To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: December 22, 2016

Although the board does not meet this month, I am providing you with a full report for your reading enjoyment, perhaps on a particularly cold and snowy day by the fire.

We are ending the year as it began – with much underway by leaders, staff, physicians, researchers and volunteers to earn complete confidence in care. Every board report is a mere snapshot of these outstanding and creative efforts. While the year is winding down, the pace never slows. I am most proud of what we have been able to accomplish this year and look forward with great anticipation to what we will achieve together in the New Year.

At this time, I would like to wish you a very Merry Christmas and thank you for all you bring to St. Joseph's as board members throughout the year. I also thank you for the support and encouragement you give to me in my role and to the other members of the Senior Leadership Team. Please enjoy this year's Christmas card from St. Joseph's.

May your holidays be restful and joyful and the New Year one of peace and good health.

Our Patients

Influenza vaccination campaign
Due to a steady increase in influenza activity in our community, all non-vaccinated staff are required to wear a procedure mask when within two metres of a patient as of December 19, 2016. This includes in all common areas such as hallways and cafeterias.

Between December 11 and 17, 14 cases of laboratory-confirmed influenza A were reported to the Middlesex-London Health Unit, of whom nine were hospitalized and one died. In addition, three facility outbreaks of influenza A were declared. Since September 1, 2016, a total of 36 laboratory-confirmed influenza A cases have been reported

Our Influenza Vaccination for Staff policy allows the medical director of Infection Control to declare or enact the masking requirement depending on the amount of influenza circulating in the community. The masking requirement also extends to non-vaccinated visitors. Our influenza signage has been placed at all main entrances of our facilities to remind visitors to take a mask if they have not received an influenza vaccine.

As of December 16, 2016, the combined vaccination rate was at 62.1 per cent. The staff rate was 61.4 per cent and physician rate 75.9 per cent. Work continues to improve our rates. The staff and combined rates are similar to this time last year while the physician rate is up from 68.6 per cent this time last year.

Public Health Ontario is sharing two videos to help dispel flu myths, talk about the benefits of the vaccine, the spectrum of influenza illness, and information clinical and non-clinical staff can share with their patients and co-workers. They are Natalie Cormier Flu Facts developed jointly by University of Toronto and Public Health Ontario to encourage disease prevention behaviours and improve understanding of the influenza virus and mechanisms of disease transmission, and Get the facts about the flu created by Carol Timmings, Chief Nursing Officer, and Director of Child Health and Development at Toronto Public Health.

New at-home sleep study testing

Dr. Brian Rotenberg, otolaryngology –head and neck surgeon at St. Joseph's Hospital, has spearheaded a program for at-home sleep studies. Physicians can refer patients to Dr. Rotenberg, who will assess if the patient is suitable for an at-home sleep test versus a more traditional overnight sleep study in hospital. During the consultation a full sleep history and physical exam will take place. If an at-home sleep study is deemed the right choice, the patient will receive a sleep testing machine to take home for overnight use on the same day. The patient returns the machine the next day where the data is reviewed and a report sent to the patient's family doctor, after which further treatment would be prescribed as clinically indicated.

The at-home sleep study is not as detailed as the in-hospital sleep study but usually gives enough information to make treatment decisions and does have the advantage of being done in the comfort of the patient's own home.

At-home sleep studies are not covered by OHIP and do have a fee associated with them that is to be paid by the patient. More information on the program is available here.

New memory clinic

A new memory clinic was launched on November 29, 2016, at St. Joseph's Family Medical and Dental Centre (FMDC) to provide early screening and support for those at risk or showing the first signs of dementia. It's part of a growing trend and burgeoning need for the creation of memory clinics in primary care. For the most part, family medical centres haven't had sufficient expertise or the tools to fully screen for or diagnose dementia. As a result, most patients are referred to specialists and waiting for screening and care.

Creation of the clinic was led by family physicians Dr. Saadia Hameed and Dr. Tania Rubaiyyat. Serving the FMDC's 11,000 patients, the memory clinic team includes the two physicians, nurse practitioner, nurses, social worker, occupational therapist, pharmacist, dietitian as well as a representative from the Alzheimer Society. The physicians and staff have undergone intensive training to screen patients and develop a plan that includes treatment, education, counseling and other services that can delay decline, prevent crises, ease the burden on caregivers and keep people in their own homes as long as possible. This will mean only more complex patients will require a referral to a specialist. Learn more on St. Joseph's website.

Diabetes Half Century Awards

On November 9, 2016, St. Joseph's presented the Diabetes Half Century Award to four patients who have lived well with type 1 diabetes for 50 years. The awards are presented annually by St. Joseph's and Novo Nordisk Canada Inc. Patients with insulin-dependent diabetes who reach 50 years since their diagnosis are nominated by their endocrinologist. They are honoured for their personal commitment and diligence in looking after their health, and for acting as a role model to all those living with the condition. Each recipient receives a print of London's Banting House and a special medal to commemorate their achievement.

Over the past 13 years, more than 130 patients have received St. Joseph's Diabetes Half Century Awards. This year's presentation coincided with the 125th birthday of Sir Frederick Banting, considered the father of insulin. For the first time, the awards ceremony brought together representatives of Canada's 'big three' in the insulin production - Novo Nordisk Canada, Eli Lilly Canada, and Sanofi Canada – each of which congratulated the recipients. Read more on St. Joseph's website.

HIV care partnership expanding

Access to crucial HIV/AIDS treatment has dramatically improved for marginalized individuals in London's inner city through a partnership between St. Josephs' and the London InterCommunity Health Centre (LIHC). Recognizing that many individuals with HIV and hepatitis C have difficulty accessing care or are reluctant to seek treatment at a hospital, St. Joseph's and LIHC collaborate to provide a clinic at LIHC where St. Joseph's specialists, along with the LIHC nursing and social work staff, see patients with HIV. As a result many individuals have started on life-sustaining treatment who would otherwise not be followed for their HIV. By providing treatment, the virus can be rendered undetectable, helping the patient and also helping prevent transmission in the community.

Called the MyCare program, the collaboration began as pilot project as LIHC frontline staff began to recognize and track increasing rates in new diagnoses of HIV among their outreach clients, many of whom are intravenous drug users. The clinic is now held twice a month and is increasing to weekly. By working together, St. Joseph's specialized HIV care is integrated with the case management and primary care provided by LIHC staff , who have a long-term relationship and rapport with the city's vulnerable HIV patients. While HIV treatment allows people to live long, healthy lives, it's difficult to treat HIV when the individual is also battling addiction, poverty and homelessness. The collaboration is a unique approach to addressing the issue. Read more on the St. Joseph's website.

Cataract video and website

As previously reported, a cataract surgery booklet has been created for St. Joseph's patients that steps them though cataract surgery including what to expect from the moment they arrive, risks and outcomes, and options above what the Ontario Health Insurance Plan covers. A four minute video, which details the patient's journey at every point, is also now available to further help prepare patients for the procedure. The video and a webpage are posted on the St. Joseph's website and a link is contained in the "Guide to Cataract Surgery" booklet directing patients to this helpful resource.

Soups on, or rather "off"

Southwest Centre for Forensic Mental Health Care held its first annual "Soup Off" competition between units. The event was generated by a patient as a spin off from the Chili Cook Off. An open call for entries went out to all units, staff, and departments. Each of the five units submitted a soup entry and one entry came from Maynard Fisher, Coordinator in Environmental Services, for a total of six different soups. Most of the soups were prepared on the units with staff and patients cooking up their creation together. The entry from B1, a rehabilitation unit with patients who attend programs in the community, was prepared at the Food Works program held in the community. This program is run by a registered dietitian and attended by several B1 patients.

Soups competing for the top prize were a sensational split pea and ham, a wonderful won ton, loaded baked potato, cheeseburger soup, a cheesy ham and vegetable, and a Tuscan sausage soup. The event was held in the gymnasium where the soup makers dished out tasters. Chosen by a ballot vote, the winning soup was the A2 entry – won ton soup. The chefs for this entry

researched different techniques of won ton rolling and hand rolled about 240 won tons for their creation. It was served with sliced green onions and Chinese noodles. The winners were presented with a trophy to keep on their unit until next year's competition.

Feedback for the Soup Off was very positive and the event was enjoyed by staff and patients alike.

Snowflake Bazaar
The 11th annual Snowflake Bazaar hosted by the Geriatric Psychiatry Program was held on November 30, 2016, in Parkwood Institute's Mental Health Care Building gymnasium. The event is a collaborative effort between staff and patients featuring raffles, crafts, a yard sale, penny sale and a festive café. It was a terrific success again this year raising more than $2,000, which goes towards purchasing holiday gifts for isolated patients in our inpatient and outpatient geriatric mental health care programs

Improving safety on mental health care inpatient units
The Safewards program is a series of interventions designed, tested and proven to decrease incidents of conflict and containment on mental health inpatient units by teaching staff and patients new skills and tools to strengthen relationships. Each intervention is meant to improve the patient experience, increase patient engagement, staff confidence and safety for all. This program was launched in August 2016 at Parkwood Institute Mental Health Building and Southwest Centre for Forensic Mental Health Care,

In total, 10 interventions will be rolled out, one by one, on each unit over the next year. The first intervention – Clear Mutual Expectations – was implemented in September 2016, the second – Know Each Other - has just been completed on all units of both sites. The third intervention – Discharge Messages – will be in place before the Yew Year and the fourth – Mutual Help Meetings – will be initiated in the New Year and is intended to revise our town hall meetings on each unit. Project leads are visiting units to provide information to staff and recruit champions who will help to support each intervention as it is introduced. A Safewards intranet page has been created for staff and physicians that includes an overview of each intervention, training tools and resources, as well as frequently asked questions. A measurement survey question will be posted on the Safewards intranet page before and after each intervention has been implemented to help measure effectiveness.

Satisfying the tastes of residents
Over the past two years Food and Nutrition Services (FNS) at Mount Hope Centre for Long Term Care has implemented numerous initiatives to enhance food services for residents. Among them are:

- New Rational ovens have been installed. Along with other equipment the food is prepared to a temperature of at least 74 degrees Celsius and then transported to each of the 10 dining rooms in small ovens on wheels.
- The menu has been refreshed twice with input from the residents. Before any product or new recipe is added to the menu, residents have the opportunity to try the food and provide feedback.
- Recipes and products have been revised by our certified cooks to enhance the appearance, taste, and overall quality of the food. All food is tasted before it leaves the kitchen which allows FNS to catch and fix any quality issues prior to the food being served to residents.

- FNS partners with the personal support workers for exceptional service to residents. FNS works hard to prepare the meals and then collaborates with personal support workers to serve the residents at mealtimes.

These efforts have resulted significant improvements over 2015 in National Research Corporation Canada resident survey results. In the 2016 results relating to food, many scores were at or above the Canadian average. For example:

- 77 per cent of the residents answered "yes" to the question "Is the taste of the food ok?" compared to the Canadian average of 74 per cent.
- 81 per cent said the temperature of the food is okay compared to the Canadian average of 74 per cent.
- 90 per cent said they are given the right amount of food compared to the Canadian average of 88 per cent.

Close to or at the Canadian average were questions related to satisfaction with food choice and whether residents can get the types of food they like to eat.

Our People

2016 Employee/Physician Experience Survey results

Results are now in for the 2016 Employee/Physician Experience surveys, which was a shorter "pulse" survey than the more comprehensive, full survey done every two years. The 2016 pulse surveys were sent to 100 per cent of employees in October 2016. All physicians with a primary appointment at St. Joseph's were also surveyed with questions addressing similar themes. In total, 1834 staff and physicians responded to the surveys.

The surveys provide feedback for our organization at a corporate level and, in areas where enough staff/physicians completed the survey, allow us to be more specific regarding what is working well and what needs improvement at the department or unit level. This kind of feedback is also crucial in helping us to achieve our 2015-2018 strategic plan priorities – to lead in staff and physician engagement.

This year's results show that the percent positive score was significantly higher for St. Joseph's in 15 out of 18 questions compared to our peer hospitals. We also scored higher than our peers in all questions related to employee engagement. Among the 2016 result highlights are:

- We've remained steady in employee engagement scores and have attained a small increase in physician scores compared to the 2015 results. The 2016 employee engagement score, which reflects how staff feel about working at St. Joseph's, was 75.9 per cent compared to 75.4 per cent in 2015. The score for physicians was 75.1 per cent in 2016, up from 73.0 per cent in 2015.
- 80.3 per cent of employees surveyed agreed they're proud to tell others they are part of St. Joseph's compared to our benchmark organizations' score of 68.3 per cent.
- 77.8 per cent of employees agree their values are similar to the organization's values compared to 63.6 per cent for the benchmark group. For physicians this rate was 73.7 per cent compared to 61 percent of the benchmark group.
- 79.5 per cent of employees said they work together/help each other out,
- 78.9 per cent of physicians said they are aware of how their practice contributes to the vision of the organization

The results of the employee experience survey have been shared with leaders who, along with Human Resources Planning Council, will set priorities for action at the corporate level. Physician

survey results have been shared with physician leaders and the Medical Advisory Committee for their review. Leaders will share specific department/unit level results with their teams in the New Year.

Medical leadership announcements
Medical Affairs would like to announce that Dr. Michael Motolko has been appointed Chief of the Department of Ophthalmology for a five year term effective December 1, 2016. In addition, Medical Affairs announces the continuation of the appointment of Dr. Andrea Lum as the Chief of Medical Imaging effective January 1, 2017. The extension of appointment will allow for the continued recruitment of a permanent citywide chief.

World Diabetes Day – take a selfie
In support of World Diabetes Day on November 14, 2016, the Diabetes Education Centre (DEC) team at St. Joseph's Hospital urged everyone to participate in the "Blue Circle Selfie" campaign. The blue circle is the global symbol for diabetes awareness. The International Diabetes Federation created an app for cell phones allowing a blue circle to be filtered onto any pictures taken from the device. The "Blue Circle Selfie" invites groups and individuals to upload their pictures on all media platforms to show unity in support of diabetes awareness and promotion.

To promote the campaign and create a presence on World Diabetes Day, the DEC team took their own selfie using the app, which was posted on St. Joseph's intranet and Internet and shared through social media, along with information about the campaign and encouragement to take part.

Take Our Kids to Work Day
This year's Take Our Kids to Work Day on November 2, 2016, was successful with 91 registered students participating in 14 tours across the organization. The annual national event provides students with a day of career exploration and learning about the skills required in the world of work. Among St. Joseph's programs taking part were Food and Nutrition Services, Regional Rehabilitation's Impact Program and Cognitive Communication Group, Pharmacy Services, Human Resources, Diagnostic Imaging, Physiotherapy, Occupational Therapy and Hand Therapy.

Christmas dinner with all the fixings
As is the tradition at St. Joseph's, staff working Christmas Day are invited to enjoy a complimentary Christmas dinner of turkey, stuffing, vegetables, mashed potatoes and dinner roll with punch, coffee or tea, and dessert. The meal is available to staff at all sites on December 25.

Medical assistance in dying – an update
Work continues to enhance understanding among staff and physicians of our role as a Catholic health care facility regarding medical assistance in dying (MAID) and our processes in responding to inquiries and requests. The following are recent developments:

- The Responding to a Request for Intentional Termination of Life Policy has been now been approved.
- To support and guide staff and physicians who may encounter requests, an information session on the policy is being held multiple times to cover all sites. Marleen Van Laethem, clinical ethicist, will step participants though highlights of the policy and answer questions. All staff and physicians who work in a clinical setting are encouraged to attend to gain understanding of the corporate policy, learn about resources to aid in

conversations with patients/families and ask questions. The first session was held at Parkwood Institute Main Building on December 16.

- St Michael's Parish requested speakers to help with an evening session on end-of-life care. Marleen gave a short presentation on the ethical perspectives and Cheryl Talbot, nurse practitioner at London Health Sciences Centre, gave a brief presentation on palliative care.
- Marleen led a discussion with the occupational health team about the ethical dilemma MAID may pose to the health care worker involved in patient requests, and how best to support the individual if they were distressed.
- A new, one-page quick reference sheet was developed for physicians, nurse practitioners and staff covering their role at St. Joseph's regarding MAID, considerations if they also practice at other organizations, what to do if a patient inquires or requests MAID, compassionate conversations with patients and families, and where to find St Joseph's policy.

Our Finances

Funding announcement
Deb Matthews, MPP London North Centre, was at London Health Sciences Centre on December 16 to announce $10,761,200 in additional funding for 18 hospitals in the South West region to improve access to care and reduce the length of hospital stays for patients and families in London and the surrounding area. This new investment ensures that all public hospitals in Ontario have received, at a minimum, a two per cent increase to their base funding this year. St. Joseph's share of the funding is $1,515,500.

Workplace Safety Group Program rebates
The Workplace Safety Insurance Board (WSIB) Safety Group Program sponsored by the Ontario Hospital Association is a prevention initiative aimed at eliminating injury and illness from Ontario workplaces. The program provides incentives for workplaces to develop sustainable health and safety programs, rewards demonstrated achievements in health and safety, and supports mentoring and networking within the group to achieve success. By participating in this program, all members in the group can be in a position to receive a financial rebate based on the improved performance of both their own organization and the entire participating group in reducing injuries and illness for that year. St. Joseph's has participated in this program since its inception in 2002.

For 2015, St. Joseph's received a $103,344 rebate for our participation in the WSIB Safety Group. Since 2002 we have received a total of about $800,000 in rebates.

St. Joseph's will also receive WSIB New Experimental Experience Rating (NEER) rebates this year. In the NEER program, organizations can earn either lump sum refunds or surcharges based on individual work injury performance. For example, if an organization has a poor injury cost record then it will be surcharged a portion of the premium paid for that rate group. The hospital rate group will end the year with a NEER rebate of $345,411. Mount Hope Centre for Long Term Care will receive a rebate of $18,159.

Clinical, Education and Research Excellence

Mark your calendar
Lawson Health Research Institute will be hosting the following events that will be well worth attending:

- On March 28, 2017, renowned Canadian philosopher, cognitive scientist and author Dr. Paul Thagard will be giving the lunchtime keynote lecture as part of The Lucille & Norton Wolf Health Research Lecture Series at London Health Research Day 2017. His talk will focus on 'Explaining Mental Illness.'" Dr. Thagard is professor emeritus of philosophy at the University of Waterloo, where he founded the Cognitive Science Program. His main research areas are philosophy of science and medicine, cognitive science and philosophy of the mind. The event schedule is available here.
- The fourth annual Lawson Impact Awards will take place on April 19, 2017 at the London Convention Centre. The evening will feature dinner, awards and a keynote address from record-breaking astronaut, aquanaut and researcher, Dr. Dave Williams, CEO of Southlake Regional Health Centre. From space shuttle missions to working in the world's only underwater ocean laboratory, Dr. Williams is Canada's first dual astronaut and aquanaut. In addition, he has worked as an emergency room doctor, as director of Emergency Services at Sunnybrook Health Sciences Centre, and as director for the McMaster Centre for Medical Robotics where he led a team dedicated to developing innovative technologies to assist in the development of local and remote patient care.

Award winning research
A recent research publication in the *Journal of Shoulder and Elbow Surgery* by surgeons and research staff in the Cellular and Molecular Research laboratory of the Roth McFarlane Hand and Upper Limb Centre has been selected for the 2017 Charles S. Neer Award. The Neer Award is the most prestigious award in the areas of shoulder and elbow surgical research in North America. Congratulations are extended to the authors of this publication – Dr. George Athwal, Dr. Ken Faber, Dr. David O'Gorman, Scott Holmes and Ana Pena Diaz. The focus of the publication is the rapid detection of a microbial pathogen, P. acnes, that is the major causal pathogenic organism in failures after shoulder surgery. The award will be presented during the American Shoulder and Elbow Surgeons Specialty Day in San Diego on March 18, 2017.

Triple intervention dementia trial a world first
Researchers at Lawson Health Research Institute are the first in the world conducting a clinical trial to test a triple intervention aimed at treating mild cognitive impairment (MCI) and delaying the onset of dementia. The Mobility, Exercise, and Cognition team will be incorporating physical exercises, cognitive training and vitamin D supplementation to determine which treatment works best for improving mobility and cognition.

MCI is an intermediate stage between the expected cognitive decline of normal aging and the more serious decline of dementia. It can involve problems with memory, language, thinking and judgment. While many older individuals experience decline in both mobility and cognition, each are assessed and treated separately with no specific recommendations available for physicians.

The SYNERGIC trial is being led by Dr. Manuel Montero Odasso, Lawson scientist and geriatrician at St. Joseph's. It will combine physical exercises, cognitive training and vitamin D to test how these interventions work together to improve cognition in older adults at risk for dementia. The trial is targeting cognitive decline at the earliest stage, individuals with MCI, where interventions are more likely to have an effect and can be monitored. More information is available on Lawson's website.

New secure smartphone app
Dr. Brian Rotenberg, associate professor in the Department of Otolaryngology – Head and Neck Surgery at Western University and a surgeon at St. Joseph's Hospital, is one of the driving forces behind PageMe, a first-of-its-kind smart phone app that allows health care providers to message each other about patient care in a secure and confidential way. As a physician, Dr. Rotenberg saw the need for a technology that allows doctors and health professionals to conveniently consult with one another on patients and keep in contact with residents and students while maintaining compliance with Canada's Personal Health Information Protection Act (PHIPA). Traditional smartphone chat and messaging apps don't comply with privacy legislation, and the iconic pager is technology that is likely to become obsolete. Dr. Rotenberg joined forces with partners Francis Yanga and Andre Ross to form Citruvio Communications Inc., and find technological solutions to address these privacy issues. PageMe is Citruvio's first product to launch to the public.

PageMe has several layers of security, including encrypted transmission of messages to a secure server, password protection, and a self-destruct feature that deletes and erases messages from the device and the server after a 12-hour time period. The app displays a warning sign when users attempt to take a screenshot and doesn't save photos or videos to the phone's camera roll. Only those who have been accepted into an individual's network can send and receive messages. Read more on Western's website.

Raising the bar in stroke rehabilitation
To raise the bar and meet the standards as a regional stroke rehabilitation centre, all staff (nurses, allied health and primary care partners) with the Stroke Rehabilitation Program at Parkwood Institute will be asked to complete the Stroke Rehabilitation Unit Orientation program. This self-directed learning program has been developed and made available by the Southwestern Ontario Stroke Network. The program is intended to support the education of interprofessional teams and is aimed at achieving knowledge and skills essential to the delivery of best practice stroke care. The program, which became available through LearningEdge in December, consists of twelve modules, each with its own resource material and quiz. All existing staff and new hires will be required to complete the program.

Testing leading edge technology
Functional electrical stimulation (FES) is a well-established rehabilitation technique that uses pulses of electrical current to stimulate peripheral nerves evoking muscle contractions and patterned muscle activity. The XCite FES clinical station created by Restorative Therapies Inc. is a new battery powered stimulator on a mobile cart that is used to evoke electrical stimulation via surface electrodes to muscles in therapeutic movement patterns that simulates functional tasks, such as feeding, grasp/release, functional reach and so on.

At Parkwood Institute Main Building, occupational therapists with the inpatient and outpatient Spinal Cord Injury (SCI) Rehabilitation Program are testing the device. The therapists were trained by a Restorative Therapies representative in November 2016 on how to safely and effectively use the XCite device. The equipment has been loaned by the company for three months with the agreement that the therapists provide feedback every two weeks on any issues they encounter, how user friendly the device is for staff, possible ways to make it more therapeutically effective, as well as any feedback from patients. This feedback will help the company make improvements to the software, activity lists and/or design before making the device available for purchase.

Parkwood Institute is the first hospital in Canada to be trained on the XCite and given use of the device. The SCI physiotherapists have also been encouraged to trial the XCite and provide feedback. The therapists are eager to trial the XCite as an adjunct to regular therapy sessions to enhance functional outcomes for patients.

Fostering our Partnerships

Sharing our knowledge
Specialized Geriatric Services (SGS) at Parkwood Institute was approached with a request to assist North East Ontario Specialized Geriatric Services in northeastern Ontario for help organizing geriatric ambulatory clinics. A videoconference was recently organized with clinicians from the various locations of North East Ontario Specialized Geriatric Services and Parkwood Institute clinicians. The Parkwood Institute clinicians presented briefly and then answered questions about our outpatient services. Five North East clinicians participated on the call.

This request followed two, 1 ½ day site visits by 19 clinicians from North East (Sault St. Marie and Sudbury sites) in September 2016. The visiting clinicians participated in peer shadowing opportunities, classroom-style learning and case study discussions. The visits were supported by all members of our SGS inpatient and outpatient teams. An evaluation of the events found the participants valued the learning opportunity and remarked specifically on the high level of expertise and cohesiveness of the SGS clinical teams.

Diabetes Vision Screening Project
As previously reported, St. Joseph's was the lead organization for the Vision Care Project (VCP), which reviewed the state of ophthalmology services in the South West region. The purpose of the VCP was to plan for future needs taking into consideration: patient access; quality and standardization; cost efficiencies and quality-based procedure funding targets; and system capacity and supports. A final report with recommendations was presented to the South West LHIN in March 2015.

Subsequently, the South West LHIN approved funding for three vision care projects, one of which is the Diabetes Vision Screening project now underway. The goal of this project is to promote the importance of vision screening for those who have diabetes within the project's five test areas. In North America eye disease due to diabetes is the leading cause of preventable blindness in people between 30-69 years of age. Through the Diabetes Vision Screening project targeted areas will be reached using marketing materials developed for the project including an icon, poster, brochure, print ads, web ads, social media and a website. The materials urge those with diabetes to find an eye care provider near them for screening. The marketing materials have been developed with the intention that the project will continue in a larger capacity after this pilot phase.

Recognitions and Celebrations

A good impression
Irene Mathyssen NDP Member of Parliament for London – Fanshawe and co-chair of the Veterans Affairs Committee, attended the Remembrance Day ceremony at Parkwood Institute on November 11, 2016. Ms. Mathyssen then met with Veterans Care Program leaders to learn updates on the program and its work. After her visit Ms. Mathyssen provided a Member's statement to the House of Commons, highlighting Parkwood Institute and the Veterans Care Program:

"*Mr. Speaker, I have recently had the opportunity to visit the veterans care program at Parkwood Institute in London, Ontario. In addition to providing excellent care for more than 130 inpatient veterans, Parkwood Institute is home to one of Canada's original operational stress injury (OSI) clinics. Clinicians in the OSI clinic receive more than 4,000 outpatient visits from veterans, military personnel, and RCMP officers each year. Their care providers treat a wide range of mental health issues, including post-traumatic stress disorder, depression, anxiety, and substance abuse, with positive outcomes for veterans. Its treatment focus includes support for both the individual veteran and the family. Parkwood Institute is known across the country as a leader in mental health treatment and research for both veterans and the general population. It is currently leading the nation's first zero suicide initiative. I want to congratulate it for all its work and for the care it provides for military and RCMP veterans and their families.*"

Lieutenant-General Paul Wynnyk, Commander of the Canadian Army, also participated in the Remembrance Day ceremony at Parkwood Institute, after which he met several veterans. This visit also generated in much positive feedback including tweets on social media from the army commander.

A national honour

Healthcare Materials Management Services (HMMS) has been honoured with the national title of "2016 Canadian Healthcare Supply Chain Department of the Year" by Healthcare Supply Chain Network (HSCN). HSCN is an industry association of health care supplier and provider professionals with the goal of improving the effectiveness of Canada's health care supply chain. In August 2016, HSCN encouraged submissions to support why departments or organizations should be chosen as the Canadian Healthcare Supply Chain Department of the Year. Organizations were asked to demonstrate their value relative to specific criteria – teamwork, innovation, customer service, patient care and comprehensive strategic planning. Evaluators determined the organization that demonstrated the highest level of readiness to successfully lead initiatives that will advance the health care value chain.

The HMMS submission by the Inventory Management and Logistics Team highlighted the tremendous transformation that has occurred in HMMS' logistics provisions over the past few years. An article and the full submission have been posted on the HSCN website. An awards presentation will take place at HSCN's national conference in May 2017.

Exceptional achievement

Lawson Health Research Institute scientist Cheryl Forchuk is among the 2016 appointees to the Order of Ontario. Cheryl is a leading scholar in the fields of homelessness, poverty and mental health. She is a distinguished nursing and psychiatry professor at Western University, an assistant director at Lawson, and research lead with Lawson's Mental Health Research Group whose pioneering transitional discharge approach has dramatically improved outcomes for psychiatric patients.

The Order of Ontario recognizes individuals whose exceptional achievement in their field has left a lasting legacy in the province, Canada and beyond. Order members represent diverse professions and have played an important role in shaping our province. The Lieutenant Governor will bestow the honour on appointees during an investiture ceremony at Queen's Park in June 2017. St. Joseph's congratulates Cheryl on this most distinguished honour.

Other

Bill 41 - Patients First Act
On December 8, Bill 41 received Royal Assent and became law. The government made a number of changes to the bill when it was reviewed by the Standing Committee on the Legislative Assembly. Most of these amendments relate to access to personal health information by LHIN and Ministry-appointed supervisors and investigators under the new legislation. A full summary of the changes to Bill 41 is available here.

It's anticipated that the government will begin to transition the Community Care Access Centres (CCACs) to the LHINs over the next number of months. Before the dissolution of the CCACs can occur, the government must take a number of actions including: the creation and development of the new LHIN Shared Services Organization; the development of privacy rules for LHINs as health information custodians; a review of LHIN preparedness; and proclamation of several sections of Bill 41 that do not take effect immediately. This includes the new powers for LHINs to appoint investigators or supervisors and make directives, the provisions in the bill related to primary care, and the removal of CCACs as health information custodians under the Personal Health Information Protection Act.

Medical assistance in dying – Bill 84
On December 7, in response to federal developments on medical assistance in dying (MAID), the provincial government introduced Bill 84, Medical Assistance in Dying Statute Law Amendment Act, 2016. The bill proposes amendments to a number of statutes, including outlining civil liability protections for health care providers, freedom of information and protections around "identifying information" relating to MAID, changes to the role of the Coroner of Ontario, and clarifications on entitlement and benefits under contract and statute. A backgrounder on Bill 84 prepared by the Ontario Hospital Association is available here. Further debate and review is expected when the legislature returns after its winter break.

Regulated health professions and laboratory Services – Bill 87
On December 8, the government introduced Bill 87, Protecting Patients Act, 2016. The bill, if passed, would make changes to a number of statutes, including the Regulated Health Professions Act with respect to patient complaints of sexual abuse. It would also make a number of amendments with respect to the regulation of laboratory services in Ontario, including permitting hospital laboratories to provide community lab services. An Ontario Hospital Association backgrounder on Bill 87 is available here.

New resource on medical assistance in dying
The Centre for Effective Practice (CEP) has launched a resource on medical assistance in dying (MAID). This CEP tool is intended to support clinicians (physicians and nurse practitioners) when addressing requests for MAID. It summarizes the requirements outlined in the federal legislation and guidelines by various provincial regulatory colleges, and presents them in a flow chart format. It also highlights key considerations and suggested resources based on consultations with health care stakeholder organizations, regulatory bodies, and target end-users.

Review of province's digital health assets
On November 22, 2016, Health Minister Eric Hoskins released a statement on the government-initiated review of the province's digital health assets which was led by Ed Clark in his capacity as the Premier's Business Advisor and Chair of the Advisory Council on Government Assets. The report, outlining key findings and 16 recommendations, is posted here. The report's

recommendations set aggressive targets. Specifically for hospitals, the goal is to have electronic tools in place within five years that would improve medication safety and enable the sharing of information with patients and caregivers post-discharge.

Changes to the Nursing Graduate Guarantee Program
On November 17, 2016, the Ministry of Health and Long-Term Care announced changes to Nursing Graduate Guarantee (NGG) program effective April 1, 2017. According to the memorandum, these changes conclude a year-long strategic review of the program which included consultations with health care organizations, frontline nurses, the Ontario Nurses Association, the Registered Nurses' Association of Ontario, and the Registered Practical Nurses Association of Ontario. Of importance to hospitals is a new prerequisite to funding under the NGG. As of April 1, 2017, employers will be required to transition NGG nurses to permanent full-time employment within one year of the nurse's start date. If an employer fails to transition the NGG nurse to permanent full-time employment within that time frame, they will be required to pay back the NGG funding received for that nurse.

Environmental Scan

Canada's health care wait times hit 20 weeks in 2016
Canadian patients waited longer than ever this year for medical treatment, finds a new study released November 23, 2016, by the Fraser Institute. The study, an annual survey of physicians from across Canada, reports a median wait time of 20 weeks – the longest ever recorded – and more than double the 9.3 weeks Canadians waited in 1993, when the Fraser Institute began tracking wait times for medically necessary elective treatments. Before this year, the longest recorded median wait time was 19 weeks in 2011.

Waiting Your Turn: Wait Times for Health Care in Canada 2016 examines the total wait time faced by patients across 12 medical specialties from referral by a general practitioner to consultation with a specialist, to when the patient ultimately receives treatment. Among the provinces, Ontario recorded the shortest wait time at 15.6 weeks – up from 14.2 weeks in 2015. New Brunswick recorded the longest wait time (38.8 weeks) in Canada.

Among the various specialties, national wait times were longest for neurosurgery (46.9 weeks) and shortest for medical oncology (3.7 weeks).
It's estimated that Canadians are currently waiting for nearly one million medically necessary procedures. Crucially, physicians report that their patients are waiting more than three weeks longer for treatment (after seeing a specialist) than what they consider to be clinically reasonable.

Fraser Institute, November 23, 2016

Western University to address international access to surgical care and anesthesia
Researchers at Western University have been tapped by the World Health Organization (WHO) to be the first official collaborating centre on the global stage to study access to safe surgical and perioperative care.

In 2016, the 68th World Health Assembly passed Resolution 68.15: "Strengthening of Emergency and Essential Surgical Care and Anesthesia as a component of Universal Health Coverage." This resolution designated surgery as an emerging pillar, based on the knowledge that five billion people around the world don't have access to essential life-saving surgery, and

30 per cent of the global burden of disease would be preventable through adequate access to safe essential surgical services like C-sections and orthopedic procedures in trauma.

The team in the Department of Anesthesia and Perioperative Medicine and the Centre for MEDICI (Medical Evidence-Decision Integrity-Clinical Impact) at the Schulich School Medicine & Dentistry is the first collaborating centre to be designated by the WHO to address this complex surgical and perioperative care problem. They will be working to research the gaps in resources, capacity, infrastructure and training in countries around the globe in order to develop evidence-based priorities toward universal safe and effective essential surgery and anesthesia.

Schulich School of Medicine & Dentistry, November 24, 2016

Experimental Alzheimer's drug fails in large trial
An experimental Alzheimer's drug that had previously appeared to show promise in slowing the deterioration of thinking and memory has failed in a large Eli Lilly clinical trial, dealing a significant disappointment to patients hoping for a treatment that would alleviate their symptoms.

The failure of the drug, solanezumab, underscores the difficulty of treating patients who have reached the point of showing even mild dementia, and supports the idea that by that time the damage in their brains may already be too extensive. And because the drug attacked the amyloid plaques that are the hallmark of Alzheimer's, the trial results renew questions about a leading theory of the disease, which contends that it is largely caused by amyloid buildup.

No drug so far has been able to demonstrate that removing or preventing the accumulation of amyloid translates into a result that matters for patients – stalling or blocking some of the symptoms of dementia.

There are clinical trials underway with several similar drugs made by other drug companies. And two large trials are in the works with solanezumab. Experts say they are still holding out hope for those studies because most involve people who are at high risk for Alzheimer's but do not display symptoms.

National Post, November 23, 2016

Fraser Institute's wait-time survey: Does it still count if most doctors ignored it?
Every year for more than two decades the Fraser Institute has published a gloomy report about wait times for health care. This year's came out on November 23, 2016. And every year only around one in five doctors participate, despite an offer of a $2,000 cash draw.

In Ontario, less than 15 per cent of all specialists on the mailing list weighed in on the issue of wait times. No medical oncologists in Saskatchewan, Manitoba or New Brunswick took the bait. Zero responses came back from radiation oncologists in New Brunswick, from cardiovascular surgeons in Manitoba or from plastic surgeons in Prince Edward Island and Newfoundland. Across Canada, just seven per cent of psychiatrists on the list bothered to answer the short survey.

The survey – just six questions – doesn't ask the busy specialists to check their patient records or submit any hard patient data. Doctors are asked only to estimate how long their patients wait to see them, and then wait for diagnostic tests and surgeries.

As a way to measure wait times, it's "preposterous," said Steven Lewis, a health policy consultant based in Saskatoon. "Physicians are inundated with surveys, so they pick and choose. It's also plausible that the most frustrated physicians respond, representing the worst of wait time experiences."

It's called "participation bias"– a well-established fact in statistical science that people who take the time to answer a survey are different than the ones who ignore it, said Monique Gignac, a professor at the Dalla Lana School of Public Health at the University of Toronto. In other words, doctors who don't think wait times are unreasonable might not be motivated to fill out the survey.

"Doctors were also asked to mentally average wait times for what might have been very different conditions and experiences among their patients," she said. "As a result, the questions may have introduced a number of biases into the study."

CBC News, November 25, 2016

Middlesex-London EMS pilot project monitors chronic illnesses in homes
Rural Southwestern Ontario patients who often use emergency hospital care to treat their chronic illnesses now have the option of daily health monitoring without leaving their homes.

A pilot project is designed to help people check in with paramedics and a whole team of caregivers electronically using special at-home monitors that read and transmit their blood-oxygen levels, blood-sugar or heart-rate stats, explains Middlesex-London EMS Dustin Carter, head of the project for the local paramedic service. If their readings are off, but not enough to trigger urgent or emergent care, the system automatically contacts paramedics who will check in to help patients manage their symptoms.

For someone with chronic obstructive pulmonary disease, for example, a low blood-oxygen reading would trigger a phone call from a paramedic before symptoms worsen. The system also allows alerts and progress reports to be shared with doctors and authorized family members.

The easy-to-use devices are Bluetooth-enabled and don't require Internet services. That makes them ideal for rural areas and suitable even for people who might not have access to the Internet.

The service is free. To be eligible, people have to have chronic heart failure, chronic obstructive pulmonary disease and/or diabetes mellitus. They must also have had three or more 911 calls, two emergency room visits or one hospital admission because of their condition in the past 12 months. Participants will be in the program for three to six months. Queen's University will assess the results based on patient health, satisfaction, independence and cost savings to the health system.

London Free Press, November 29, 2016

Ontario doctors threaten job action if province does not meet demands
Ontario's doctors are threatening to launch a job action if the provincial government does not grant them binding arbitration as part of their next contract and kill a bill that would restructure the health care system.

The Ontario Medical Association (OMA) adopted three motions at its biannual council meeting November 26-27, 2016 that contemplate a confrontation with the government. One says that if Bill 41 (Patients First Act) passes its third reading, the OMA should "lead its membership in job action." A follow-up motion instructs the OMA to develop at least four options and release them to doctors as soon as possible. A third motion says the OMA should "lead a [public relations] campaign, including possible job actions, in order to secure binding arbitration and a physician services agreement."

None of the motions is legally binding, but their adoption shows that doctors are preparing to escalate their fight against a government.

Globe and Mail, November 29, 2016

New crisis support line launched
Canadian Mental Health Association (CMHA) Middlesex has launched a new support line in the second phase of a project aimed at streamlining and grouping all over-the-phone services offered by CMHA Middlesex under a single "crisis support telephone infrastructure."

The first part of the project was a crisis line called "Reach Out," which launched in August 2016 and specializes in cases where people are struggling with mental health and addiction issues. The new 'Support Line' provides support to people 16 years and older who may not be in a crisis, but still need someone to help them navigate through difficult times and situations, said Steven Harrison, head of CMHA Middlesex.

More than 100 trained CMHA Middlesex volunteers will provide around-the-clock service for clients. These volunteers, says Harrison, will be able to book appointments for people who need further assistance or services or even determine if a situation is escalating requiring a crisis-response team may be needed immediately.

Since its launch, the Reach Out crisis line has received more than 3,000 calls a month, with 85 per cent of the calls coming from the London and Middlesex area.

Strathroy Age Dispatch, November 30, 2016

Auditor general report slams Ontario government for health care
Ontario's Auditor General Bonnie Lysyk has a bucketful of criticism for how Kathleen Wynne's Liberal government is spending tax dollars. Much of that criticism, as highlighted in Lysyk's new annual report released November 30, 2016, focuses on health care, including hospital wait times, payments to physicians, mental health services, and eHealth Ontario's work on creating computerized medical records. Among highlights of the report related to health care are:

- In looking at large community hospitals, patients are waiting an average of 23 hours before doctors transfer them to intensive care – roughly triple the eight-hour target.
- In life-threatening cases, patients are supposed to be in the operating room within two hours. Instead, the audit found that about one quarter of patients in critical condition wait an average of four hours for surgery.
- Patients who needed acute care spent 37 hours in the emergency department.
- During 2014-2015, about 243,000 visits were made to emergency rooms for conditions that could have been treated by family doctors. The health ministry estimated those visits cost $62 million, of which $33 million was incurred by patients enrolled in family health organizations that had already been compensated for patient care.

- Wait times for surgeries – both elective and urgent operations – have not improved in the last five years.
- About 15 per cent of patients in the province's hospitals could have been treated at a long-term care centre, another medical facility or through home care.
- About 57 per cent of Ontarians say they have to wait two or more days to see a family doctor for non-urgent care.
- In questionable billings by doctors, the Auditor General found nine specialists each worked more than 360 days in 2015-2016.
- The “capitation” health model, where physicians are paid a fee for each patient enrolled, paid those doctors an extra $522 million in 2014-2015, money that would not have been paid under the fee-for-service model.

The report makes 17 recommendations dealing with emergency room and surgery wait times, alternate-level-of-care challenges, patient safety issues, privacy, and physician credentialing, and 15 recommendations related to mental health hospitals dealing with staff safety concerns, staffing mix, funding issues, standards of care, the sharing of information, and wait times.

CBC News, November 30, 2016

Western University virologist to test vaccine on HIV-negative subjects
An HIV vaccine (SAV001) developed at Western University can now move on to Phase II human clinical trials. Plans are underway to test it in 600 HIV-negative subjects across North America as early as next fall. The Phase II trial, once approved by government regulatory agencies, will determine the vaccine’s ability to produce anti-HIV antibodies in patients who are not infected with the virus.

The results of the Phase I trial, published the week of November 28, 2016 in the journal, *Retrovirology,* showed that the vaccine is both safe for use and effective in triggering an anti-HIV immune response in HIV-positive patients. The results demonstrated that the vaccine was well tolerated with no serious adverse events and can now proceed to Phase II.

Developed by Chil-Yong Kang his team at Western’s Schulich School of Medicine & Dentistry, the vaccine was tested in 33 HIV-positive volunteers. The proposed next phase will involve 300 volunteers from the general population, and 300 from groups considered high-risk including men who have sex with men, intravenous drug users, sex workers, and those living with an HIV-positive partner.

The SAV001 vaccine is unique in that it uses a killed whole HIV-1, much like the killed whole virus used in vaccines for polio, hepatitis A, rabies, and the flu. The killed HIV-1 is genetically engineered so it is less dangerous and can be produced in large quantities. The vaccine is the world’s first preventative HIV vaccine using genetically modified killed whole-virus to receive approval by the United States Food and Drug Administration to proceed to this phase of human clinical trials.

Western University, December 1, 2016

Future uncertain for many HIV/AIDS networks after Liberals defund dozens
Dozens of Canadian organizations committed to supporting people living with HIV/AIDS are grappling with “catastrophic” cuts to their federal funding. More than 30 per cent of HIV/AIDS organizations historically supported by the federal government recently learned they’d been cut

off. The defunding is a result of the Public Health Agency of Canada realigning its priorities regarding fighting the disease in Canada.

Gary Lacasse, executive director for the AIDS Society of Canada said his organization can stay open for the next year thanks to a year of transitional funding offered by the federal government. “But after that, I don’t know. We’re still advocating and lobbying and hoping.”

Lacasse, whose society represents 85 community-based organizations across the country, said he and many of the organizations represented by the Canadian AIDS Society are still unclear as to why they were defunded. He said that funding new groups and initiatives shouldn’t come at the cost of established organizations with which the HIV/AIDS community is familiar.

Global News, December 1, 2016

Canada needs 'defined model' of universal pharmacare, citizen panel urges
Canada needs a comprehensive system of universal drug coverage to eliminate variations between the provinces and territories, recommends a citizen-driven panel looking at the idea of national pharmacare.

The Citizens' Reference Panel on Pharmacare in Canada – comprised of 35 volunteers randomly selected from across Canada, similar to a coroner's jury – met in Ottawa for five days and heard from 20 experts to produce a report on the issue. The panel's research was funded by the Canadian Institutes of Health Research. A committee of clinicians, senior public servants and health researchers from across Canada oversaw the process.

The report, entitled "Necessary Medicines", was presented December 6, 2016, to the House of Commons' Standing Committee on Health. The panel's recommendations include:

- Creating a new national formulary of universally publicly covered medicines that accommodates the full range of individual patient needs, including rare diseases.
- Requiring all covered drugs to undergo a rigorous evaluation process to ensure both the efficacy and value-for-money of funded treatments.
- Endorsing an ongoing role for private insurers in providing supplemental coverage.

Canada is the only developed country with universal health coverage that does not also offer universal prescription drug benefits. An estimated one in 10 Canadians can't fill prescriptions because of the expense.

CBC News, December 6, 2016

Report finds cancer screening participation in South West region needs improvement
The number of people newly diagnosed with cancer in Ontario has increased over the last two decades and will continue to rise, largely due to an aging population. In the South West it is estimated that approximately 6,726 people will be diagnosed with cancer this year. Certain cancers can be prevented or detected earlier by regular screening, but according to a new report released by Cancer Care Ontario, many eligible Ontarians aren’t up to date with their screening tests.

The Ontario Cancer Screening Performance Report 2016 evaluates the performance of the province’s three organized cancer screening programs: the Ontario Breast Screening Program (OBSP), the Ontario Cervical Screening Program (OCSP) and ColonCancerCheck (CCC). It highlights cancer screening participation and retention, future program directions and also

includes a feature on Ontarians who are overdue for screening. The findings will be used to inform evidence-based and locally relevant strategies to strengthen cancer screening in Ontario.

Among the report's findings are:

- Participation in breast cancer screening for all eligible women has remained stable at 65 per cent since 2011-2012. The proportion of women screened within the Ontario Breast Screening Program has continued to increase, up to 78 per cent in 2013–2014.
- Participation in cervical cancer screening has declined from 2009-2011 (68 per cent) to 2012-2014 (63 per cent).
- The proportion of eligible Ontarians who are overdue for colorectal cancer screening has continued to improve (decline) from 50 per cent in 2008 to 40 per cent in 2014. According to 2014 data, approximately 43 percent of eligible men and women (ages 50-74) in the South West are overdue for screening.

South West Regional Cancer Program, December 7, 2016

Ontario legislation updates regulations for medically-assisted death

Ontario introduced legislation on December 7, 2016, to support the implementation of medically assisted dying. The Medical Assistance In Dying Statute includes a series of amendments to several pieces of legislation, including the Coroner's Act, the Freedom of Information and Protection of Privacy Act and the Workplace Safety and Insurance Act, to provide more clarity on the issue for patients, families, doctors and other health care providers.

The changes align Ontario regulations with federal legislation passed last June that guides how medical assistance in dying can be provided, and outlines the criteria for patient eligibility such as having an incurable medical condition. Health Minister Eric Hoskins says the changes will ensure that benefits such as insurance payments are not denied because of a medically assisted death. They will also protect doctors and those who assist them from civil liability when they lawfully provide someone medical assistance to die, added Hoskins.

Ontario will also establish a care coordination service to help patients and caregivers access additional information and services for medical assistance in dying and other end-of-life options. The province already has a clinician referral service to support doctors as they send patients for assessment for possible medical assistance in dying cases.

The legislation would also protect the privacy of doctors, health care providers and their facilities. However, the group Dying with Dignity Canada said public health care institutions should not be allowed "to hide their policies on medical assistance in dying and other information on whether the service is available on-site."

Ottawa Citizen, December 7, 2016

Ontario passes Patients First Act

On December 7, 2016, Ontario passed the Patients First Act, which the government says will help patients and their families obtain better access to a more local and integrated health care system, improving the patient experience and delivering higher-quality care. Once fully implemented, changes supported by the new legislation will:

- Improve access to primary care for people in Ontario, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.

- Improve local connections between primary care providers, interprofessional health care teams, hospitals, public health and home and community care to ensure a smoother patient experience and transitions.
- Streamline and reduce administration of the health care system and direct savings into patient care.
- Enhance accountability to better ensure people in Ontario have access to care when they need it.
- Formally connect Local Health Integration Networks (LHINs) and local boards of health to leverage their community expertise and ensure local public health units are involved in community health planning.
- Strengthen the voices of patients and families in their own health care planning.
- Increase the focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.

Ministry of Health and Long Term Care, December 7, 2016

Medical students face 'alarmingly high' rate of depression, study finds
Medical students are at high risk for depression and suicidal ideation, according to a new study published in the *Journal of the American Medical Association*. In fact, medical students have an "alarmingly high depression prevalence" compared to what is seen in the general population, says study co-author, Dr. Douglas Mata, a resident physician at Brigham and Women's Hospital in Boston.

To conduct the study, researchers reviewed more than 180 studies involving 129,000 medical students worldwide, including those in Canada. They found the incidence of depression among this group was 27 per cent, compared to eight to nine per cent in the general population.

The incidence of medical students who had suicidal thoughts was 11 per cent. And only about 16 per cent of students who suffered from depression actually went to see a doctor about it.

The researchers say possible causes of depression and suicidal thoughts in medical students likely include stress and anxiety. They acknowledge further investigation is needed to come up with strategies that could prevent and treat these mental health issues among medical students, including addressing the stigma attached to depression. Solutions could include reducing student workloads, decreasing curricular hours or switching to a pass/fail grading system, rather than letter grades.

CBC News, December 7, 2016

Dying with Dignity calls for more transparency in Ontario's assisted death bill
Dying with Dignity Canada is concerned about the Ontario government's commitment to transparency after legislation was tabled December 7, 2016, that would exclude hospitals from freedom of information requests related to medically assisted death.

"While we support the privacy 100 per cent of clinicians and patients, we're having trouble understanding why there's a restriction on those requests as it relates to public health care facilities," said Shanaaz Gokool, the CEO of Dying with Dignity Canada.

While Gokool supports elements of Bill 84, including provisions that would ensure insurance benefits couldn't be denied based solely on medical assisted death, she's concerned about the limits it places public information. The passage of the Patients First Act restricted the health

minister's ability to issue directives to the boards of faith-based hospitals regarding medical services that may be contrary to their beliefs, Gokool said. This means information about which facilities provide medically assisted death, and which don't, will also be restricted. More importantly, Gokool said, the public won't be able to find out what communications have taken place between those institutions and the government.

iPolitics, December 9, 2016

Ontario doctors won't rule out job action after rejecting contract offer
Ontario's doctors say all options are on the table, including withdrawing some services for patients, after the provincial government proposed a new three-year deal that would increase pay for family doctors while cutting fees and clawing back pay for high-billing specialists.

The president of the Ontario Medical Association (OMA) said she and her colleagues were "shocked" when officials from the Ministry of Health and Long-Term Care presented the offer without warning at an 8 am meeting December 14, 2016, an hour before Health Minister Eric Hoskins went public with the details at a news conference. "To be treated in this way, in this cavalier fashion … is absolutely unacceptable to us," said Virginia Walley

Dr. Walley said the OMA is now considering every possible option for fighting Kathleen Wynne's Liberal government. Read Dr. Walley's full commentary here.

Dr. Hoskins said he was "really disappointed" in the OMA leadership for dismissing the offer out-of-hand and for hinting at job action that could affect patients. He said he decided to make the new offer public right away for the sake of transparency, and because the province's last attempt to negotiate with doctors behind closed doors – at the OMA's request – ended so poorly. Read his explanation of the proposal here. The new offer would:

- Increase the physician services budget – the total amount of money that the government pays physicians – by 2.5 per cent a year for three years, the same annual increase laid out in the rejected tentative agreement.
- Save $303-million over three years by going after high-billing specialists in three ways:
    - Slash by 10 per cent a slew of fees for diagnostic tests and procedures that have been made swifter and simpler by new technology, including reading X-rays, CT scans and MRI scans, and performing cataract surgeries.
    - Ding physicians who bill the Ontario Health Insurance Plan more than $1-million annually, reducing by 10 per cent the portion of their billings over $1-million and by 20 per cent the portion over $2-million. Approximately 470 doctors billed the province more than $1-million last year. Thirty-four billed more than $2-million. (Billings do not equal take-home pay; doctors draw from their billings to pay expenses such as office rent and staff salaries.)
    - Make unspecified changes to some of its contracts with specialists that it expects will save money over time.
- Provide family physicians with a 1.4 per-cent pay increase each year for a three-year period for that would cost $186-million in total. The plan would also set clear targets for how often family doctors in group practices are required to work nights and weekends.

Globe and Mail, December 14, 2016

Spending on prescribed drugs increases, total health expenditures remains slow
Health spending in Canada is forecast to reach $228 billion or $6,299 per Canadian in 2016, according to the Canadian Institute for Health Information (CIHI).

CIHI's report National Health Expenditure Trends, 1975 to 2016 shows that the rate of growth of total health expenditure in 2016 is expected to be 2.7 per cent. This increase will not keep pace with the rate of inflation and population growth combined — a continuation of a trend that began in 2011.

"The slow economic conditions Canada has experienced this decade have contributed to slower growth in health spending," said Michael Hunt, CIHI's director of Health Spending and Strategic Initiatives. "With population growth, an aging population and continuing health-sector inflation, the sustainability of Canada's modest rate of growth in health spending remains an issue to monitor. Health care dollars need to be spent strategically to meet increasing demands on Canada's systems."

Compared with overall slow growth in health spending, public drug program spending increased 9.2 per cent from 2014 to 2015, as the companion report Prescribed Drug Spending in Canada, 2016 shows. Almost two-thirds of the growth in 2015 was due to the introduction of new drugs used to treat hepatitis C. Drug program spending still increased by 3.6 per cent, though, when spending on these drugs was excluded.

Canadian Institute for Health Information, December 15, 2016

Ottawa, provinces fail to reach a deal on health spending
Ottawa and the provinces have failed to reach a deal on health care funding despite an $11.5-billion pledge by the federal government to boost targeted spending on home care and mental health. The federal government has now taken that offer off the table, Finance Minister Bill Morneau said, and the Canada Health Transfer (CHT) spending increase will revert to 3 per cent a year as of April 1, 2017.

Morneau had told the provinces he was willing to grow that key federal transfer by 3.5 per cent each year over the next five years – at a value of roughly $20 billion – but the provinces balked. Now, the provinces will leave with no more money for health care than when they arrived in Ottawa on December 18, 2016, for the renewed health accord talks.

The provinces and territories have enjoyed six per cent year-over-year growth in transfers from the federal government since the last health accord was reached with former prime minister Paul Martin in 2004. Former finance minister Jim Flaherty unilaterally changed funding increases to either match the rate of GDP growth or three per cent a year — whichever is greater. (The funding change will take effect next year.)

Provincial and territorial health ministers have presented a united front against Ottawa's insistence that the annualized increase is a "reasonable escalator," saying that rate is too low to keep pace with a rapidly aging population.

The federal government's last offer to the provinces included $6 billion for home care, with $1 billion of that money set aside for home care infrastructure, and a further $5 billion towards spending on mental health services over the next decade. The government was also offering an additional $544 million over five years in funding for unspecified provincial and territorial prescription drug initiatives and "health innovation."

Ontario Premier Katherine Wynne's reaction to the failed deal is available here.

CBC News, December 19, 2016

Ontario hospitals call for significant increase in Canada health transfer
The Ontario Hospital Association (OHA) is calling for an increase in the Canada Health Transfer (CHT) provided to provinces by the Government of Canada by a minimum of 5.2 per cent. This evidence-based figure, supported by both the Conference Board of Canada and the Parliamentary Budget Officer, is needed to help fund the entire health care system in order to meet the needs of a growing and aging population, while arresting a decline in health care related transfer payments to the provinces by the Government of Canada.

"Ontario hospitals are extremely efficient and at present, they are also under enormous pressure to meet the needs of patients," said Anthony Dale, OHA President and CEO. "Increased federal investment would help ease demands on hospitals by helping to build much needed capacity in other parts of the health care system. The OHA is disappointed that the federal government is proposing ongoing base funding growth of just 3.5 per cent in the CHT, an amount that does not keep up with growth in patient and client need."

A significant increase in the CHT is essential if hospitals are to reduce wait times, maintain access to care and meet the needs of Ontario's increasingly complex patient population, he says.

Ontario Hospital Association, December 19, 2016

St. Joseph's in the News

St. Joseph's opening new memory clinic, The Londoner, November 22, 2016

Treatments for one type of dementia may also work in others, The Huffington Post, November 22, 2016

London partnership helping those with HIV, Blackburn News, December 1, 2016

St. Joseph's partners with LIHC to bring life sustaining HIV treatment to most vulnerable, CTV News (at the 11:54 mark), December 1, 2016

London News – Partnership brings life-sustaining HIV treatment to London's most vulnerable, MyLocalNews.ca, December 1, 2016

Western researchers outline the global HIV/AIDS fight, Western News, December 1, 2016

Injection drug use and HIV is rising in London, Londoner, December 2, 2016

Veterans treated, CTV London, December 5, 2016

Smart phone app a safer alternative to texting for discussing patient care, London Free Press, December 6, 2016

New, secure app to replace doctor pager, Blackburn News, December 6, 2016

Delaying dementia, CTV London, December 6, 2016

Mount Hope report, CTV London, December 7, 2016

Ministry of Health investigation into abuse at Mount Hope finds numerous issues, AM980, December 8, 2016

So PageMe maybe?, CTV London, December 7, 2016

Jeff Yurek says changes are needed so abuse by staff doesn't go undetected as it did for a year at the Mount Hope Centre for Long Term Care, London Free Press, December 8, 2016

Nursing: Co-workers' complaints about Mount Hope nurse who verbally and sexually abused residents weren't relayed to administrators, Ministry of Health says, London Free Press, December 8, 2016

St. Joseph's Health Care reacts to scathing Ministry of Health report, AM980 (also aired on AM640 and iNews 880AM) Toronto, December 8, 2016

Investigation of Mount Hope abuser is closed, London police say, London Free Press, December 9, 2016

Vision screening vital for those with diabetes, London Free Press, December 12, 2016

Nurse found guilty of misconduct after complaining about her grandfather's palliative care, LifeNews.com, December 12, 2016

Safeguards for nursing homes, interview with Jane Meadus, CBC Radio Ontario Morning (podcast, at the 17:55 mark), December 13, 2016

Blood infections rare but dangerous, say doctors in wake of Ava Lizotte death, CBC News, December 14, 2016

Province invests $10 million in local hospitals to improve care, Blackburn News, December 16, 2016

Hospital funding, CTV London, December 16, 2016

London hospitals among 18 receiving funding boost from province, AM980, December 16, 2016

18 hospitals receive $10.7-million, Bayshore Broadcasting, December 16, 2016

Death on the tracks: How bad is Toronto transit's suicide problem?, Globe and Mail, December 17, 2016

Order of Ontario honours researcher's work, Brantford Expositor, December 16, 2016

Past meets present, CTV London, December 19, 2016