

To: St. Joseph's Board of Directors  
From: Dr. Gillian Kernaghan, President and CEO  
Date: April 19, 2017

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On March 28, I was pleased to provide the keynote address at the Behaviour Supports Ontario (BSO) Long Term Care Collaboration event held at the Best Western Lamplighter Inn. The BSO is a provincial initiative aimed at enhancing care for older adults in Ontario with complex and responsive behaviours associated with dementia, mental health, substance use and/or other neurological conditions. In my address, I talked about dealing with responsive behaviours from the perspective of a family physician, a health care leader and as a caregiver. The day included multiple breakout sessions for learning and a panel discussion comprised of directors of care, registered nurses and personal support workers who shared their positive experiences of embedded BSO services within the long term care home setting.

On April 19, I was invited by the Schulich Health Innovation Club to speak to medical students about leadership and innovation in the hospital setting. The focus of the club is to explore a systems approach to solving problems in health care and ideas for a modern, state-of-the-art health care system. During this interactive session with the students, I discussed the leadership, teamwork and foresight needed to drive change.

Later this month, on April 27, I will be presenting at the Ontario Hospital Association's Conference for Administrative Professionals. My topic will be sweeping – "Everything You Wanted to Know about Ontario's Health Care System." Delegates have an opportunity to ask questions when registering online, which I will answer during the session.

## Our Patients

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### **Influenza season - an update**

With a significant decline in the number cases of influenza in the community during the month of March, as confirmed by the Middlesex-London Health Unit, St. Joseph's masking requirement for non-vaccinated staff, physicians and visitors was suspended on March 31, 2017.

Since September 1, 2016, 450 laboratory-confirmed cases of influenza have been reported by the health unit as of April 11, with 240 hospitalizations, 16 deaths and 37 outbreaks declared in facilities located in the Middlesex-London area. At St Joseph's there were a total of eight influenza outbreaks affecting 86 patients with two outbreak-related deaths. These numbers show the importance of flu vaccination and vigilant masking for non-vaccinated individuals.

### **Mount Hope facility improvements – an update**

In early 2013, a building condition analysis at Mount Hope Centre for Long Term Care – specifically Marian Villa – discovered that significant investment was needed to enhance the home-like environment for our residents and building infrastructure for the safety and comfort of residents and staff. A fulsome list was generated with a total investment of about \$9 million required over five to eight years. In early 2014, an initial and immediate \$2 million investment was approved and work began. The following is an update on the excellent progress of this work:

- Sprinklers and fire alarms have been installed, and upgrades have been made to heating, ventilation and air conditioning (HVAC).
- All resident room doors have been replaced.
- New handrails in all corridors are currently being installed.
- New floors have been installed in St. Mary's lounges and dining rooms, and existing floors have been refinished in Marian villa, including in public restrooms, resident shower rooms and corridors.
- Substantial repainting has taken place, including in all lounges and the Town Square.
- A self-serve Tim Hortons has been installed in the Town Square, which has revitalized that area as gathering space for residents and families.
- The exterior courtyard has undergone a complete transformation making it a more enjoyable and vibrant amenity.

The remainder of work included in the initial \$2 million investment is expected to be completed by mid-summer 2017.

The remaining work, if approved, will take place over the next three to four years and will include: replacing elevators in Marian Villa; further HVAC upgrades and cooling installations; lighting improvements; new window coverings; handrails on the main floor; new nurse call systems; upgrades to public restrooms; repainting in St. Mary's; resident room floor replacement in St. Mary's; and the painting of additional murals that conceal exits for the safety and wellbeing of residents.

### **Medication safety – Veterans Care Program**

The safety cross is a tool being used by teams at St. Joseph's to improve various performance indicators. It is a laminated picture of a cross that contains numbered squares representing the days of the month. Staff mark off each day according to performance goals set. For example this tool is used routinely as part of the falls prevention program throughout the Parkwood Institute Main Building to monitor/communicate falls with injury. Staff indicate daily if this type of fall did or didn't occur with a visual identifier. The cross provides real time incidence data to let staff know on a daily basis how many days have gone by without a new incident occurring. It is a visual data collection tool to promote good practice by raising awareness and prompting timely follow up and review within the team regarding the incidents being tracked.

Veterans Care has built on the success of the safety cross with falls prevention and is now using the safety cross as one of its strategies to promote medication safety. The safety cross is placed on the wall or door of each medication room in plain sight. At the end of each day a team member marks the corresponding square. If there are no medication incidents that day, a green check mark will be displayed. If there is an event, a red 'X' will be displayed.

The purpose of the safety cross is to keep staff informed about medication incidents that occur on the unit, increase awareness and prompt discussion and follow up by engaging the interdisciplinary team to review the incident with the purpose of understanding possible reasons

and developing recommendations with the goal of preventing future incidents. The crosses have been in place since January 2017, leading to improved follow up, frequent discussions and greater awareness among staff.

### **Spring equinox a time for reflection**

To mark the spring equinox, which took place around the world on March 20, 2017, the Spiritual Care team at Southwest Centre for Forensic Mental Health Care offered two labyrinth events for participation and reflection. On the equinoxes the sun shines directly on the equator and the length of day and night is nearly equal. There is balance between day and night. The period around each equinox is often considered a good time to look within, reflect, and think about creating more balance in one's life as the new season begins. The Southwest Centre events were followed by reflection and hot chocolate in the Prayer Room. The events allowed for personal reflection on themes of transition and hope for one's journey. Patient feedback was very positive.

### **In-house food production begins**

As previously reported, Food and Nutrition Services (FNS) is moving to in-house food production for Western Counties Wing (WCW) and Parkwood Institute Mental Health Care Building. This shift is progressing well and food production moves forward this month with several new items being made in-house. To ensure satisfaction, Chef Fred Cousins will visit the dining rooms in the WCW every Monday and Friday during dinner and Wednesday at lunch. These visits are aimed at: ensuring the residents' opinion of the food is considered on an ongoing basis; building relationships; and ensuring those doing the work hear feedback directly from the residents.

On May 22, 2017, the menu will be changed to reflect the feedback that has been collected during the last 12 months. This is part of FNS' annual process related to menu management. By that date, all in-house production will be implemented. This will mean approximately 40 per cent of the food served will be made on site from fresh, local products (when available and in season).

In other FNS news, chefs will now be attending Resident Food Council meetings at Mount Hope Centre for Long Term Care to take part in the menu review process. During this process, residents help identify which items stay on the menu and if new items are needed. The goal is to have one of the chefs attend Resident Food Council each month.

### **Change to call display for calls originating from St. Joseph's**

As part of our focus on patient safety, and to enhance communication with our patients and their family members, we are making a change to the call display for calls originating from desk phones at all St. Joseph's sites. Currently, those receiving a call from St. Joseph's see "anonymous" or "unknown" on their call display. Beginning April 24, individuals will now see "St. Joseph's Health Care London 519 646-6100".

There have been many requests from physician offices and clinical teams for this change. When patients see "unknown" or "anonymous" on their call display, they often don't answer their phone. This has been a significant challenge when trying to reach patients with test results, treatment changes, appointment information and other information essential to the safety, health and wellbeing of our patients.

The change will also save time for staff who often have to keep calling or leave messages as patients are more likely to pick up if they can see who is calling.

Privacy and Risk has determined there are no privacy issues with identifying the caller as St. Joseph's Health Care London. Clinical teams and physician offices already leave messages for patients indicating the call is from St. Joseph's.

## Our People

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### **Parking garage rooftop repairs – St. Joseph's Hospital**

St. Joseph's is moving ahead with repairs to Level 6 of the Grosvenor Street parking garage at St. Joseph's Hospital. This work was to be done late last summer and into the fall but was postponed. The repairs will now go ahead in mid May 2017. This will require Level 6 of the parking garage to be closed for about seven weeks – until late June. The project will significantly impact parking availability in the garage, removing about 160 spots. However, about 65 alternate staff parking spots have been arranged to help ensure parking for patients is maintained. Since staff park for a full day, for every staff member removed from the parking garage, two to three patient spaces are freed up, according to parking stats. Staff volunteers are being sought to park in alternate lots or give up their parking privileges for May and June. Staff are also being encouraged to car pool for those two months. The goal is to mitigate parking issues for patients. The resurfacing project will be communicated to patients on the St. Joseph's website and via signage in the parking garage. Clinics are also encouraged to let patients know about the project.

Our apologies for any inconvenience this may cause Board members attending meetings at the hospital.

### **Achieving our hand hygiene targets**

For the third quarter in a row, corporate hand hygiene compliance has surpassed the target of 95 per cent and currently stands at 96.4 per cent. This is an outstanding achievement and represents much hard work and diligence across the organization

In related news, a new hand hygiene validation eLearning module was completed in March 2017 and will be launched in April. The purpose of this new module is to regularly evaluate the audit practice of hand hygiene auditors to ensure consistency in practice. Developed by Organizational Development and Learning Services in partnership with the Infection Prevention and Control team, the module demonstrates how to audit another employee during the "4 moments" of hand hygiene. The training is available in LearningEdge and is assigned to individuals whose roles require it.

As well, a new hand hygiene database application was launched on March 31, 2017. This new system will improve reliability and functionality of the database used to generate reports of hand hygiene compliance from observational audits. Training of data entry staff on the new system will begin in April.

## Our Finances

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### **Public sector salary disclosure**

The Public Sector Salary Disclosure Act, 1996, requires hospitals to make their public sector salary disclosure (PSSD) records publicly available by March 31 of every year. At St. Joseph's, the salaries and taxable benefits of those in our organization who earn more than \$100,000 per year was posted to the St. Joseph's website on March 29, 2017. The list was not significantly different than last year. There was an increase of two employees to the list.

## Clinical, Education and Research Excellence

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### **Federal finance minister visits the cyclotron**

On March 29, 2017, federal Minister of Finance Bill Morneau and his communications team made a quick stop at the Nordal Cyclotron & PET Radiochemistry Facility at St. Joseph's Hospital. They were joined by MP Kate Young (London West) and MP Peter Fragiskatos (London North Centre). Lawson Health Research Institute hosted this 30-minute photo stop on the minister's tour across Southwestern Ontario. Drs. Michael Kovacs, Frank Prato, Jeff Corsaut and Justin Hicks provided the tour, ensuring Minister Morneau was provided a window into the value of government investment in innovation research. They specifically demonstrated how the technetium-99m isotope project has paid off in terms of jobs, prestige for Canada and innovation on the world stage. Lawson researchers are part of a Canadian team who have developed a way to produce the key medical isotope using hospital-based cyclotrons.

### **Patients as teachers**

Two members of the mental health Patients' Council will be presenting to the occupational therapy graduate students at Western University's Elborn College on May 3, 2017. Each will share their stories of recovery with the students as part of the college's Mental Health in Context course. This is the second year that members of the Patients' Council have been invited to speak to the students. The speaking opportunity gives the patients a voice and a platform to share their lived experience while inspiring students to appreciate the importance of these personal stories. Students learn that their training and expertise is only one element of supporting patients on their journey to recovery. Full potential is realized by partnering with patients. Patient Council facilitator Rachel Hudson and occupational therapist Clark Heard will be accompanying the patients.

## Fostering our Partnerships

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### **Partnership brings life-sustaining HIV treatment to London's most vulnerable**

Through a partnership between St. Joseph's and the London InterCommunity Health Centre (LIHC), access to crucial HIV/AIDS treatment has dramatically improved for marginalized individuals in London's inner city. 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. 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. Called the MyCare Program, the collaboration has been able to get many people on life-sustaining treatment who would otherwise not be followed for their HIV. With treatment, the

virus becomes undetectable, helping the patient and also helping prevent transmission in the community.

St. Joseph's and LIHC also partner to provide a weekly hepatitis C clinic at LIHC. Many patients with HIV also have hepatitis C and face the same barriers to care.

Read the full story on [St. Joseph's website](#).

### **Sharing our expertise**

Terry Maslen, Director, Facilities Management, and David Ross, Director, Finance, participated in a Hospital Executive Forum at the Ontario Hospital Association on March 10, 2017. The forum was an opportunity for hospitals planning capital projects to learn from hospital leaders with experience. The focus was "design build finance maintain" management as it relates to the relationships between selected partners for building projects (referred to as the ProjectCo) and hospitals. At St. Joseph's, the ProjectCo is a consortium of EllisDon, Honeywell and Fengate Financial, collectively known as Integrated Team Solutions (ITS). St. Joseph's contract with ITS is for 30 years (expiring in 2044). At this forum, it was clear that the relationship between ITS and St. Joseph's is a benchmark for other health care partnerships to emulate. St. Joseph's has offered to continue consultation with Infrastructure Ontario to provide advice to others as needed.

### **Positive feedback from the Ontario Review Board**

The Ontario Review Board has jurisdiction over individuals who have been found by a court to be either unfit to stand trial or not criminally responsible on account of mental disorder. On March 22, 2017, Justice Richard Schneider, Chair of the Ontario Review Board, visited Southwest Centre for Forensic Mental Health Care where he met with program leaders. The visit was part of a routine drop in to forensic centres every couple of years to touch base and discuss any board-related issues. Justice Schneider provided positive feedback on behalf of the board with respect to the operations at Southwest Centre.

### **Smoothing the patient journey**

Members of the forensic psychiatry team from Southwest Centre for Forensic Mental Health Care recently met with judiciary and court team members from the London Middlesex Adult Therapeutic Court. The court now has a new judge and a new crown. The meeting was an opportunity to get to know one other and discuss best approaches to dealing with individuals with mental illness appearing before the court. Participants included Justice Jeanine LeRoy, Crown Noelle Brady, Canadian Mental Health Association court workers, and the Southwest Centre team of Dr. Rupa Roopchand, Dr. Ajay Prakash, Cathy Johnston, Susie Cooper, Dr. Arun Prakash and Janice Vandevooren. The group agreed to meet twice a year.

### **Partnering with police**

On April 11, London Police Services issued a [media release](#) about Project Equinox, a human trafficking project conducted from October 4, 2016 to April 1, 2017. The project resulted in: the arrest of 78 individuals; 129 Criminal Code charges laid including four human trafficking charges; 24 Controlled Drug and Substances Act charges laid; the seizure of controlled substances, Canadian currency and weapons; 35 Johns charged; and 18 women involved in the sex trade as a result of human trafficking assisted in leaving the sex trade and provided with supports. The women ranged in age from 15 to 55. In the release, the police thanked several community agencies, including St. Joseph's Regional Sexual Assault and Domestic Violence Treatment Program. The program was among those who provided assistance to the victims.

### **Addressing compassion fatigue**

The Palliative Pain and Symptom Management Consultation Program (PPSMCP) of Southwestern Ontario is based at St. Joseph's and provides multi-disciplinary hospice palliative care education and consultation services to health care providers across the continuum of care. The primary purpose of the PPSMCP is to build the capacity of service providers to provide quality hospice palliative care. In March 2017, the PPSMCP hosted three "compassion fatigue" workshops for the South West LHIN as part of the Priorities for Investment funds. The workshops explored compassion fatigue, burnout warning signs and resiliency strategies for clinicians. The clinicians learned approaches effective to re-energize and replenish when demands seem overwhelming.

The workshops ran at capacity with a waitlist for each session. The evaluations were very positive with 98 per cent of respondents reporting the course as valuable and highly recommended for palliative care clinicians. The PPSMCP also provided a one-day planning session to develop a comprehensive palliative care education strategy for primary care physicians. Palliative care physicians and community practicing family medicine physicians representing each LHIN sub-region collaboratively co-designed the education strategy.

## **Recognitions and Celebrations**

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### **Excellence in Professional Practice Awards**

The Excellence in Professional Practice Awards have been established as a way to recognize both nursing and other allied health discipline staff who are at the heart of patient and resident care at St. Joseph's. These awards are an expansion to our previous Nursing Excellence Awards and include recognition opportunities for professional practice disciplines. This opens the awards to: respiratory therapists; speech language pathologists; occupational therapists; physiotherapists; registered dietitians; psychologists; social workers; social service workers; pharmacists; pharmacy technicians; medical radiation technologists; sonographers; spiritual care chaplains; therapeutic recreation specialists; music therapists; and art therapists.

Past staff survey results identified recognition of additional disciplines as an opportunity for improvement. Adding additional disciplines to the awards program helps to address that gap.

Categories for the new Excellence in Professional Practice Awards are:

- Excellence in Clinical Practice – Acute Ambulatory Care
- Excellence in Clinical Practice – Complex Care, Rehabilitation and Geriatric Care
- Excellence in Clinical Practice – Mental Health
- Excellence in Innovation and Evidence Informed Practice
- Excellence in Leadership
- Excellence in Teaching and Coaching

For each of the three clinical practice awards, there will be one award for a nurse recipient and one for the broader professional practice group.

Recipients of the prestigious Excellence in Professional Practice Awards are nominated by their peers or leaders for demonstrating excellence in the categories above. Nominees will be those with a passion for practice, who lead by example and exemplify the mission, vision and values of St. Joseph's. Nominations close April 28, 2017.

Also new this year is the addition of the Clinical Education Fund bursary as well as the Michael P. Boucher Endowment for Leadership Development. These bursaries join the existing nursing bursaries – the Dr. David and Zivia Anne Meltzer Nursing Professional Development Fund and the Nancy White Memorial Fellowship Fund.

## Other

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### **Privacy breach reporting**

On March 10, 2017, the government released a proposed regulation on mandatory reporting of privacy breaches for public consultation. The proposed provisions would amend O. Reg 329/04 under the [Personal Health Information Protection Act, 2004](#) (PHIPA) to require both statistical reporting and point-in-time reporting to the Information and Privacy Commissioner of Ontario (IPC). The Ontario Hospital Association (OHA) backgrounder on this proposed regulation is available [here](#). Member feedback is being sought to inform the OHA's submission to government on this proposed regulation.

### **Federal government announces 2017 budget**

On March 22, 2017, federal Finance Minister Bill Morneau tabled the government's second budget, [Building a Strong Middle Class](#), which is focused primarily on creating jobs and strengthening the middle class.

Included within the budget is the allocation of \$37.1 billion for the provinces and territories for health care under the Canada Health Transfer, and an additional \$11 billion over 10 years to support better home care and mental health initiatives. The budget also proposes measures that will improve access to prescription medications, lower drug prices and support appropriate prescribing, as well as investments in the Canadian Institute for Health Information to address health data gaps and Canada Health Infoway to support the continued adoption and use of electronic medical records.

The Government of Canada news release is available [here](#). The Canadian Medical Association expressed disappointment in the budget plan in a release available [here](#).

### **New South West LHIN governance structure**

South West LHIN vice presidents have been announced as part of the LHIN's new governance structure, which will support the LHIN's new role in home and community care under the Patients First legislation. The vice presidents are:

- Donna Ladouceur, Vice President, Home and Community Care
- Kelly Gillis, Vice President, Strategy, System Design and Integration
- Mark Brintnell, Vice President, Performance, Accountability and Quality
- Maureen Bedek, Vice President, Human Resources
- Hilary Anderson, Vice President, Corporate Services
- Clinical Vice President, still to be recruited.

These positions become effective when Community Care Access Centre services transfer to the LHIN. That date is to be confirmed. With most of the vice president positions now filled, recruitment will begin for others positions within the new organization. Michael Barrett will continue in his position as CEO of the South West LHIN.

### **Judge denies request to keep details about top-billing doctors secret**

The identities of the province's top-billing physicians must be disclosed to the court, a Toronto judge has ruled, adding that details about some of them must also be made available to the public.

In a seven-page decision released March 13, 2017, Superior Court Justice Ian Nordheimer denied a request to keep the court and public in the dark about the doctors, pending a judicial review of an order from the province's privacy commissioner to make the names public.

"The court must always have access to the entire (record of proceedings) for the purposes of the hearing of these applications for judicial review," he wrote.

This decision is the latest development in a three-year quest by the Toronto Star for information on the 160 highest paid fee-for-service doctors. In 2014, the Star filed a Freedom-of-Information request to the province's Health Ministry about the largest billers to the taxpayer-funded Ontario Health Insurance Plan. The ministry provided information about medical specialties and payments, but denied access to physician names, reasoning the release would be an unjustified invasion of privacy. The Star successfully appealed that decision to the privacy commissioner. Now three separate groups of doctors are seeking a judicial review of the privacy commissioner's order. It will be heard before a three-judge panel on June 19 and 20, 2017.

On March 10, 2017, Nordheimer heard procedural motions, mostly related to how much of the court record should be kept under wraps, pending the outcome of the review. Nordheimer concluded the court must have access to the same material that the privacy commissioner's office used to reach its decision. The relevance of the information cannot be determined until the judicial review is conducted, he said.

[Toronto Star, March 14, 2017](#)

### **Ontario health care system could save \$100 million if cardiac patients completed rehab**

Patients who complete a cardiac rehabilitation program live longer and cost the health care system up to \$3,000 less annually compared with eligible patients who are either not referred, never show, or drop-out prematurely from the program. This, according to a new study published in the *Mayo Clinic Proceedings*.

Cardiac rehabilitation, or cardiac rehab, is a medically supervised program that helps improve cardiovascular health. Among the 6,284 patients who were referred to rehab, 1,936 patients did not attend any scheduled visits and another 2,265 patients attended less than 67 per cent of scheduled visits – an attendance rate the researchers defined as the cut-off for cardiac rehab completion because of findings from previous studies linking poor rehab participation to worse outcomes including mortality and hospitalizations.

"The two-thirds of patients referred to cardiac rehab who do not attend or drop out early represent a group of people who are at particularly high risk of dying and who are very costly to our health care system," said Dr. David Alter, lead author and senior scientist, Toronto Rehab, University Health Network and Institute for Clinical Evaluative Sciences (ICES). "We need to focus heavily on improving those participation levels if we're hoping to make strides in improving the cost-savings with cardiac rehab programs."

The researchers found that eligible patients for cardiac rehab who did complete a program cost the health care system \$8 per day or nearly \$3,000 less per year when compared with those who were not referred, did not show-up, or who dropped out. Approximately 30 per cent of eligible patients completed their cardiac rehab.

[Institute for Clinical Evaluative Sciences, March 29, 2017](#)

### **Nursing home residents with dementia often get unneeded drugs at end of life**

Forty-five per cent of nursing home residents with dementia who received at least one medication of questionable benefit within the last year of life continued to receive these questionable medications in the last week of their life, according to a new study by researchers at the Institute for Clinical Evaluative Sciences (ICES) and Women's College Hospital (WCH).

The study used health data to track prescriptions for all Ontario nursing home residents with advanced dementia during the last year of their lives between 2010 and 2013. The researchers identified about 9,300 residents who received at least one medication that might have done more harm than good, given the residents' vulnerable state. These patients often have difficulty swallowing, and taking many medications could reduce their quality of life overall.

Medications were considered of questionable benefit if they had been deemed "never appropriate" for those with advanced dementia according to a previously published list because they showed limited benefit and/or were associated with unnecessary risk. The medications were also listed on the Ontario Drug Benefit (OBD) formulary. The most common prescriptions were statins and anti-dementia medications. There was a gradual drop in the number of questionable drugs residents received during the last year of life, with the biggest drop in the last two weeks of their lives. About 66 per cent were still taking questionable medications in the last two weeks of their lives, and the proportion dropped to 45 per cent in the last week.

The researchers also found that almost one-third of the study's cohort did not see any physician specialist in the last year of life. This is important because an assessment by a neurologist or psychiatrist was associated with a decreased risk of being dispensed a medication of questionable benefit in the last week of life.

[Institute for Clinical Evaluative Sciences, March 29, 2017](#)

### **Ontario creating service to help people access medically assisted dying**

Ontario is setting up a new service for people seeking medically assisted death that will allow them to reach out for help directly, bypassing health care providers who object to assisted suicide on conscience grounds.

Health Minister Eric Hoskins says a "care co-ordination service" for medically assisted death will be up and running as early as May, 2017. The service will allow patients to directly contact central staff who will connect them with health care providers prepared to handle requests for a medically assisted death. If the patient chooses medical assistance in dying, he or she would be able to follow the process through to completion.

According to the minister's office, 365 Ontarians chose to end their lives with medical help between June of 2016, when assisted dying became legal, and March 30, 2017.

In June 2016, the Ministry of Health had set up a line for doctors to call to refer patients to physicians willing to work on assisted death cases. Doctors are required by the province's

College of Physicians and Surgeons to make a referral if they are unwilling to handle a patient's request personally. However, physicians with moral and religious objections to assisted dying have told the provincial government they don't want to make that call because they see it as helping their patients end their lives.

Certain religious and medical figures who testified at a Queen's Park committee support the care co-ordination model and called for an end to the requirement that doctors refer patients seeking assisted death to a physician who will help.

[CBC News, April 2, 2017](#)

### **Where you live could determine risk of heart attack, stroke or dying of heart disease**

Where you live in Ontario has a lot to do with how likely you are to receive preventative health care and whether you will suffer a heart attack, stroke or die of cardiovascular disease, according to a new study from the Institute for Clinical Evaluative Sciences (ICES) and the Sunnybrook Schulich Heart Centre.

The study, published in the *Canadian Medical Association Journal*, looked at 5.5 million adults from 40 to 79 years of age as of January 1, 2008, in Ontario with no previous cardiovascular disease and followed them for five years looking for heart attacks, strokes or cardiovascular-related deaths. Researchers found cardiovascular event rates had a nearly two-fold variation across Local Health Integration Networks (LHINs) from 3.2 to 5.7 events per 1000 person-years.

People in the three healthiest LHINs, all located in the Greater Toronto Area (Mississauga Halton LHIN, Toronto Central LHIN and Central LHIN ), had the highest average number of family doctor visits, were more likely to receive an annual physical and be screened for cardiac risk factors such as high cholesterol and diabetes. The four least-healthy LHINs were those located in Northern Ontario (North East LHIN and North West LHIN), as well as the North Simcoe Muskoka LHIN and Erie St. Clair LHIN.

“Our study shows that the differences in patient and health system factors accounted for nearly 75 per cent of the variation in cardiovascular events between LHINs, suggesting that greater preventative health care contributes to lower cardiovascular event rates,” says cardiologist Dr. Jack Tu, the study's lead author and senior scientist at ICES.

[Institute for Clinical Evaluative Sciences, April 3, 2017](#)

### **Doctor says role is in 'service of the sanctity of life'**

Scarborough palliative care physician Dr. Natalia Novosedlik is one of a group of doctors seeking what's called "conscience protection" in the province's assisted dying law, meaning physicians who oppose euthanasia or physician-assisted suicide would not have to refer patients to a doctor who does not have such objections, as is the case now.

The group, Coalition for HealthCARE and Conscience, has started an email campaign to urge MPPs to amend Bill 84, the Medical Assistance in Dying (MAID) Statute Law Amendment Act, to include conscience protection "for doctors and health care providers who conscientiously object to taking part in MAID." Dr. Novosedlik was interviewed by CBC Radio One's Metro Morning about the root of her objections and why she feels conscience protection is necessary. The interview is available [here](#).

[CBC News, April 4, 2017](#)

## **Canadians have more than a million potentially unnecessary medical tests**

Canadians undergo more than a million medical tests and treatments every year they may not need, according to a new report that reveals big variations in the ordering of some procedures.

The study, [Unnecessary Care in Canada](#), puts a spotlight on unnecessary medical care that ranges from MRI scans for run-of-the-mill back pain to preoperative tests for low-risk colonoscopy patients and the overprescribing of some drugs for seniors and children.

Published on April 6, 2017, by the Canadian Institute for Health Information, the report is part of a national effort to cut waste in the health care system and prevent harm to patients that can sometimes flow from superfluous care. It uses data to measure the extent of unnecessary care associated with eight tests and procedures that span the health system. Choosing Wisely Canada is a national, clinician-led campaign that partners with national clinician specialty societies to develop evidence-based recommendations about tests, treatments and procedures that are unnecessary and offer no value to patients. To date, Choosing Wisely Canada has released more than 200 recommendations.

Among Highlights from the report are:

- Nearly one in three low-risk patients with minor head trauma in Ontario and Alberta had a head scan in an emergency department despite a Choosing Wisely Canada recommendation that this is unnecessary and potentially harmful.
- One in 10 seniors in Canada use a benzodiazepine on a regular basis to treat insomnia, agitation or delirium. A number of Choosing Wisely Canada recommendations highlight the harms of long-term use of these medications.
- In Ontario, Saskatchewan and Alberta, 18 per cent to 35 per cent of patients undergoing low-risk surgery had a preoperative test, such as a chest X-ray, ECG or cardiac stress test. Choosing Wisely Canada recommendations highlight that these tests are unnecessary, are potentially harmful and can delay surgery.

[Canadian Institute for Health Information, April 6, 2017](#)

## **Dying with dignity can't be forced on doctors – or hospitals: editorial**

In this editorial, political columnist Martin Regg Cohn discusses medical assistance in dying and the dilemma facing physicians “who entered the medical profession to save lives, not to take them, nor even facilitate the taking of them.”

Cohn says “doctors must balance their ethical obligations to patients against matters of personal conscience...No right is absolute, and matters of conscience should not be arbitrarily circumscribed if reasonable compromise and accommodation is possible.”

Read the full editorial [here](#).

[Toronto Star, April 7, 2017](#)

## **Defiant London group bucking mergers driven by region's health care overseer**

A David vs. Goliath battle over mental health care is brewing in London as a grassroots agency has taken a stand against mergers that are swallowing up similarly small organizations across Southwestern Ontario, all of which provide peer support for those with mental illness.

For several months, the South West Local Health Integration Network (LHIN) – which oversees health care spending for the wider region – has been putting individual peer-support agencies

under the umbrella of other groups, such as local Canadian Mental Health Association (CMHA) branches. So far, peer groups in Huron-Perth, Oxford and London have been taken over, ceasing to operate as separate agencies.

In London, the 27-year-old agency, Can-Voice, is resisting what it calls a takeover. The agency has an eight-bed London residence and an activity centre, with seven staff members – all people who've dealt with mental illness themselves. If Can-Voice doesn't "volunteer" for integration, its \$190,000 in annual funding from the LHIN will end, said executive director Betty Edwards. "We've been given an ultimatum."

Can-Voice has called off discussions with the LHIN, sought legal advice and is looking at new ways to raise money. Small, peer-support groups can offer services in a way large that organizations like CMHA cannot, said Edwards. "It's a question of choice," she said.

But the LHIN says the integration of the smaller agencies – and standardizing the programming they provide – will enhance services in the region.

"The integration of these organizations will improve client access to a coordinated range of services and supports, and address risks and challenges related to governance, financial controls, human resources and other back office supports," South West LHIN chief executive officer Michael Barrett said in a written statement.

Where the organizations have already been merged, there are plans to expand services, he said.

[London Free Press, April 10, 2017](#)

### **Panel calls for new money and new thinking for Canadian research**

A blue-ribbon panel charged with reviewing the state of science in Canada for the first time in 40 years says the system urgently needs new money – but also new thinking. The federal science panel is calling for \$1.3 billion in new money and an overhaul to the way research is overseen. It recommends the creation of a new national advisory council on research and innovation, as well as a co-ordinating board for Canada's research agencies.

The independent nine-member panel was struck in June 2016 by federal Science Minister Kirsty Duncan to find better ways to make the most of funding given to three research granting councils and the Canadian Foundation for Innovation. Led by David Naylor, former president of the University of Toronto, the panel received more than 1,200 submissions during its work, which also included a dozen roundtables in five cities with 230 researchers. The panel's report, released April 10, 2017, says the biggest gaps in the system are in resources and aspirations.

The panel says the research "ecosystem" is unbalanced, and the major federal agencies don't work together as well as they should. The panel focused on 10 different questions related to the funding of scientific research, supporting the next generation of emerging researchers, and whether or not there's a healthy balance between who is getting funded and ensuring a full range of research is being carried out. The panel noted a shift away from independent science and scholarly inquiry and towards what it called innovation-facing and priority-driven programs.

The new money recommended by the panel increases current spending from \$3.5 billion to \$4.8 billion by 2022 spread between direct research projects, operating funds for research facilities, scholarships and fellowships, and facilities and administrations costs.

[CBC News, April 10, 2017](#)

## **Overcrowded hospitals must get creative**

It's been a rough few months for Ontario hospitals. Wait times for patients admitted through emergency rooms have hit peak levels; more patients have been admitted than discharged; and a number of hospitals have simply run out of space.

Administrators have been forced to get creative in accommodating the overflow, converting patient lounges, staff classrooms, offices, even storage rooms into temporary accommodations – areas they refer to as “unconventional spaces.”

Ontario hospitals typically experience patient surges every January and February when flu season peaks and when there is a rebound effect after the Christmas lull. But there has been something different about this year's surge in Ontario, according to numerous hospital CEOs. It was bigger than in years past and caught many by surprise. Patient capacity at about half of Ontario's 145 hospital corporations exceeded 100 per cent and reached as high as 130 per cent, according to figures from the Ontario Hospital Association (OHA).

Hardest hit have been large urban hospitals, regional facilities and some community hospitals. Even some rural hospitals have been overwhelmed. They include hospitals throughout the Greater Toronto Area, Hamilton, Ottawa, London, Kingston, Windsor, Sudbury and Cornwall. Many have been over capacity for weeks, even months. While the surge has somewhat abated in recent weeks, it appears that some of the intensified demand for hospital services won't subside any time soon.

To accommodate the overflow, hospitals have been forced to open at least 1,100 “unfunded beds,” more than 250 of them in unconventional spaces, according to the OHA. These are conservative estimates because not all hospitals participated in a survey on capacity. To cover the cost, a hospital must dip into funds raised for capital projects, equipment and research. The cost of operating one such bed for a single day is \$450, at the low end. Some hospitals have incurred deficits to accommodate the extra patients.

There are three main causes of the growing pressures, say health care leaders: a population that is growing, aging and showing up in the emergency room sicker than ever; a health system that is not robust enough outside of hospitals, such as in the long-term care and home care sectors; and five years of austerity funding with minimal increases to operating budgets from the province. When inflation is factored in, hospitals budgets have actually fallen in real dollars.

[Toronto Star, April 16, 2017](#)

## **St. Joseph's in the News**

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[The art of medical imaging](#), The Medical Post, February 21, 2017

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[Reducing the number of instruments on operating room trays saves money](#), Hospital News, April 2017

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[Mental health: Defiant London group bucking mergers driven by region's provincial health-care overseer](#), London Free Press, April 10, 2017

[The art of medical imaging](#), Beyond the Image (e-newsletter of the Canadian Association of Radiologists), May 2017

[London family paying price of long wait for bed in care facility](#), London Free Press, April 17, 2017