

To: St. Joseph's Board of Directors  
From: Dr. Gillian Kernaghan, President and CEO  
Date: March 22, 2017

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On March 20, I had the pleasure of taking part in our St. Joseph's Day celebrations and the Sisters of St. Joseph Awards for Excellence ceremony. Both events are meaningful annual traditions for our organization.

For St. Joseph's Day, otherwise known as The Feast of St. Joseph, pastries, fruit and refreshments were served at all sites from 8:00 to 10:00 am in deep appreciation for staff, physicians and volunteers and the difference they make in the lives of those we serve. The day commemorates the life of St. Joseph, who is patron to many occupations and organizations, including the Catholic Church, the Sisters of St. Joseph and many St. Joseph's health care organizations around the world. It's most fitting that gratitude marks the celebration of St. Joseph's Day. All staff, physicians and volunteers were invited to attend the site celebrations, where they were greeted by leaders. I took part in the festivities at Parkwood Institute Main Building and Mental Health Care Building.

In the afternoon, to coincide with St. Joseph's Day, the Sisters of St. Joseph Awards of Excellence ceremony honoured this year's recipients, who are listed in this report. I was joined by John Callaghan, who brought remarks on behalf of the Board, and Sister Patricia McKeon representing the Sisters of St. Joseph.

I was also proud to take part in St. Joseph's Health Care Foundation's Cornerstone Society event on March 20. In recognition of their generous support, members of the Cornerstone Society, which honours donor leadership, were invited to an interactive evening of dinner and conversation with some of St. Joseph's medical and scientific leaders. The evening provided the donors with an opportunity to choose from three breakout sessions. This year's sessions featured innovation taking place in the areas of healthy aging, use of virtual reality in health care, and breast cancer care.

Earlier in the month, on March 8, 3M Canada Women's Leadership Forum was held in celebration of International Women's Day. The event included a round table discussion on 'unconscious bias', which refers to a bias that we are unaware of, and which happens outside of our control. It's a bias triggered by our brain making quick judgments and assessments of people and situations, influenced by our background, cultural environment and personal experiences. I was invited to be part of the panel exploring his topic. The discussion included what organizations can do to ensure leaders are committed to identifying and challenging bias in themselves and others.

Then, on March 14, I welcomed delegates from across Canada as well as the U.S. and Denmark to the Hybrid PET/MRI Symposium hosted by Lawson Health Research Institute. This one-day symposium summarized and celebrated the London experience over the last five years

with the technology. I was pleased to share some of St. Joseph's proud history of innovation in medical imaging.

On March 23, St. Joseph's will host Quality Rounds Ontario, a monthly Health Quality Ontario educational session offering participants from across the province opportunities for knowledge exchange and idea sharing on topics relevant to improving the quality of health care. The sessions are held in locations across Ontario. This month's topic is Ontario's new Patient Engagement Framework. I will present on our patient partnership model. Read more in this report.

And finally, on March 24, I will chair a regional training session organized by the Ontario Hospital Association (OHA) and the Ministry of Health and Long-Term Care to educate health sector organizations on the new Quality of Care Information Protection Act (QCIPA). At these sessions the OHA is launching key guidance from its toolkit, which is being developed to support new legislative and regulatory requirements. The new QCIPA, as well as 12 recommendations arising from a QCIPA review in which I took part, come into force on July 1, 2017.

## Our Patients

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### **Improving access to optical coherence tomography testing**

Of the 18 different ophthalmology diagnostic tests routinely performed at the Ivey Eye Institute, optical coherence testing (OCT) has the highest volume. This test provides a mini CT scan of the eye. With significant advances in technology and resolution in the last several years, the modality has become a standard test for many Ivey Eye patients with about 15,000 performed annually.

Combined with advances in treatment for retinal disease and use of the test for glaucoma patients as well, it became a challenge to keep up with demand with only three dedicated Zeiss Cirrus OCT machines available. Since the OCT test was also booked on the same day as the patient's visit with the ophthalmologist, overbooking of tests on certain days was a problem, making it difficult for technicians to keep up with the pace.

The following are steps taken to address the challenges and improve access for patients, which have had good success:

- LEAN principles were used in 2016 to map workflow and identify waste and opportunities for efficiency, paying particular attention to scheduling and actual OCT testing time. Instead of booking the test every 15 minutes, the technicians agreed to a one-day trial of testing patients every 10 minutes, with some buffer time in between. They then then did a one-week trial with all three OCT machines being used at 10 minutes. The trial was successful and a new scheduling template was completed.
- Over the next several months, with various changes in processes, the team was able to go from 23 scheduled OCT tests per machine to 30 scheduled tests/per machine per day with very little unscheduled add on patients. This equates to an increase of 21 more OCT tests per day with the three OCT machines in operation – a significant achievement.
- The scheduling template continues to be modified to address complex testing times of elderly visually impaired patients. As well, a fourth OCT machine – made possible with support from St. Joseph's Health Care Foundation and the Run for Retina event – has

been added. Since the latest Topcon Triton OCT has the ability to perform OCT angiography (no injectable dye required), patients who require screening for age-related macular degeneration can be accommodated on Fridays instead of the busier weekdays when the physician has to see the patient at the same time.

- With the ongoing recruitment of a fourth retinal specialist for the Ivey Eye Institute, funding is approved to acquire a fifth OCT machine as of April 1, 2017, which will further enhance patient flow and access.

### **Influenza vaccination campaign – an update**

Influenza vaccination rates continue to inch up with the combined staff and physician rate now at 67.5 per cent as of March 17. The physician rate is 75.1 per cent, and the staff rate 67 per cent. In particular, improvement has been seen at Mount Hope Centre for Long Term Care where the rate is 73.2 per cent as of March 17, up from 67.5 per cent last month and significantly higher than 52.9 per cent in mid-December. Mount Hope now has the highest vaccination rate of all the main sites as a result of much leadership effort to improve results and adherence to outbreak control measures.

Also as part of these efforts, the coordinator of Infection Prevention and Control attended a Family Council meeting at Mount Hope to discuss outbreak management and promote influenza vaccination and hand hygiene. This provided an opportunity to discuss the importance of seasonal influenza vaccination, address misinformation, and gather input about effective communication tools for families and visitors.

### **The evolution and growth of rTMS at St. Joseph's**

Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive Health Canada-approved form of brain stimulation using short magnetic pulses for the treatment of major depressive disorder. It works by using a magnetic coil placed over the scalp to stimulate areas of the brain involved in depression and anxiety. In 2016, the Canadian Network for Mood and Anxiety Treatment published the first guidelines recommending rTMS as a first line treatment for patients with depression that have failed at least one antidepressant trial. The following is an evolution of rTMS at St. Joseph's in the care of patients, teaching and research, under the direction of Dr. Amer Burhan, Clinical Physician Lead for rTMS:

- **Getting started:** In 2010-2011, St. Joseph's rTMS program was successful in obtaining capital funding for one rTMS machine and a service was established to facilitate the care of patients with medication and psychotherapy resistant depression. This group suffers significant disability and poor quality of life and requires much care given the ongoing struggle with depression.
- **Treating patients:** After an initial pilot phase with rTMS provided to select patients, and after the move to the new Parkwood Institute Mental Health Building, further funding was obtained to enhance our service. Starting in November 2015, rTMS began to be clinically offered to patients, providing hope for those who need it most.
- **Seeing success:** Results show the program has achieved at least 50 per cent improvement in two thirds of patients and resolution of symptoms to below clinical in about half of these patients. The findings are significant as these patients have not responded to all other treatments, including several medication and psychotherapy combinations or electroconvulsive therapy.
- **Influx of referrals:** With its success, the rTMS program has experienced an influx of referrals, as well as requests from other medical researchers to harness its capabilities. Currently, the program treats up to seven patients per day, five days a week (about 35

treatments provided per week). For a person to experience positive results, on average it takes 20-30 sessions.

- **Teaching and training:** The rTMS program is being used to teach and train psychiatrists and mental health trainees to expand our capacity. In May 2016 a full-day workshop was conducted in collaboration with clinician-scientists from the Centre of Addiction and Mental Health and University Health Network in Toronto. These partners are internationally known for their work in this area and authors of the Canadian guidelines.
- **Making our mark in research:** Our rTMS program has allowed St. Joseph's to be part of an exciting clinical research network and has led Dr. Burhan to be the director of a national course on rTMS conducted in September 2016 in Toronto. It has also allowed for proof-of-concept research with partners from geriatric medicine and rehabilitation medicine at St. Joseph's. In addition, collaboration is underway with a team of researchers from Lawson Imaging, led by Drs. Frank Prato and Alexandre Legros, to develop more translational research in rTMS given Lawson Health Research Institute's world-class laboratories that include a rTMS system and integration with state-of-the art brain imaging and electrophysiology capabilities. The possibilities of rTMS at Parkwood Institute have also been enhanced through donor dollars, allowing the current rTMS system to be equipped with neuro-navigation and electroencephalogram (EEG) capacity.
- **Extending the reach:** St. Joseph's rTMS program is expanding to serve veterans. Veterans with posttraumatic stress disorder usually struggle with major depressive disorder and generally have a poorer response to both pharmacotherapy and psychotherapy. Historically, clients of Parkwood Institute's Operational Stress injury (OSI) Clinic who would benefit from rTMS have had to travel to Toronto for this assessment and treatment. Through the leadership of psychiatrist Dr. Don Richardson, the OSI Clinic team has been working with the mental health team to explore access to rTMS treatment for OSI Clinic clients. Together, they are establishing a new service for veterans that will include dedicated clinic and treatment time. Expected to begin in early spring, this new service will focus on treatment resistant depression and provide a research opportunity to better understand treatment resistance and co-morbidity in the veteran population. In addition to allowing veterans to access to rTMS closer to home, the collaboration will further develop partnerships to support OSI Clinic clients within St. Joseph's.
- **Next steps:** In December 2016, St. Joseph's Health Care Foundation approved a request for foundation support for a second rTMS machine to support the exciting evolution, growth and possibilities of rTMS in care, teaching and research at St. Joseph's.

### **Improving life satisfaction**

A relatively new program that has had good success for individuals with operational stress injuries is currently underway at the Operational Stress Injury (OSI) Clinic at Parkwood Institute. Called the Acceptance and Commitment Therapy (ACT) Group, the program is designed to ease the struggles and suffering of those with operational stress injuries, help them move towards life goals and improve life satisfaction. Participants in the group, which is run by psychologist, Dr. Charles Nelson, learn mindfulness-based techniques and commitment to their value-guided goals to improve their response to conventional treatments for posttraumatic stress disorder, major depressive disorder, and chronic pain.

Dr. Nelson trialed this therapy, which initially began with a focus on pain rehabilitation before shifting to an open group for veterans, the RCMP and active Canadian Forces members with

any operational stress injury. ACT proved superior to a similar group the OSI Clinic was running using cognitive behavioural therapy. The ACT group runs eight to 10 weeks.

### **Celebrating Black History Month**

Black History Month was celebrated on February 28, 2017, in the 'downtown area' of Southwest Centre for Forensic Mental Health Care. Four patients of different ethnicities were on the organizing committee and participated in the event. The celebration took the form of:

- A concert in which staff and patients sang accompanied by musical instruments. Individuals from across the organization also came to lend their voices.
- Videos and poetry
- Information and trivia questions about black inventors, pioneers, world leaders, singers, athletes, scientists, astronauts and actors
- Displays of African art, books, pamphlets, pictures, flags and collages

With standing room only at the event, organizers were overwhelmed at the response by both patients and staff.

## **Our People**

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### **Recycling in the operating room**

The operating room team at St. Joseph's Hospital has partnered with Environmental Services (EVS) to boost recycling in the operating rooms, a project initiated by frontline staff. EVS arranged to have a representative from Waste Management – St. Joseph's waste and recycling vendor – walk through the supply area and educate the team on items that could be recycled such as plastic bottles and box board, and which could not. The team assigned champions to monitor and encourage more recycling and EVS provided support and recycling bins. EVS will audit the amount of material being recycled to determine the annual total being diverted from landfill.

### **Inspiring the next generation**

Human Resources hosted a program with Nancy Annett and Laura Pavilonis from Reach Beyond Limits, which provides leadership and career counseling to youth. About 40 high school students from H. B. Beal Secondary School came to Parkwood Institute Main Building for a workshop and tours focused on working in teams, self-discovery, and making career choices. The students learned about various departments, including Food and Nutrition Services, Security Services, Human Resources, Finance, and Veterans Care Therapeutic Recreation. They toured and heard presentations about various roles:

- In Veterans Care, Leah Taplay discussed her role as a therapeutic recreation specialist and Judy Tigert talked about being a nurse practitioner.
- Ian Becker presented on Security Services and his role as Corporate Security Leader.
- Amy Harrison presented on Food and Nutrition Services and her role as a Coordinator.
- Emily Waldick discussed Human Resources and her role as administrative assistant.
- David Ross, Director of Finance, presented on what a finance department does at a hospital, the types of jobs that exist, and careers paths to get there.

Positive feedback was received from the students who said that the tours and the chance to talk to St. Joseph's staff were their favourite part of the day. A second program will be held March 29 with students from the London District Catholic School Board.

## Our Finances

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### **Stroke navigator role extended**

As previously reported, funding from the South West LHIN was received for a stroke navigator role as part of an effort to improve patient flow and optimize care and outcomes for those requiring stroke care. A key focus of the role, which began in October 2016, is on furthering efforts between St. Joseph's and University Hospital at London Health Sciences Centre in the pursuit of "two sites, one team." The stroke navigator supports patient flow between University Hospital, where stroke inpatient care is provided, and Parkwood Institute, which provides stroke rehabilitation. The goal is to ensure the right patient is in the right place at the right time for the right care.

The position was temporary until March 31, 2017, but has now been extended for another six months with internal bridge funding. This news was well received by the Parkwood Institute and University Hospital stroke teams as it recognizes the value of the role and allows more time to gather data for a proposal to make the role permanent role.

## Clinical, Education and Research Excellence

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### **St. Joseph's hosts Quality Rounds Ontario**

On March 23, all staff and physicians are invited to join a conversation about Ontario's new [Patient Engagement Framework](#) at Quality Rounds Ontario. The framework defines a common approach for patient engagement across the province. The rounds are monthly Health Quality Ontario educational sessions that offer participants from across the province opportunities for knowledge exchange and idea sharing on topics relevant to improving the quality of health care. The sessions are held in locations across Ontario and are facilitated by health system leaders from across the province and other jurisdictions, and from all sectors.

St. Joseph's is hosting the March session, which includes a panel discussion featuring civic engagement expert and Principle and founder of MASS LBP Peter MacLeod; patient advisor Subi Bhandari; and a special patient engagement case study presentation. Topics include: the levels of care where engagement can take place; approaches; key enablers and guiding principles for patient engagement; and the effect of patient engagement on projects and activities.

### **Physio Moves Canada**

The Acquired Brain Injury Outpatient Rehabilitation team was nominated and selected to take part in a unique national project called [Physio Moves Canada](#), which is designed to address the future of the physiotherapy profession. The primary goal of the project is to provide critical information regarding the current state of physiotherapy in Canada, its direction over the next five to 15 years, and innovations or opportunities that can be harnessed now to ensure physiotherapists continue to be viewed as leaders in all aspects of functional mobility for Canadians. Beginning in June 2017, the Physio Moves Canada team will travel coast-to-coast to meet with physiotherapists, physiotherapist assistants and those whose lives have been touched by physiotherapy. This team will be sharing the experience through social media outlets, including a blog on the Physio Moves website. The project will result in research publications as well as a documentary-style video that showcases Canadians who, with the help of their physiotherapist, have overcome challenges with mobility. The date for the team's visit to Parkwood Institute has not yet been set.

### **'Ask Me'**

Starting February 3, 2017, many staff and physicians at St. Joseph's and London Health Sciences Centre began wearing "Ask me about clinical trials" buttons. The buttons are part of the national 'Ask Me' campaign run by the Canadian Cancer Clinical Trials Network. The campaign seeks to increase awareness and encourage patients to ask their health care providers about cancer clinical trials. More than 60 cancer centres across Canada are participating in the campaign. More information is available [here](#). This campaign aligns with St. Joseph's strategic priority to encourage patient participation in research.

### **Save the Date**

The fourth annual [Lawson Impact Awards](#) will take place on April 19, 2017, at the London Convention Centre. This event honours research making a difference and acknowledges the unique accomplishments of our scientists, staff, trainees and partners. 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.

## **Fostering our Partnerships**

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### **Group therapy for patients with aphasia - sustaining innovation**

As previously reported, Crystal Branco, a speech language pathologist with Parkwood Institute's Community Stroke Rehabilitation Team (CRST), in collaboration with the Ontario Stroke Network, received a St. Joseph's President's Grant for Innovation for a pilot project using community-based groups to meet the ongoing needs of individuals with aphasia. This disabling complication from stroke affects a person's ability to communicate and often leaves individuals prone to isolation and depression. With limited aphasia supports in the community and no opportunities for long-term therapy, the one-year pilot project provided stroke survivors in the region – primarily those discharged from Parkwood Institute's Stroke Rehabilitation Program – with opportunities for socialization, language practice and skill building in a group setting led by a speech therapist and specially trained volunteers.

Based upon the results of the pilot, CSRT is moving forward with implementing the aphasia groups within our region in partnership with Dale Brain Injury Services. The inaugural Aphasia Group will start in late March. CSRT will provide speech language pathologist and rehabilitation therapist support and Dale Brain Injury Services will provide rehabilitation counselor and behaviour therapist support, as well as the space (at Gateway to Connections Adult Day Program). The group will consist of eight sessions plus an initial open house where participants and caregivers can meet each other and the facilitators. Based upon feedback received within the initial study, caregivers will be included in three of the sessions so that they may also receive needed education and support.

Discussions are ongoing with Dale Brain Injury Services to define and implement steps so that the groups are sustainable and have a discharge plan for participants to ensure newcomers can be accommodated. The goal is to offer the groups throughout the Thames Valley region and accommodate varying skill levels.

### **Shaping senior friendly care**

Beth McCarthy, Director of Specialized Geriatric Services at Parkwood Institute, has joined an expert provincial panel making recommendations for the Senior Friendly Care (sfCARE)

Framework. This work will expand upon the Senior Friendly Hospital Framework, which provides an evidence-based blueprint to guide hospital-wide improvements in services for frail seniors.

Regional Geriatric Programs (RGPs) of Ontario developed the Senior Friendly Hospital Framework in 2011 and since then much work has taken place across the province. The sfCARE framework will include other community sectors focusing on those with a health component. Once completed, the framework will include guiding principles and explanatory paragraphs. The longer term goal for the sfCARE framework is to develop standards and indicators as a way to measure adherence by community agencies to the standards.

A variety of sectors are represented on the expert panel, including hospitals, community, academia, and government.

### **Opening Doors for Accessibility**

ConnectCare at Parkwood Institute will be showcased at Opening Doors for Accessibility, a conference hosted by March of Dimes Canada on March 31 at the Best Western Lamplighter Inn. The conference is an accessibility awareness day and a free community resource featuring vendors, contractors, manufacturers, service organizations and funding agencies. A representative from ConnectCare is among the presenters.

ConnectCare, which is owned and operated by St. Joseph's, is a medical alert service that offers state-of-the-art technology allowing individuals to remain living safely and independently at home for as long as possible. All net proceeds from the service go back to support programs at St. Joseph's.

### **A standout Security Services model**

Security Services has implemented a new model that focuses on compliance, not enforcement, which is being achieved through care, compassion and excellence. The team is working hard to partner with clinical and support services across St. Joseph's to ensure the department is providing the best possible customer service and integrating into the care team. One of the main areas of focus and growth has been the willingness and ability of the team to hold one another and their colleagues accountable to the corporate goals and best possible patient experience.

The hard work has led to interest from external partners such as Conestoga College. St. Joseph's Corporate Security Leader Ian Becker met with Conestoga College Protection, Security & Investigation administration as they are curious about the Security Services model being integrated as part of the care team versus a stand-alone enforcement division. Ian and two security guard members of the team presented to Conestoga's Protection, Security & Investigation graduating class as the college sees St. Joseph's as a great employment opportunity for their graduates.

Ian has also been invited to be a part of Fanshawe College's Program Advisory Committee for the Emergency Telecommunications Program. The committee is looking at the development and improvement of the course with a five-year outlook.

## Recognitions and Celebrations

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### **A most distinguished alumnus**

Dr. Stephen Pautler has received the 2016 Distinguished Alumni Award from the Faculty of Science at the University of Waterloo. The prestigious award honours and recognizes significant service, contribution and achievements of alumni. It is bestowed upon an alumnus who has demonstrated outstanding contributions in professional or academic achievement, or for volunteer leadership, humanitarian endeavours and community and public service.

Dr. Pautler (BSc '92 Co-op Chemistry, University of Waterloo) is a surgeon in the Urology Centre at St. Joseph's Hospital. He graduated from the University of Calgary medical school in 1995 and completed a urology residency at Western University. Dr. Pautler pioneered robotic surgery for prostate cancer and has championed robotic surgery services in urology. He has performed the most robotic surgeries of any surgeon in any surgical discipline. A dedicated patient advocate and highly regarded teacher and researcher, he has co-authored more than 100 peer-reviewed articles and several chapters, and is a sought-after presenter internationally. Dr. Pautler is also an associate professor of surgery and oncology at Western.

We congratulate Dr. Pautler on this most deserving honour.

### **An extraordinary contribution**

Dr. Douglas Ross is the recipient of the fourth annual President's Medal awarded by the Canadian Society of Plastic Surgeons (CSPS). This award recognizes a CSPS member who has made an extraordinary contribution to the betterment of the specialty of plastic surgery. It recognizes a singularly outstanding contribution at any stage of career. The recipient is selected by the current CSPS president and two immediate past presidents. President Dr. Peter Lennox announced the award on February 27, 2017.

Dr. Ross, Chair of the Division of Plastic Surgery at Western University, is a surgeon with both the Roth McFarlane Hand and Upper Limb Centre and Breast Care Program at St. Joseph's Hospital. He is being honoured with the medal for his contributions in education and administration in plastic surgery. He has served as the chief examiner in plastic surgery at the Royal College of Physicians and Surgeons of Canada, and is currently Chair of the Specialty Committee for plastic surgery. He has been instrumental in the implementation of a change in education, competency-based training, which is being rolled out across Canada. He has also served as a past president of the CSPS.

Dr. Ross will receive the medal at the CSPS's President's Banquet in June 2017. We congratulate him on this outstanding achievement.

### **Sisters of St. Joseph Awards –2017 recipients**

Congratulations to this year's recipients of the Sisters of St. Joseph Awards for Excellence. To be nominated and to be a recipient is a distinguished honour. The awards recognize an individual or team for their excellence, positive attitude, reliability, honesty, efficiency, creativity, respect, caring, compassion, empathy and appreciation for the work of others. All were nominated by their colleagues. Without knowing anyone's identity, an awards selection committee with representatives from across St. Joseph's rates the nominations and selects the recipients. The 2017 recipients are:

- Jodi Beswick, electromyography (EMG) technician, EMG Clinic located at Mount Hope Hope Centre for Long Term Care

- Clara Koczi, food service technician, Food and Nutrition Services
- Donna Thompson, primary care partner, Mount Hope

Each year, the ceremony for these prestigious awards coincides with St. Joseph's Day on March 19. Since the day fell on a Sunday, this year's celebration was held on March 20. Read about each recipient on [St. Joseph's website](#).

## Other

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### **Canada reaches health funding agreement with Ontario**

On March 10, the federal government and the Government of Ontario agreed to new targeted federal funding over 10 years for investments in home care and mental health care. Over the next 10 years, the federal government will provide Ontario with an additional \$4.2 billion:

- \$2.3 billion for better home care including addressing critical home care infrastructure requirements
- \$1.9 billion in support of mental health initiatives.

To date, deals have been reached with all the provinces except of Manitoba. In the coming weeks, governments will develop performance indicators and mechanisms for annual public reporting, as well as a detailed plan on how these funds will be spent, in accordance with a pan-Canadian approach. The full announcement is available [here](#).

### **Legal capacity, decision-making and guardianship**

The Law Commission of Ontario (LCO) has released its final report on legal capacity, decision-making and guardianship, which recommends a comprehensive plan to reform Ontario's laws and policies regarding powers of attorney, guardianship and health care consent.

This project is in response to public concerns regarding misuse of powers of attorney, elder abuse, excessive intervention in the lives of persons who have disabilities to make independent decisions, barriers to access to justice, and the widespread lack of understanding about Ontario's complex laws in this area.

The LCO received advice and support from an expert advisory committee and more than 800 individuals and institutions over a two-year period. The final report and summary materials are available [here](#).

## Environmental Scan

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### **Government announces new negotiating team**

On February 21, 2017, Premier Kathleen Wynne and Minister of Health Eric Hoskins jointly [announced](#) a new negotiating team to act on behalf of the government in renewed negotiations with the Ontario Medical Association (OMA). The new team includes:

- Dr. Barry McLellan, President and CEO, Sunnybrook Health Sciences Centre, as Chair of the negotiating team
- Dr. Joshua Tepper, a family doctor at St. Michael's Hospital and North York General Hospital; President and CEO, Health Quality Ontario
- Lynn Guerriero, Assistant Deputy Minister, Ministry of Health and Long-Term Care
- Reg Pearson, Associate Deputy Minister, Treasury Board Secretariat

- Bob Bass, Negotiations Advisor

### **Some doctors backing out of assisted death**

Some doctors who have helped the gravely ill end their lives are no longer willing to participate in assisted death because of emotional distress or fear of prosecution if their decisions are second-guessed, according to their colleagues.

In Ontario, one of the few provinces to track the information, 24 doctors have permanently been removed from a voluntary referral list of physicians willing to help people die. Another 30 have put their names on temporary hold. While they do not have to give a reason, a small number have advised the province they now want “a reflection period to decide whether medical assistance in dying is a service they want to provide,” according to a spokesman for the Ministry of Health and Long-term Care.

The Canadian Medical Association (CMA) says reports of doctors backing away from the act are not just anecdotal. “I can’t tell you how many, but I can tell you that it’s enough that it’s been noted at a systemic level,” said Dr. Jeff Blackmer, CMA’s vice-president of medical professionalism. For some doctors, the act is simply too distressing, he said.

Dr. James Downar, a critical care and palliative care doctor with Toronto’s University Health Network, says the issue is far less about moral or psychological angst than it is about the legal ambiguities and uneasiness involved. Those issues, he said, include paperwork and bureaucracy, finding the medications and someone able to administer them, faith-based hospitals refusing to play any part in assisted-death requests, scrutiny and scorn from colleagues opposed to assisted dying, and confusion over who, exactly, qualifies.

He and others say the scarcity of doctors providing assisted deaths is putting serious pressure on the few who are. In Ontario, as of February 17, 2017, 137 doctors were on the province’s voluntary roster of willing providers. Of those, 30 would only be willing to provide a second patient assessment, and not administer a lethal injection or prescribe a life-ending dose of drugs.

[National Post, February 26, 2017](#)

### **Study finds universal drug coverage could save Canadians billions**

Canadians and private drug plan sponsors could save more than \$4 billion a year if the federal government adopted universal coverage for a group of commonly prescribed essential medicines, according to a new analysis.

The study, published February 27, 2017 in the *Canadian Medical Association Journal*, used economic modelling to determine the government would have to spend an estimated \$1.2 billion a year to provide universal coverage for 117 essential medicines, which accounted for 44 per cent of the prescriptions filled in Canada in 2015. Individuals and private plans would save nearly \$4.3 billion if such a system were introduced, according to the economic modelling used in the study. The government would be able to use bulk purchasing power, which is why it would cost so much less to cover the cost of those essential medicines – drugs that are deemed necessary for public health – than it would for individuals and private drug plans. The drugs include those used to treat some heart conditions, rheumatoid arthritis, HIV, anaphylaxis and migraines.

The federal government is facing increasing pressure to address the rising cost of prescription drugs, but has not committed to a national pharmacare program.

The overall savings to individual Canadians and drug plan sponsors of the universal coverage recommended in the study more than justifies the cost, said Steve Morgan, one of the study's authors and a professor at the School of Population and Public Health at the University of British Columbia. It also ensures all Canadians have access to vital prescription drugs, he said.

[Globe and Mail, February 27, 2017](#)

### **New drugs, more eligibility, will help hepatitis C patients**

Broader access to new and improved hepatitis C treatments that are now covered by the Ontario Drug Benefit Program (ODB) has at least one local hepatologist confident that the chronic liver disease will be nearly eradicated in the next 10 to 15 years.

"We're basically done with hepatitis C," said Dr. Paul Marotta, a hepatologist at London Health Sciences Centre. "Ideally, within the next five years we'll get the vast majority of people treated."

Leading-edge treatments from three major drug producers were recently folded into the ODB, which provides coverage to seniors and Ontarians using social assistance programs. They've been added following price negotiations between the trio of pharmaceutical companies and the pan-Canadian Pharmaceutical Alliance representing Canada's provinces and territories.

Marotta said the new drugs, unlike some of their most successful predecessors, cover every subtype of hepatitis C (there are six in total), include fewer side effects, and come with a cure rate of around 98 per cent. Previously, patients with type 1 hepatitis C could find effective treatment, but that subtype only represents about 60 per cent of cases, Marotta said.

The new medicines are also easier for patients to take. Treatment plans can be as simple as one daily pill for 12 weeks. Until just a few years ago, hepatitis C patients were taking a combination of pills and injections for nearly 12 months with lower rates of treatment. More effective oral therapies were available, but expensive – about \$45,000 to \$100,000 per patient, depending on the drug and disease progression.

[The Londoner, March 6, 2017](#)

### **Ontario doctors bracing for possible job action, clinic closures**

The Ontario Medical Association (OMA) has published an open letter to Ontario patients, outlining possible job action. In the letter, Drs. Rachel Forman and Robert Swenson from the OMA said Ontario's doctors have "continued planning for job action" despite the province's commitment to negotiating a fair and independent binding arbitration process.

"We are concerned that the government will not follow through and provide doctors with access to a process that is available to all other essential service providers in the province," reads the letter, which was posted on March 6, 2017.

Dr. Forman was interviewed on CBC Radio's Metro Morning about the letter, why physicians are pushing for binding arbitration and what job action could really look like. The interview can be found [here](#).

[CBC News, March 7, 2017](#)

## **Health accord nearly sealed as Ontario, Quebec, Alberta reach deals**

The federal government's efforts to craft a new decade-long health care accord by obtaining deals with individual provinces and territories are nearly complete now that the three big hold-outs – Ontario, Quebec and Alberta – have said yes to Ottawa's terms.

The announcement on March 10, 2017, that those provinces had signed agreements after three months of backroom talks, leaves Manitoba as the lone jurisdiction that has yet to accept what the Liberal government has put on the table.

The fact that a health care accord could be reached through consultation but without a first ministers' meeting, as had been demanded by the provinces, is a result of private negotiations conducted directly by federal Finance Minister Bill Morneau and Health Minister Jane Philpott, government officials said.

"This is not about divide-and-conquer," Dr. Philpott said when asked about the strategy of cutting unilateral agreements with successive jurisdictions after the provinces and territories rejected what her government offered in December 2016. "It took some time for several provinces to reflect on this and on reflection...they have, in their own time, come to an agreement with us."

The deals bring an end to the six per cent annual increases in the Canada Health Transfer (CHT). The CHT will instead rise by three per cent annually, or by a three-year average of nominal GDP growth, whichever is higher. In addition, the federal government will provide \$11.5 billion over the next 10 years to pay for new investments in mental health care and home care.

[Globe and Mail, March 10, 2017](#)

## **Doctors harvesting organs from patients who underwent medically assisted death**

Doctors have already harvested organs from dozens of Canadians who underwent medically assisted death, a practice supporters say expands the pool of desperately needed organs, but ethicists worry could make it harder for euthanasia patients to voice a last-minute change of heart.

In Ontario, 26 people who died by lethal injection have donated tissue or organs since the federal law decriminalizing medical assistance in dying, or MAID, came into effect last June, according to information obtained by the National Post. A total of 338 have died by medical assistance in the province. Most of the 26 were tissue donors, which usually involves eyes, skin, heart valves, bones and tendons.

Bioethicists and transplant experts say people who qualify for assisted dying deserve to be offered the chance to donate their organs. The gesture could bring a profound sense of psychological comfort, they say, provided the request for assisted death and the decision to donate are kept entirely separate.

"If we accept people can make decisions to end life, and we accept the idea of cardiac death being sufficient for organ donation, this should be acceptable," said Dr. James Downar, a Toronto critical care doctor and co-chair of a Canadian Blood Services committee developing organ donation guidelines for what is being called the "conscious competent patient."

"The concern that comes up is, could the decision for one drive the decision for the other?"

Ethicists say organ donation could put pressure on those who qualify for assisted suicide to choose death, that the terminally ill “may feel they would better serve society by dying and saving other people’s lives,” Dr. Marie-Chantal Fortin, a transplant nephrologist at the Centre Hospitalier de l’Universite de Montreal, and ethicist Julie Allard write in the journal, *Clinical Ethics*.

Others are asking, what if people agree to donate, but then change their mind about hastening death? Would they feel compelled to follow through with the act knowing the chosen recipients are waiting for their organs?

“This is a theoretical possibility,” says Jennifer Chandler, a professor in the Centre for Health Law, Policy and Ethics at the University of Ottawa. “Imagine a situation where the work up is done – people have gone out and done the medical tests and found the recipients and set everything up. And then you change your mind. One wonders if perhaps that might create pressure to continue with the MAID. It would be very important in these scenarios to make it very clear to people that they can change their mind at any time – that someone shouldn’t stick with MAID just because they feel an obligation, having set the process in motion.”

Another ethical question is whether organ recipients who have moral or religious objections to euthanasia have a right to know that the organ being offered is coming from someone who chose an assisted death. Typically, the cause of death isn’t disclosed, including in cases of suicide, unless there’s a valid medical reason to do so.

[National Post, March 20, 2017](#)

## St. Joseph’s in the News

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[Interview with Dr. Ken Lee, medical consultant with the Operational Stress Injury Clinic](#), CBC Radio (Ontario Morning podcast), February 21, 2017

[Veteran’s wish provides food bank with donations](#), Blackburn News, February 22, 2017

[Korean War vet’s wish sees nearly 1,000 pounds of food donated to London Food Bank](#), Global News, February 22, 2017

[The Change Foundation announces four partnerships ready to start changing CARE](#), Healthscape (e-newsletter of the Ontario Hospital Association), February 23, 2017

[Did you know diabetes can cause blindness?](#), The Londoner, February 28, 2017

[St. Joseph's Health Care honours exceptional staff with Awards of Excellence](#), London Free Press, March 20, 2017