients.

Recognitions and Celebrations

Running for retina research

Six staff members from the Prescription Shop at St. Joseph's Hospital formed Team Rx-etina Shop and raised more than \$1,600 in pledges for London's Run for Retina Research. The annual run raises funds for research at St. Joseph's Ivey Eye Institute. Several Ivey Eye

Institute staff and physicians also laced up their runners to take part. In all, about 900 runners raised a total of \$25,000 at this year's run.

Communication excellence

Communication and Public Affairs has won an Award of Excellence from the International Association of Business Communicators (IABC) London Virtuoso Awards program for the communication strategy supporting the 2015-2018 Strategic Plan. This work was led by Renee Sweeney and supported by Dahlia Reich and Laura Dockstader.

The Virtuoso Awards program recognizes communications and creative professionals from across Southwestern Ontario for their achievements and celebrates best practices that advance strategic business communications. Awards will be presented at the Virtuoso Gala on June 16, 2016.

Other

Ontario Stroke Network and Cardiac Care Network of Ontario amalgamate

As of April 1, 2016, the Ontario Stroke Network (OSN) and Cardiac Care Network of Ontario (CCN) have come together as a single entity to ensure a comprehensive and integrated approach to cardiac, vascular and stroke care in Ontario. The immediate priority is to harmonize operations. The Ontario Stroke Network staff will relocate their operations to the CCN's Toronto offices. While the core programs and services of each organization will continue, a key priority in the near future will be for the CCN board of directors to oversee a strategic planning exercise that will include an examination of the vision, mission, values, name, branding, strategic priorities and performance goals of CCN in connection with the delivery of cardiac, vascular and stroke-related services.

Government introduces the Ontario Retirement Pension Plan Act

On April 14, 2016, the Ontario government announced the introduction of [Bill 186](#), the Ontario Retirement Pension Plan Act (Strengthening Retirement Security for Ontarians), 2016 (ORPP Act, 2016).

In accordance with prior government announcements on ORPP implementation, the ORPP Act, 2016 would, if passed:

- Ensure employers and employees have the information and the time they need to prepare for implementation.
- Enshrine in legislation the [plan design details](#), including participation, contributions, benefit types, and plan sustainability.
- Hold contributions in trust for plan members that will not form part of government revenues.

Under the current framework, HOOPP will be deemed a comparable plan. Those individuals who work for a HOOPP employer but are not enrolled in the plan, including part-time and non-full-time employees, will not be affected until January 1, 2020. At that time, they will be required to enroll in HOOPP, a comparable plan, or the ORPP. More information about HOOPP and the ORPP is available [here](#).

Health system reconfiguration regional sessions

The Ontario Hospital Association (OHA) is hosting a series of regional sessions across the province that will focus on the evolving health care system following the release of the government's Patient's First proposal. Presenters include representatives from the Ministry of

Health and Long-Term Care, Local Health Integration Networks, the OHA and hospitals. A session is scheduled in London on May 27. The session is recommended for board chairs and senior management positions in health care service provider organizations. The agenda is available [here](#).

Health Information Act passes third reading in Ontario legislature

On May 5, Bill 119, the Health Information Protection Act, 2015 (HIPA) passed third reading in the Ontario Legislature. A backgrounder on Bill 119 as amended is available [here](#).

HIPA amends the Personal Health Information Protection Act (PHIPA) to require mandatory reporting of privacy breaches involving personal health information, facilitates prosecutions under PHIPA, and creates a privacy framework regarding electronic health records (EHR). HIPA also enacts recommendations from the Quality of Care Information Protection Act (QCIPA) review report released in March 2015.

In its submission to government, the OHA advocated for amendments to HIPA based on member feedback and is pleased that the government adopted changes that address OHA and member concerns. Specifically, the bill now clarifies that health information custodians are liable only for the information in their custody and control and for ensuring certainty with respect to their obligations vis-à-vis data submitted to and transferred from the EHR. The bill also helps ensure that the patient voice is captured in quality of care reviews and that processes for interviews of patients after a critical incident are sensitive to patients' needs.

The Ministry of Health Ministry media release is available [here](#).

Environmental Scan

Assisted-dying law goes too far for Quebec doctors' group

The Quebec College of Physicians is fuming about a key element of the proposed federal legislation on medically assisted dying. Bill C-14 would allow patients to kill themselves at home, without medical supervision, after being given a prescription for the lethal drugs by a doctor or a nurse practitioner.

This element, borrowed from Oregon's law on assisted suicide, is dangerous, said Dr. Yves Robert, secretary of the college. There is the risk that the patient, or the person helping him, might make a mistake in injecting the drugs, and that death might not come quickly. In Oregon, some people had to be rushed to the hospital after their botched, yet legal, suicide attempt. Another risk is that death-inducing products could circulate freely, there being no guarantee that the drugs would be used by the patient.

Dr. Robert believes that this provision would only serve physicians who would rather be spared the macabre role of killing a patient.

[Globe and Mail, April 20, 2016](#)

New report reveals inequities in health risks, care and outcomes based on income

According to a new report by Health Quality Ontario (HQP), the poorer people are in Ontario, the more likely they are to have shorter lifespans, to be overdue for screening tests, and to suffer from multiple chronic conditions.

Health equity is one of the six dimensions of health quality and is defined as the ability of all individuals to reach their full health potential and receive high quality care, no matter where they live or who they are. The HQO health equity report, entitled [Income and Health: Opportunities for health equity in Ontario](#), provides the public with a comprehensive review of how the income of people in Ontario is associated with their health, the health care they receive, and their health outcomes. Among the gaps highlighted in the report are:

- The poorest one-fifth of people in Ontario is nearly twice as likely as the richest one-fifth of people to have two or more chronic conditions.
- About six out of 10 of the poorest people in Ontario have prescription medication insurance, compared with nearly nine out of 10 of the richest people.
- People living in the poorest urban neighbourhoods in Ontario are less likely to receive recommended screening tests that are considered part of high-quality primary care. For example, half of the people living in the poorest urban neighbourhoods in Ontario are overdue for colorectal cancer screening (a customary form of cancer screening for all people in Ontario over 50), compared with just over one-third of the people in the richest urban neighbourhoods.
- Men living in the poorest neighbourhoods in Ontario die, on average, more than four years earlier than the richest men, while women living in the poorest neighbourhoods in the province die an average of two years earlier than women in the richest areas.

[Health Quality Ontario, April 20, 2016](#)

Canada's medical students await clear direction on doctor-assisted death

With physician-assisted death soon to forever alter the face of medicine, Canada's medical schools are under pressure to decide at what point in the curriculum future doctors should be introduced to this paradigm shift — and what that teaching needs to entail.

Starting June 7, 2016, patients with a "grievous and irremediable" condition will be able to request a doctor's help to end their lives, but just what medical conditions will make patients eligible is still to be worked out. While some of the universities that train the next generation of doctors have begun preparations to add assisted dying to their curricula, many have been taking a wait-and-see attitude, conceded Dr. Genevieve Moineau, president and chief executive officer of the Association of Faculties of Medicine of Canada.

"The next step, once we know what the rules are, is how to train physicians to be able to follow the rules. That's when it will be incorporated into the curriculum and that's when medical students will be informed about what they would be expected to do."

The University of Toronto's faculty of medicine has put together a team of experts to integrate provisions of Bill C-14 into its second-year ethics seminar on end-of-life care. The course will use discussion cases to illustrate how the proposed legislation might work in practice.

Dr. Tom McLaughlin, president of Resident Doctors of Canada, said newly minted doctors now training in various specialties are watching to see what form the final legislation will take. "It's important to be able to support residents who want to be able to provide physician-assisted death when it's legal and also to support residents who don't want to participate."

[CBC News, April 24, 2016](#)

Canadian Medical Association launches startup to drive physician-led innovation

The Canadian Medical Association (CMA) has created Joule — an entrepreneurial company that will help CMA members shape health care innovation in Canada.

A first in Canada, Joule advises and supports physician innovators, targets potential ideas for funding, fosters connections and makes various products and services available. Joule has also established its own annual grant program to directly invest in physician-led innovations.

While the emphasis is supporting “made-in Canada” health care innovation, Joule will also form strategic alliances to partner or acquire the best innovative products worldwide to improve health care in Canada.

[Canadian Medical Association, April 25, 2016](#)

Ontario Health Coalition holding unofficial referendum on health care funding

The Ontario Health Coalition, a group of activists working to improve the public health care system, is launching an Ontario-wide unofficial referendum to raise awareness about inadequate provincial health care funding. The group says health care in Ontario has been under-funded for years and is below the Canadian per capita average by about \$350 per person.

The unofficial referendum will ask people if they're for or against the idea "Ontario's government must stop the cuts to our community hospitals and restore services, funding and staff to meet our communities' needs for care."

The group will be distributing ballot boxes to businesses, workplaces and community centres across the province before May 28, 2016 when votes will be counted and presented to Premier Kathleen Wynne.

[CBC News, April 25, 2016](#)

Crystal meth suspected for jump in HIV among injection drug users

After years of education about safe sex and safe needle use, injection drug users in the city are getting HIV in increasing numbers. The data doesn't explain why, but frontline workers suspect the major reason is the advance of crystal meth, which increases sex drive while ripping away inhibitions about risk.

The percentage of injection drug users testing positive for HIV has climbed “in the range of double or triple” the percentage from five years ago, with much of that increase in the past two years, said Dr. Chris Mackie, medical officer of health for London-Middlesex.

It appears London has been bucking a provincial trend, based on a comparison of HIV diagnoses rates in areas covered by all 14 Local Health Integration Networks up to 2013 and the study of new HIV cases in Ontario in 2014.

Crystal meth gained a London foothold after Oxycontin opioid pills, another drug popular on the streets, were taken off the market in 2012.

[London Free Press, April 27, 2016](#)

Workplace violence against health care workers under-reported

Violence against workers in health care settings like hospitals, nursing homes and psychiatric environments is an under-reported, ubiquitous and persistent problem, says an article published on April 27, 2016 in the *New England Journal of Medicine*. The article also says it's a problem that's been tolerated and largely ignored.

For the review, titled [Workplace Violence against Health Care Workers in the United States](#), Dr. James Phillips from Beth Israel Deaconess Medical Center in Boston reviewed previous studies looking into workplace violence and interventions to reduce violence. In one study, 46 per cent of nurses reported workplace violence during their five most recent shifts, and one-third said they were physically assaulted.

Nursing professionals in Canada say nurses on this side of the border face the same dangers on the job. According to the Association of Workers' Compensation Boards of Canada, there were more than 4,000 reported incidents of workplace violence against Canadian nurses between 2008 and 2013.

More and more, provincial governments and union groups are working to make the workplace in hospitals safer. Emergency "code whites" in hospitals are now routinely used, under which security guards assist nursing staff with physical takedowns of problem patients. In Ontario, nursing staff can log on to computers and flag potentially dangerous patients or visitors. The Registered Nurses' Association of Ontario has come up with a set of guidelines for violence-free environments.

[CBC News, April 27, 2016](#)

New gene testing technology finds cancer risks “hiding in plain sight”

A research team at Western University has developed a new method for identifying mutations and prioritizing variants in breast and ovarian cancer genes, which will not only reduce the number of possible variants for doctors to investigate, but also increase the number of patients that are properly diagnosed.

These potentially game-changing technologies, developed by award-winning genomicist Peter Rogan and his team, reveal gene variants that were missed by conventional genetic testing. Their method, described in *BMC Medical Genomics*, was first applied to 102 individuals at risk or with a diagnosis of inherited breast cancer. The team also studied 287 women with no known mutations for an article published in *Human Mutation*.

Rogan, Canada Research Chair in Genome Bioinformatics, says that 16 to 20 per cent of women in Southwestern Ontario who have their BRCA genes tested for breast and/or ovarian cancer risk carry disease-causing gene variants that are well-understood by clinicians and genetic counselors. If a patient tests positive for an abnormal BRCA1 or BRCA2 gene and have never had breast cancer, there is a much higher-than-average risk of developing the deadly disease. This means that doctors can make a decision on whether or not to proceed with specific treatments and can provide definitive genetic counseling for their children and other relatives.

However, for the remaining 80-84 per cent of women who have been tested, the test does not give the patient and doctor a clear indication of how to proceed. This is due to the fact that there is no current standard agreement of how to diagnose patients who carry gene variants of uncertain significance.

To increase the number of women who will benefit from genetic testing for breast cancer, Rogan says doctors and government policy makers should include additional genes in testing and consider new approaches that can interpret complete gene sequences.

[Western University, April 28, 2016](#)

New Ontario Medical Association president committed to securing physician agreement

Dr. Virginia Walley, a laboratory physician working in Toronto and living in Peterborough is the new President of the Ontario Medical Association, effective May 2, 2016.

Dr. Walley is assuming the president's role at a challenging time for patients and doctors. During her term, she will actively work to secure an agreement between Ontario's doctors and government that includes binding arbitration so that there is neutral third-party whose final recommendations would be binding for both parties, if there is another impasse.

Dr. Walley said she will also focus on engaging with physicians and physicians-in-training in new ways by using social media and digital technology, and will encourage more women to take up leadership in Ontario's health care system.

Dr. Walley trained in medicine at Western University and has worked in laboratory medicine in Ottawa, Halifax, and Peterborough. She previously held teaching positions at the University of Ottawa, Dalhousie University, and is currently appointed at the University of Toronto. Dr. Walley now works as the Ontario Medical Director for LifeLabs.

[Ontario Medical Association, May 1, 2016](#)

No appointment needed at new mental health clinic

London's first mental health walk-in clinic officially opened May 3, 2016. The clinic, run by Family Service Thames Valley, provides one-off counselling sessions to young people, adults, families and couples, said Kevin Dickins, director of client services at the clinic.

A first of its kind in London, the clinic is open once a week (Tuesdays) for people with mild to moderate mental health concerns that isn't a crisis. Patients see a psychotherapist for 60 to 90 minutes. Fee for the service is based on income.

"We see people who are struggling with stressors related to work or their finances, with relationship issues, people who are triggered by events in the media or even in their lives. It's an entire spectrum."

The psychotherapists at the Family Service Thames Valley clinic also can refer patients to more help in the community or to other services, such as the Canadian Mental Health Association's crisis centre, which offers 24-7 walk-in help for those dealing with a mental health or addiction crisis.

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

Why judges should have the final word in medically assisted suicide

In this editorial, Margaret Somerville, founding director of the Centre for Medicine, Ethics and Law at McGill University, proposes, "for practical and symbolic reasons", an additional condition

not yet in Bill C-14 – that a Superior Court judge be required to review and approve each request that has been granted for medically-assisted death.

While Bill C-14 “unavoidably damages the value of respect for life and puts vulnerable Canadians at risk,” says Somerville, “its goals include, as its preamble recognizes, maintaining respect for human life at both individual and societal levels and the protection of vulnerable people. Achieving those two goals demands another goal be explicit in the preamble – not allowing medically-assisted suicide to become part of the norm for how we die.”

Judicial involvement, argues Somerville, “would not only underline the seriousness of the decision, it would also assist in: doing the least damage to the foundational value of respect for human life; provide better protection against abuse of medically-assisted suicide and of vulnerable people than the proposed legislation does; and help to ensure that it is rarely used and only where all necessary conditions are complied with.”

Read the full editorial [here](#).

[Globe and Mail, May 3, 2016](#)

New Crohn’s and Colitis Canada Network unites world-class health care centres

Research and treatment centres across the country are coming together to form Canada's first national network dedicated to Crohn's disease and colitis, the two main forms of inflammatory bowel disease. The new network, called Promoting Access and Care through Centres of Excellence (PACE), will be the largest Canadian network for patients living with Crohn's disease and ulcerative colitis.

Announced by Crohn's and Colitis Canada (CCC), PACE is an effort to combine different areas of expertise and close gaps in research and care. The five participating centres are: Toronto's Mount Sinai Hospital, the University of Calgary, the University of Alberta, McMaster University in Hamilton, and McGill University Health Centre in Montreal.

PACE will facilitate a combination of independent research and collaborative learning over a four-year period. Some of the goals of the network include: developing a telemedicine model to deliver care to patients living in remote areas; standardizing clinical practices and treatments across the country; implementing an electronic platform to monitor patients' health between clinic visits; and measuring any improvements in patient outcomes that stem from the PACE network.

The network plans to eventually add more centres over time and share its findings across inflammatory bowel disorder health care providers.

[Crohn's and Colitis Canada, May 11, 2016](#)

Doctors who participate in assisted dying – or refuse to – need greater legal protections

Doctors and other health care professionals who participate or refuse to participate in Canada's looming assisted-dying regime should be given greater legal protections to make those choices, says the Commons justice committee.

The recommendations are contained in a new committee report on Bill C-14, the Liberals' medical assistance in dying draft legislation. The committee wrapped up a month-long study of the bill on May 11, 2016 after hearing from 72 expert witnesses.

A Conservative motion will call for even greater protections for conscientious objectors, including not requiring them to make “effective referrals” of eligible patients to doctors who will perform the procedure or to third-party agencies to make such arrangements.

Though C-14 says nothing about effective referrals, the College of Physicians and Surgeons of Ontario told the committee that, at a minimum, objecting physicians must provide an effective referral for patients seeking an assisted death. An effective referral, it said, is not the same as providing medical assistance in dying. It does recommend amending the preamble to explicitly recognize the right of doctors, nurses and other health providers to exercise their freedom of conscience and religion under Section 2 of the Charter of Rights and Freedoms.

The current bill does not compel health care practitioners to provide medical assistance in dying. But critics say that is not the same as protecting objecting doctors, nurses, pharmacists and others with an explicit safeguard provision in legislation. As well, since the Criminal Code will continue to outlaw assisting, counseling and aiding or abetting suicide – outside of medical assistance in dying – the committee says, for greater certainty, the legislation should say that no social workers, psychologists, psychiatrists, therapists, medical practitioners, nurse practitioners or other health care professionals commit a crime if they provide information to a person on the lawful provision of medical assistance in dying.

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

London and District Distress Centre to close this year

After 48 years, the London and District Distress Centre (LDDC) will be closing as a result of two major funding sources being pulled by the end of the year.

The LDDC had been receiving about \$160,000 per year from the United Way and another \$123,000 from the Canadian Mental Health Association (CMHA). The funding cuts are part of the Ontario’s move to streamline access to mental health services to a single access point, called ConnexOntario.

CMHA Middlesex CEO Dr. Steven Harrison is [reassuring the public](#) that a move to streamline phone services to a single access point won’t jeopardize the individuals who rely on them. The one-phone number access line is being created for those dealing with mental health and addiction issues across London, Middlesex, Oxford, and Elgin as part of a large coordinated care process in the southwest region. The transition from LDDC to ConnexOntario, says Dr. Harrison, will include an evaluation of those calls to make sure they are meeting service needs.

Trained volunteers at the LDDC answer more than 20,000 phone calls per year, 24 hours per day. “We have been able to assist people during their most difficult times and ultimately save people from further distress and crisis,” says LDDC executive Director Cheryl Legate. “With all the focus on mental health and wellness, the Distress Centre has been a solution-based program in our community.”

[CTV London, May 14, 2016](#)

Ontario’s major hospitals operating over capacity, documents reveal

Ontario’s major hospitals are overcrowded, operating with 100 per cent of their acute care beds occupied, sometimes trying to squeeze in even more, creating potential hazards for patients and leading to inadequate care, according to documents obtained by the New Democratic Party.

The documents also reveal that the ministry does not have “standards, guidelines, policies, or best practices with respect to hospital bed occupancy.”

Deputy Premier Deb Matthews defended the rates, arguing that Ontario’s health care system is in transition, and is “about building more capacity outside of our hospitals.”

“We still have too many people in hospital who do not need to be in hospital, who do not want to be in hospital,” she said.

[Globe and Mail, May 16, 2016](#)

Taking seniors off antipsychotics shows dramatic improvement in care

The Canadian Foundation for Healthcare Improvement (CFHI) has released dramatic results from a bold pan-Canadian initiative that reduced the inappropriate use of antipsychotic medication among seniors in long term care (LTC). Those results include fewer falls, less aggressive behaviours and resistance to care, and an improved quality of life for residents and their families.

From 2014-2015, CFHI worked with 56 LTC homes that agreed to take senior residents off any antipsychotics that weren’t appropriately prescribed. After only one year, early results from a sample of 416 residents from the facilities showed that 54 per cent of residents had antipsychotics discontinued or significantly reduced. Among these residents:

- Falls decreased by 20 per cent
- Verbally abusive behaviour decreased by 33 per cent
- Physically abusive behaviour decreased by 28 per cent
- Socially inappropriate behaviour decreased by 26 per cent
- Resistance to care decreased by 22 per cent

The results are particularly striking because antipsychotics are often prescribed to control aggression and resistance to care. As well, the use of physical restraints did not increase in the homes.

CFHI is calling for long term care homes and provincial-territorial governments to step up efforts to change the culture of over-medicating seniors with dementia, and increase access to alternate behavioural support programs. It also recommends:

- Health care providers take better patient histories, conduct more regular medication reviews and work as care teams with family members.
- Frontline staff in LTCs tailor services – including music, pet or recreation therapy that replace strong medications – to support quality of care and quality of life for residents..”

[Canadian Foundation for Healthcare Improvement, May 16, 2016](#)

Doctors worry assisted death will become legal without a law

Assisted death may be legal in Canada before the country has a legal framework governing it — and that worries the people who’ll have to decide who gets help dying. The earliest Bill C-14 could pass the House is May 30, 2016. That leaves barely a week for it to pass an independent-minded Senate and then get royal assent before Canada’s prohibition on physician-assisted death expires.

“There’s already a lot of anxiety in the medical profession about this,” says Jeff Blackmer, the Canadian Medical Association’s vice president of medical professionalism. “There is an importance in having legislation in place by that June 6 deadline.”

Many doctors will probably refuse to provide assisted death at all until a federal law is in place, Blackmer said. “If June 6 comes and goes and there’s no federal legislation and no clear guidance in terms of what’s expected from physicians, what the process to be followed is, what the legal protections are, we’re anticipating a lot of physicians will probably take a bit of a wait-and-see attitude until they have clarity on some of that.”

There will never be a “perfect” assisted death law, Blackmer said, but Bill C-14 at least offers a necessary starting point. “Absent that clarity, there will essentially be no agreement on what process should be followed,” he said.

[Global News, May 19, 2016](#)

Report finds Canadians facing delayed access to new, innovative medicines

Canadians face wait times of about 449 days to get access to new, potentially lifesaving medicines in public drug plans, according to a new IMS Health Canada Inc. report commissioned by Innovative Medicines Canada.

The [2016 Access to New Medicines in Public Drug Plans: Canada and Comparable Countries](#) analyzed reimbursement for new medicines in provincial drug plans comprising at least 80 per cent of the eligible national drug plan population. The report finds Canada’s public drug plans are seriously lagging compared to other nation members of the Organisation for Economic Co-operation and Development. Among the report’s findings are:

- In Canada, 59 per cent of cancer medicines were covered in public drug plans, ranking Canada in 17th place of 20 countries.
- Canadian public drug plans placed reimbursement conditions on 90 per cent of new medicines, ranking Canada 17th of 20 countries.
- In Canada, only 23 per cent of new biologic medicines were reimbursed in public drug plans, putting Canada in 19th place of 20 countries.

[Innovative Medicines Canada, May 24, 2016](#)

St. Joseph’s in the News

[Homeless veterans: helping those who have fallen behind](#), Global News, April 20, 2016

[Do we really need probiotics in our coffee, granola and nut butter?](#), NPR, April 19, 2016

[PTSD services for veterans to be offered in region](#), CBC News, April 22, 2016

[Common, over-the-counter drugs may be harming seniors' brains: study](#), CTV News, April 24, 2016

[Rallies planned in London and province-wide to protest cuts to health care](#), AM640, AM980, April 25, 2016

[2016 spring Dream Lottery VIP draw deadline arrives at midnight](#), AM980, April 26, 2016

[London firm produces images of what rooms in homes, buildings could look like](#), London Free Press, April 25, 2016

[Yogurt breakthrough could mean more than nutrition for East Africans](#), The Londoner, April 26, 2016

[Workplace violence against health care workers under-reported, largely ignored](#), CBC News, April 27, 2016

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[Clark: London research deserves applause](#), London Free Press, April 29, 2016

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[Comforting children dealing with loss](#), Hospital News, May 2016

[Kennedy clan member talks about battle with addiction, mental illness](#), London Free Press, May 2, 2016

[Vision screening](#), CTV London, May 4, 2016

[Horwath grills Liberals over 'silent crisis' at hospitals](#), London Free Press, May 5, 2016

[One of three grand prizes in the Dream Lottery, the Domus condo, is described as the city's first modern loft project](#), London Free Press, May 5, 2016

[Lawson team developing cancer 'tracer'](#), London Free Press, May 10, 2016

[Cancer fighter](#), CTV News, May 10, 2016

[St. Joe's Health Care Foundation unveils new suicide prevention program](#), AM980, May 11, 2016

[Convention Centre hosts 10th Annual Breakfast of Champions](#), AM980, May 11, 2016

[Lawson Health scientists capture prostate cancer images using unique molecule](#), News Medical, Medical 11, 2016

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[Breakfast of Champions breaks silence on suicide, mental health](#), Newswriter22, May 12, 2016

[Honour in order for London scientists](#), London Free Press, May 13, 2016

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[Andrea Horwath meets nurses and patients in London](#), CTV London, May 14, 2016

[Horwath decries health care cuts](#), Blackburn News, May 15, 2016

[Stopping suicides](#), CTV London, May 18, 2016

[Injured North Huron cyclist works for safer roads](#), Blackburn News, May 20, 2016

[Comfort and warmth for people suffering from dementia](#), CBC Radio, The Sunday Edition, May 22, 2016