

To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: November 23, 2016

On October 27-28, Western University's Schulich School of Medicine and Dentistry hosted the Association of Academic Health Centers International Regional Meeting, marking the first time this conference was held in Canada. The conference theme was "Innovation, Technology and Health: Making it Work". Bringing together leaders from Canadian and international academic health centres, participants explored innovative ways to integrate technology and health care within an academic health centre. At this meeting I provided an introduction to the SouthWestern Academic Health Network, which is committed to positively transforming health outcomes and the delivery of health care in Southwestern Ontario through integrated excellence in research, education and clinical practice.

On November 4, I was among 18 leaders who took the plunge as part of our Share the Spirit Campaign. The chilly dip in a dunk tank was my part of the bargain for reaching our corporate goals. St. Joseph's surpassed a target of 100 new payroll donors and 50 existing donors increasing their payroll donation. Other leaders took the plunge if their teams reached team goals set for the campaign. Read details in this report.

On November 9, the Ivey International Centre for Health Innovation invited in leaders in the health care sector to share their experiences, insights and optimism with students about the future of health care. I took part in a panel with Lisa Purdy, Partner, National Health Consulting at Deloitte, and Dan Ross, President at Ross Strategies & Solutions Inc. and former CEO of London Health Sciences Foundation. I talked to the students about health care leadership.

As part of the Patients First transformation, London-Middlesex will be one of the sub-regions in the South West LHIN. On November 10, I attended an engagement session held with leaders from across multiple sectors to provide input in the design of the governance structure for this sub-region.

As you know, listening to the voices of our patients, residents, family members and staff is important to ensuring we provide safe, quality care at St. Joseph's. Each time I meet with a patient, resident or staff member I come away with the gift of their wisdom, experience, feedback and suggestions. In a new monthly story feature called "Today I met..." I will have the opportunity to capture the real life experiences of patients, residents and our staff. Through these features we hope to highlight the experiences and roles of people at St. Joseph's and how individuals work together and collaborate for healthier communities. For the first feature I met Albert Twiner, a veteran of World War II. Please read about this very special encounter on [St. Joseph's Website](#).

Our Patients

Cards of thanks for veterans

Every month a “Self Care Sampler” – a menu tips and activities - is provided to staff that feature ways to promote personal health. Each month focuses on a different wellness theme. For November, the theme is “Honouring and Giving Gratitude”. As part of this focus all staff were invited to write a handwritten note to be delivered to one of our veterans, expressing gratitude for their service to our country. Cards were made available in libraries at each site and in Occupational Health and Safety Services. Veterans Care Program staff distributed the cards to the veterans, both within the inpatient program and the Operational Stress Injury Clinic.

Elvis in the building

Ongoing hand hygiene promotion at St. Joseph’s Hospital got particularly creative on October 18, 2016, during Infection Prevention Week with ‘Elvis’ serenading staff, patients, residents and families while talking about the importance of clean hands. It was an uplifting day as Elvis, played by Rev. Matt Martin, made his way through several St. Joseph’s sites spreading the word about the importance of hand hygiene. Martin is a reverend at Holy Trinity Anglican Church in Lucan and member of the St. Joseph’s Spiritual Care Advisory Committee. With a dazzling teal jumpsuit and trademark sideburns, he delighted residents and staff with his impressive vocals, pausing only to pump alcohol-based hand rub into people’s hands. His Southern drawl echoed in cafeterias, lobbies and patient care areas. For some residents his songs stirred up memories and unexpected emotions. During one special moment at Mount Hope Centre for Long Term Care, a patient, who happened to be wearing an Elvis t-shirt, couldn’t believe his eyes when Elvis sat down and sang Love Me Tender to him. A video posted on St. Joseph’s Facebook page of Elvis in the building has received more than 1000 views. Read more and view a video on [St. Joseph’s Website](#).

‘News on the Move’

With input from staff and leaders in the Veterans Care Program, a newsletter has been created for both the Operational Stress Injury Clinic renovation and 5BSouth transition at Parkwood Institute. The newsletter, titled News on the Move, is sent monthly to internal and external audiences to ensure all are up-to-date and informed of work being done by the teams. It also includes answers to frequently asked questions for residents, clients and families.

Cafeteria refresh

St. Joseph’s cafeterias will be soon serving more than good food when style, design and comfort transform outdated spaces into refreshed dining venues for patients, residents, visitors and staff. In partnership with Morrison, a division of Compass Group Canada which is funding the majority of the renovations, the four locations to receive updates include: St. Joseph’s Hospital’s Grosvenor Café and On the Go Café; Parkwood Institute’s Main Building cafeteria; and Mount Hope Centre for Long Term Care’s Courtyard Cafe. The renovations aim to create a more relaxing, healthier and accessible environment tailored to meet the needs of all customers. Among some key changes will be:

- **St. Joseph’s Hospital:** A self-serve Tim Hortons will be installed in the Grosvenor Café to reduce lengthy line ups at the On the Go location. With this addition, the Grosvenor Café will be open in the morning to provide breakfast options.
- **Parkwood Institute Main Building:** Tim Hortons will offer the breakfast sandwich and combo options. As well, more accessible counters and seating options will be installed, including lowered cash registers and increased wheelchair accessible seating

- **Mount Hope:** The Van Houtte coffee kiosk will be replaced with a self-service Tim Hortons, which will include a selection of sandwiches. As well, a soup emporium will offer a variety of fresh home-style soups.

The work will be done in phases starting in fall 2016, with all work completed by the end of 2017.

Influenza vaccination campaign

As previously reported, influenza vaccination clinics began for staff, physicians and volunteers on October 11, 2016, in support of patient safety. In addition to clinics across all sites, vaccinators are roaming the hospitals to increase convenience of receiving the vaccine and a peer vaccinator program allows nurses within clinical programs to provide vaccination to their peers within their clinical environment.

As of November 18 the combined staff and physician vaccination rate was 54 per cent, which is below to the rate of 58.3 per cent at same time last year. The physician rate as of November 18 was 66.1 per cent (compared to 62.7 per cent at this time last year) and the staff rate was 53.3 per cent (compared to 58.3 per cent at this time last year.)

To help boost vaccination rates, Infection Control and Occupational Health and Safety Services hosted a learning opportunity for all staff called “Influenza: Why do I care?” presented by Dr. Michael Silverman, Chief of Infectious Diseases and Medical Co-Director, Infection Prevention and Control. The purpose of the session was to:

- Provide an overview of the influenza virus, disease and its complications
- Foster knowledge regarding influenza vaccination benefits and recommendations
- Address influenza vaccination myths

The session was held at St. Joseph’s Hospital and teleconferenced to Parkwood Institute and Southwest Centre for Forensic Mental Health Care.

Peer support on solid footing

Peer support for inpatients at Parkwood Institute Mental Health Care Building now has stable funding to support this important aspect of care. Peer support is being offered by CONNECT for Mental Health, a not-for-profit peer support organization run by and for individuals who have been affected by mental illness. Now funded by the South West LHIN through Canadian Mental Health Association (CMHA) Middlesex, CONNECT peer support is available to area hospitals with inpatient mental health units.

Previously, St. Joseph’s participated in research on peer support as it relates to the Transitional Discharge Model, an innovative approach for discharging mental health patients from hospitals that builds a bridge from hospital to community. This research found that peer support positively impacts length of hospital stay and re-admission rates for mental health care patients.

The South West LHIN, through a needs assessment and consultation with stakeholders, developed recommendations and implemented a peer support model with CMHA Middlesex oversight. This model ensures efficiencies in the administrative oversight and a standard, quality service with an established care partner.

Parkwood Institute Mental Health Care now has a peer support coordinator on site 16 hours a week. This individual has been personally affected by mental illness, is doing well, is willing to

help others in their recovery journey, and has had training in how to support others through recovery.

Celebrating 70 years

Artwork created by Parkwood Institute veterans will be showcased during the month of November in a special exhibit at the London Public Library to celebrate the 70th anniversary of the Veterans Arts Program. Through this program veterans have an opportunity to express their creativity in woodworking, clay and textiles. A team of art instructors assesses the interests and ability of each veteran to determine the type of project best suited to the individual. Veterans learn new artistic skills or practice old ones, and create gifts for loved ones. There is also an opportunity for veterans to work on projects with the younger generation including children from Parkwood Institute's daycare and with local elementary, secondary and post-secondary students. The exhibit will run November 2-29 at the Byron Branch of the London Public Library, 1295 Commissioners Road West.

Our People

Dunked for a cause

Spirit is alive and well among staff and physicians at St. Joseph's where multiple leaders sat atop a dunk tank throne on November 4 as part of the Share the Spirit Campaign, our annual employee giving campaign for St. Joseph's Health Care Foundation and the United Way London & Middlesex. This year leaders took up the cause by challenging their teams to increase their participation rate in the campaign and chose a reward for achieving a set goal. Many leaders chose the dunk tank as that reward.

St. Joseph's surpassed a corporate target of 100 new payroll donors and 50 existing donors increasing their payroll donation. As of November 2, 109 staff and physicians joined as new payroll donors to the campaign, and 55 existing Share the Spirit donors increased their payroll donation.

Musculoskeletal injury prevention eLearning

A new required LearningEdge module on musculoskeletal injury prevention was assigned to all staff in mid-November. The module features reproductions of actual situations that led to staff being hurt. During 2015-2016, 170 St. Joseph's staff members were injured at work requiring health care beyond first aid and/or time off work to recover. The majority of those injuries were musculoskeletal in nature and were preventable.

The new eLearning module has a general introduction for all staff to complete and three distinct sections for staff who work at a computer, work with patients, or do physical work. Staff will be assigned a section most relevant to their current role but are also welcome to complete all sections.

This module will be required learning of all staff every two years and will be part of onboarding eLearning for all new employees and students. It will also be available for physicians.

Conversation and coffee with the dean

As part of a series of sessions being hosted by Dr. Michael J. Strong, Dean of Western University's Schulich School of Medicine and Dentistry, St. Joseph's staff and physicians are invited to join the dean for coffee and conversation on December 1, 2016, at St. Joseph's

Hospital. The purpose is to engage Schulich faculty whose main work space is in the hospitals and attend where they work. There is no set agenda. Dr. Strong hosts an informal conversation to provide updates and answer questions. It's the first such session for St. Joseph's.

Financial Literacy and Information Program

St. Joseph's has teamed up with a financial planning representative from Sun Life Financial to provide a series of quarterly sessions covering a wide range of financial topics. The rollout of this program is in response to feedback from employees who said that more access to financial education is important to them. Staff had an opportunity to enroll in and attend a kick-off introductory session on November 15. This session – Creating your Financial Roadmap – discussed the foundation required to build a solid financial plan, how to plan for expected and unexpected expenses, and where to start in planning for the road to retirement. It was available at St. Joseph's Hospital, Parkwood Institute Main Building, Southwest Centre for Forensic Mental Health Care, and Healthcare Materials Management Services.

Switchover to Microsoft Outlook

On November 4, St. Joseph's and Lawson Health Research Institute changed over from Novell GroupWise to Microsoft Outlook for email. London Health Sciences Centre migrated on November 18. This change was made to improve our email infrastructure and enhance the long term strategy to standardize the suite of communication tools used by the organization. Among the benefits of this shift are:

- The Microsoft platform for email is the standard solution for all Ontario hospitals. Adopting this platform will facilitate communication and appointments with our peers.
- The integration with Microsoft Office will enhance communication and collaboration within the London hospitals and may support less email communication in the future.
- Outlook has a stronger security posture to better protect us from cyber attacks linked to emails.
- The migration to a higher functioning email will allow us to begin to integrate other communication systems, such as Cisco Jabber and other collaboration tools.

The changeover of 5,600 accounts at St. Joseph's and Lawson was completed on time and as scheduled with no significant issues. The Information Technology Services team, with strong support from staff, leaders and physicians, made this transition successful.

Our Finances

Funding to enhance stroke care

South West LHIN funding has been received for two new positions in the Stroke Rehabilitation Program at Parkwood Institute. Both positions aim to improve patient flow and optimize care and outcomes for those requiring stroke care.

The South West LHIN has undertaken a regionalization project for stroke care that will see a reduction from 28 centres providing stroke care to seven. Parkwood Institute and University Hospital at London Health Sciences Centre (LHSC) are the designated centres for our area. With that, St. Joseph's and LHSC are striving to raise the bar on excellence to meet the standards of quality-based procedures and the Canadian stroke best practice recommendations. A key focus is on furthering efforts between the two organizations in the pursuit of "two sites, one team." The two new positions are instrumental in that focus. The new roles are:

- **Stroke navigator:** A prime role of this one-time funded position, effective October 17, 2016, is to support patient flow between University Hospital and Parkwood Institute. The stroke navigator will:
 - Have knowledge of the system as a whole, work with the teams to determine eligibility for program and services based on patient need and wishes, and act as a resource to patients, families and team members.
 - Engage in collaboration and support patient flow across the stroke continuum to optimize care.
 - Facilitate assessment and triage of patients and assist in coordinating access to the appropriate stroke program/facility.
 - Review all patients in acute care and rehabilitation daily with a physical presence at each site, and facilitate communication across the two sites in transitioning care.
 - Provide consultation and assist in discharge planning
 - Support data collection and quality improvement initiatives.
 - Ensure the right patient is in the right place at the right time for the right care.

- **Stroke project lead:** This one-time funded position, effective November 1, 2016, supports the South West Stroke Regional Project, which has resulted in several key initiatives for St. Joseph's that will inform the workplan for this role. These initiatives are focused on the transfer and admission of patients to Parkwood Institute, rehabilitation intensity, discharge strategies, and more.

Both positions are temporary until March 31, 2017. The navigator role will be evaluated and if proven valuable a proposal may be submitted to the LHIN for a permanent position.

Palliative care education

The South West LHIN has approved \$50,000 in one-time funds for the Palliative Pain and Symptom Management Consultation Program to support strategies identified from the Palliative Care Education Needs Assessment. The funds will be targeted to support education of community-based palliative care providers throughout the South West LHIN.

The PPSMCP, which is led by St. Joseph's, supports service providers in home care agencies, long-term care homes, community support services and primary care by providing access to palliative pain and symptom management consultants. These positions provide consultation, education, mentorship and linkages to palliative care resources across the continuum of care.

Clinical, Education and Research Excellence ---

Falls prevention – Parkwood Institute Main Building

To celebrate Falls Prevention Month through November, the Parkwood Institute Main Building Falls Quality Improvement Plan (QIP) Team prepared fun, 30-minute, interactive education sessions to help staff review important falls prevention strategies. These hands-on sessions, open to all staff, provide the opportunity to simulate and practice safe patient transfers, intentional comfort rounding and to review the falls resources and processes. During these simulations, members of the Falls QIP Team provide in-the-moment coaching to staff.

The Falls QIP Team is a work group aligned with the recently-formed Parkwood Institute Main Building Quality & Safety Committee. This committee is accountable for ensuring an effective

site-wide strategy to support quality evaluation, continuous improvement and safety in patient, resident, and client care.

The committee and the Falls QIP Team recently completed a “deep dive” on falls with injury at the Parkwood Institute Main Building. This enabled programs to share strategies, challenges and review metrics for the purposes of learning from each program and standardizing processes where possible with the overall goal to reduce falls and falls with injury.

Lawson Health Research Institute ranks in top 10

Once again, Lawson Health Research Institute is ranked eighth in the country according to the 2016 edition of “Canada’s Top 40 Research Hospitals List” by Research Infosource. This strong position has been maintained by Lawson for the past three years.

Dr. David Hill, Lawson Scientific Director, is pleased with the results, saying that Lawson is in the top 10 with some of the largest and most successful research hospitals in Canada. Despite increased competition for research dollars, the ranking indicates that Lawson and its two partner hospitals – St. Joseph’s and London Health Sciences Centre – continue to be a major part of Canada’s academic hospital-based research.

The top 40 list analyzes hospital-based research institutes from across the country on several metrics, including total research income from the previous fiscal year. The ranking looks at funds received from all sources, both internal and external, to support research at the organization. According to the report, Lawson received nearly \$115.9 million in research income in 2015, a 2.2 per cent increase from the previous fiscal year.

Research Infosource Inc. is a division of The Impact Group. The full report of Canada’s Top 40 Research Hospitals List for 2016 is available [here](#).

St. Joseph’s and Western University announce two research chairs

In a historical-first, St. Joseph’s Health Care Foundation and Western University announced two research chairs that are a critical step toward new approaches in imaging research and patient care in London and around the world. The combined value of both new research chairs is \$6.5 million, which will be endowed in perpetuity to advance imaging research at Western University and Lawson Health Research Institute. The research chairs have been named for two scientists who are revolutionizing health care through their groundbreaking imaging research:

- **Dr. Ting Yim Lee** is a scientist and professor at Schulich School of Medicine and Dentistry, medical physicist at St. Joseph’s and a scientist with Lawson’s Imaging Program. Through his leadership The Ting-Yim Lee Chair in Cardiac Computerized Tomography (CT) Imaging Research will transform the way clinicians diagnose and prevent severe tissue damage in individuals who have experienced a cardiac event. This Chair represents the next phase of CT imaging research, focused on developing software and new methods that will save people’s lives.
- **Dr. Frank Prato** is a scientist and professor at Schulich School of Medicine and Dentistry, Chief Medical Physicist at St. Joseph’s and the founder and Program Leader of Lawson’s Imaging Program. Through his visionary leadership, The Dr. Frank Prato Research Chair in Molecular Imaging will improve the way clinicians effectively diagnose disease and actively correct the course of treatments in real time for life-threatening illnesses. This Chair represents the next phase of precision medicine using molecular

imaging to distinguish between varying forms of dementias, cancers, and to detect the early onset of cardiac disease and diabetes before symptoms emerge.

Learn more on [Lawson's website](#).

Medication system inspection

In a recent Ontario College of Pharmacists (OCP) inspection at St. Joseph's Hospital, assessors were complimentary about our medication system. As well the assessors commended the hospital for our culture of speaking up around medication incidents and system improvements, our focus on patient and medication safety, and our inter-disciplinary and systems perspective towards the medication system. Positive feedback was also received about our medication system security and we were encouraged to maintain our vigilance towards protecting our patients and staff. While the official report has not yet been received, staff and leaders deserve much credit for their extensive preparation for the inspection and the assessor's positive feedback. A briefing note will be prepared for the Board upon receipt of the report.

The OCP inspection is the second for St. Joseph's Hospital. It's expected that hospital pharmacies that provide compounded intravenous therapies will be inspected annually. In 2015 the OCP inspection included all St. Joseph's inpatient sites.

The OCP's regulatory activities were extended to hospital pharmacies as a result of the chemotherapy under-dosing incident at four Ontario hospitals in March 2013. With the enactment of Bill 21, the Safeguarding Health Care Integrity Act, 2014, hospital pharmacies are now required to be accredited, inspected and monitored by the OCP. All OCP hospital assessment criteria are required to ensure a safe medication management system.

Unique imaging research by Lawson sparks international collaboration

The Bioelectromagnetics and Human Threshold Research Group at Lawson Health Research Institute has an international reputation and expertise in human brain response to time-varying magnetic fields (MFs). This pioneering research, located at St. Joseph's Hospital, has inspired an international [collaboration](#) with EuroMov, a research centre in France, to duplicate Lawson Imaging's unique experimental expertise in Europe. Dr. Alexandre Legros is leading the project with the goal of doubling research capabilities and further stimulating scientific knowledge in this area.

'Institute Update' – new e-newsletter

Lawson Health Research Institute launched the first issue of its new 'Institute Update,' an internal e-publication that will be sent every two months by email with content posted on Lawson's intranet website. Each issue will feature an administrative update by Stacey Larizza, scientific update by Dr. David Hill, and a research group spotlight. Also included are sections for featured news, featured research paper, administrative announcements and other updates that are important for researchers, staff and students.

Pressure ulcer prevention education

Upon request from Cheshire London (Community Assisted Living), clinical nurse specialist Anna Kras-Dupuis at Parkwood Institute provided three, one-hour education sessions for Cheshire personal support workers on the importance and key strategies for pressure ulcer prevention. This education is aligned with two key projects at Parkwood Institute: the Spinal Cord Injury Knowledge Mobilization Network, a multi-site initiative to implement best practices in spinal cord injury care and treatments; and the Electrical Stimulation (E-Stim) Collaboration, a best practice implementation project for improving pressure ulcer care in the community. Physiotherapist

Lyndsay Orr with the E-Stim project joined Anna in providing the sessions. The feedback from Cheshire London was excellent with staff expressing their intent to use prevention strategies, identify clients at risk and communicate to their care teams.

Fostering our Partnerships

Visit by the Registered Nurses Association of Ontario

Carol Timmings, President of the Registered Nurses Association of Ontario (RNAO) visited with St. Joseph's nurses on October 14, 2016. The RNAO has been promoting their [Mind the Safety Gap in Health System Transformation](#) report. Being in the area on that date, a request was made to tour Parkwood Institute Main Building and meet with nurses. Members of Nursing Council and some advance practice nurses sat down with Carol to talk about areas of care across St. Joseph's, our work to support our Best Practice Spotlight Organization status and the process we use to review our nursing models of care. The visit was appreciated by the RNAO and generated positive public mention of St. Joseph's at the RNAO event that evening.

Sharing our knowledge

The leading practices and processes of Healthcare Materials Management Services (HMMS) continue to generate much interest across the country and regionally, as seen in two recent visits:

- A team of perioperative leaders from Nova Scotia led by Dr. Alex Mitchell reached out to HMMS leadership to learn about our leading practices in supply chain and our Supply Chain Transformation Project that involves a re-engineering of on-site supply chain procedures. In addition to a number of phone calls and an online presentation, a contingent from Nova Scotia came to HMMS on November 10 to tour the facility and see a demonstration of our systems and processes.
- HMMS hosted the South West LHIN CEO and senior director of performance and accountability to deepen the LHIN's understanding of the various services offered by HMMS. HMMS also shared some examples of future opportunities to expand services to the Erie St. Claire LHIN, home care delivery for London Health Sciences Centre, and more.

Behaviour Supports Ontario strategic planning – phase 2

As previously reported, the South West LHIN Behavioural Supports Ontario (BSO) Operations Team, along with the BSO Steering Committee, held a Strategic Summit at Parkwood Institute in September 2016 to engage stakeholders in the planning of the system-wide BSO strategic themes for the next three years (2017-2020). The summit was hosted by St. Joseph's, the lead organization for the BSO in the South West LHIN.

Phase 2 of the planning took place on October 8, 2016. This session resulted in the breakthrough goal to "Improve Client and System Outcomes" and five additional strategic themes:

- Increase adoption and support of the model of care for all stakeholders
- Develop and formalize partnerships to achieve collaborative, coordinated care
- Redefine roles and responsibilities of BSO providers
- Improve primary care understanding of BSO to promote early intervention
- Advance evaluations strategy to measure impact

St. Joseph's will create the three-year work plan to bring the strategic priorities to life.

The BSO program aims at enhancing services for older Ontarians with complex and responsive behaviours by investing in local initiatives that will improve care wherever they live – at home or in the community

Recognitions and Celebrations

Joan Garrison Award

Congratulations to Kelly Kiteley, a social worker at Southwest Centre for Forensic Mental Health Care, who is this year's recipient of the Joan Garrison Award. The award helps support St. Joseph's employees with outstanding leadership qualities to further their development.

The award is named for registered nurse Joan Garrison who, throughout her 15 year career, consistently demonstrated leadership qualities that earned her the love, admiration and respect of her many colleagues. Joan began her career in the Intensive Care Unit and advanced to lead the Post Anesthesia Care Unit (PACU) and OR in the manager role. She died suddenly in 1995 at age 36. With memorial donations from family, friends and colleagues, The Joan Garrison Award was established to provide a permanent means to sustain and perpetuate the leadership Joan exemplified. Every year, St. Joseph's Health Care Foundation makes an annual grant from the income of the fund.

Making an impact

Congratulations to Dr. Irene Hramiak, Chair/Chief, Centre for Diabetes, Endocrinology and Metabolism at St. Joseph's, who has received the Gerald S. Wong Service Award from the Canadian Diabetes Association (CDA). The award is given to a physician in recognition of a significant contribution to the diabetes community.

Dr. Hramiak, a professor of medicine at Western University and Site Chief of Medicine Services at St. Joseph's Hospital, is an internationally renowned diabetes researcher who has been involved in many groundbreaking clinical trials assessing new treatment strategies in both type 1 and type 2 diabetes.

The CDA presented awards to more than 20 researchers and health care professionals at its annual Professional Conference and Annual Meetings in Ottawa in October, 2016. The awards honour those in the health care field whose work has made a significant impact in the areas of diabetes research, management or care. The Gerald S. Wong Service Award was established in 1994 to honor the memory of Dr. Gerald S. Wong, an advocate of the highest standard in diabetes care and education. It is one of the most prestigious awards presented by the CDA.

How an artisan says thanks

Some people say it with a card. Maxim Nitschke says it with art. The Ivey Eye Institute patient gave ophthalmologist Dr. Cindy Hutnik two striking lithographs in appreciation for her clinical care. Maxim, whose vision has improved after cataract surgery, turned to art after retiring 20 years ago as a vice president of finance for a large corporation. The lithographs are strong in their religious imagery. He donated the art to Dr. Hutnik in the spirit in which they were crafted - with admiration, respect and appreciation.

Sensational zipper sewing team

John Johnston, a former Parkwood Institute amputee rehabilitation patient, and his wife, Diane, have been a committed inseam zipper sewing team at Parkwood Institute since 2011. The couple has been volunteering their time to modify the pants of amputee patients to facilitate the donning and doffing of prosthesis. Travelling from Lucknow, they have been coming to Parkwood Institute monthly. Diane brings her own machine, thread and zippers. They have sewn nearly 400 zippers at no cost to patients. The couple will be retiring from this volunteer role in December 2016. St. Joseph's is grateful for their tremendous gift of time and effort in filling a need for our patients.

2016 Medical Advisory Committee Awards

On November 9, the Joint Medical Advisory Committee (MAC) recognized several individuals at St. Joseph's and London Health Sciences Centre (LHSC) with the 2016 MAC Awards. The awards honour professional staff for their commitment to the vision and mission of LHSC and St. Joseph's, their leadership, integrity and motivation each provide to their peers.

This year's recipients are:

- **Dr. Adam Dukleow** is the recipient of the 2016 Joint MAC Award presented to an individual for demonstrating qualities of leadership within the scope of their position or providing outstanding contributions to the success of initiatives aligning with the strategic directions of both LHSC and St. Joseph's. Dr. Dukelow is the citywide Chief, Emergency Medicine.
- **Dr. Mark McLeod**, past LHSC MAC Chair, is the recipient of the Joint MAC Chairs' Award presented to an individual who has actively contributed to the recent success and best practices of the MAC or its subcommittees.
- **Dr. Graham King**, Site Chief of Surgery at St. Joseph's and Medical Director of the Roth McFarlane Hand and Upper Limb Centre, is the recipient of the St. Joseph's MAC Award for demonstrating qualities of leadership and providing outstanding contributions to the success of initiatives aligning with the strategic directions of St. Joseph's.
- **Dr. Meg McLachlin**, Program Leader, Anatomical Pathology, is the recipient of the LHSC MAC Award for demonstrating qualities of leadership and provided outstanding contributions to the success of initiatives aligning with the strategic directions of LHSC.

St. Joseph's congratulates the outstanding achievements and dedication of these individuals.

Community leaders honoured

St. Joseph's congratulates two dedicated St. Joseph's supporters for recognition by the London Community Foundation, which announced its annual Community Vitality Grants on November 10.

- Jeff Macoun, past chair of St. Joseph's Health Care Foundation Board of Directors, received the Ivey Award for Excellence for his outstanding dedication to our community. The award recognizes a London volunteer with a \$2,000 grant donated to a charity of their choice. Jeff will donate the money to Parkwood Institute.
- Murray Faulkner, former member of St. Joseph's Board of Directors, received the Sovereign's Medal for Volunteers, an honour created by the Crown and part of the Canadian Honours System.

The awards were presented at the foundation's annual Community Vitality Celebration, where more than \$1 million in grants were unveiled that honoured local community leaders and innovative local programs that are driving systemic change in London.

Other

Ontario establishing patient and family advisory council

Ontario is creating a patient and family advisory council to advise government on health policy priorities that have an impact on patient care and patient experiences in Ontario. The council will involve patients, families and caregivers in the policy development process, ensuring that their needs and concerns are fully understood with the aim of making the system more responsive, transparent and accountable. Members of the council will be chosen through a public process that includes opportunities to nominate suitable candidates. The full announcement, is available [here](#).

Updated medical assistance in dying policy template

In June 2016, the Ontario Hospital Association, in collaboration with the Joint Centre for Bioethics, University of Toronto, launched a template policy on medical assistance in dying. This resource is intended to support development of hospital process and policies in light of legislative and regulatory changes around assisted dying. Given the changing environment around this issue since June, a revised version of the policy template, current as of October 11, 2016, is now available. The [revised version](#) reflects:

- Amendments to the Criminal Code through the passage of Bill C-14
- New policy direction and resources from the Ministry of Health and Long-Term Care
- New regulatory guidance from the College of Physicians and Surgeons of Ontario, the College of Nurses of Ontario, and the Ontario College of Pharmacists.

A detailed outline of the changes is provided in the revised version. Additional resources in the appendices include a sample frequently-asked-questions document, and a sample flow diagram for assessing patient requests.

Environmental Scan

Canadian hospitals can reduce risk of patient harm, report says

One in 18 patients admitted to a Canadian hospital will develop an antibiotic-resistant infection, experience a fracture from a fall or suffer an accidental laceration during a medical procedure, or another form of unintended harm, according to a major new report on the state of hospital safety.

[Measuring Patient Harm in Canadian Hospitals](#) is the first report of its kind to provide a comprehensive national snapshot of the rate of unintended adverse events in Canadian hospitals and the authors hope it will send a strong message about the need to make preventable harm a health care priority. Over all, the report found harmful events occurred during 5.6 per cent of all hospital admissions in Canada in 2014-2015, or 138,000 individual admissions. Of those linked to a harmful event, one in eight resulted in death.

The report was published by the Canadian Patient Safety Institute in partnership with the Canadian Institute for Health Information. It provides: a big picture view of hospital harm and the status of patient safety in Canada; the number and types of events; and types of patients and their outcomes. It also introduces the Hospital Harm Improvement Resource and provides

guidance on how to use the measure for improvement. It reinforces the importance of using the measurement data in conjunction with other currently available data.

Through the development of the resource and the report, system decision-makers, hospital executives, clinicians and policy makers now have access to important information on patient safety in acute care hospitals and how to improve it.

[Canadian Patient Safety Institute, October 26, 2016](#)

Nurses' scrubs often contaminated with antibiotic-resistant bugs

Patients can easily spread bacteria that are difficult to control to their nurses' clothing, according to a new study funded by the U.S. Centers for Disease Control and Prevention (CDC). Researchers say the sleeves and pockets of nurses' scrubs and the railing on hospital beds were the most likely areas to be contaminated.

The study tracked the transmission of bacteria that included methicillin-resistant *Staphylococcus aureus*, *Klebsiella pneumoniae* and *Pseudomonas aeruginosa* – all of which have shown resistance to many antibiotics.

The researchers looked at 167 patients who received care from 40 nurses during three separate 12-hour intensive care shifts. All nurses involved in the U.S. study cared for two or more patients per shift and used new scrubs for each shift. Researchers took cultures twice a day from the nurses' scrubs, patients and the patients' rooms and found 22 (18 per cent) transmissions of the same strain of bacteria. Of those transmissions, six (27 per cent) were from patient to nurse, six were from the room to the nurse and 10 (about 45 per cent) were from patient to the room.

Staphylococcus aureus is one of the three bacteria commonly found in Canadian hospitals, according to the Canadian Patient Safety Institute. About 220,000 Canadians get hospital-acquired infections each year, and 8,000 die from them.

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

Ontario adds wording to legislation recognizing conscience rights of hospitals

The Ontario government has quietly amended its proposed Patients First Act with wording that appears to strengthen the rights of faith-based hospitals to opt out of assisted death. The proposed amendment, which was not originally in the act, appeared when it was re-tabled last month after the legislature was prorogued.

The act amends part of the existing Public Hospital Act in a way that gives the health minister additional powers to give directives to hospital boards. In the revised act reintroduced in early October 2016 there is an added caveat that any directives issued by the health minister to hospital "Shall not unjustifiably as determined under section 1 of the Canadian Charter of Rights and Freedoms require the board of a hospital that is associated with a religious organization to provide a service that is contrary to the religion related to the organization."

David Jensen, a spokesman for the Ministry of Health said the proposed amendment was added to the legislation at the request of the Ontario Hospital Association "to prove greater clarity regarding protections for faith-based organizations." The proposed amendment, he said,

“is intended to clarify protections for faith-based organizations that would be subject to LHIN and the minister’s direct authority.”

He said it is not directly relevant to medical assistance in death because it relates to operational or policy directives.

[Ottawa Citizen, November 2, 2016](#)

Radiologists fear shortage of isotopes for nuclear medicine

The National Research Universal (NRU) reactor in Chalk River northwest of Ottawa was scheduled to stop making molybdenum-99 the week of October 31, 2016, even though the nearly 60-year-old reactor is not slated to shut down altogether until 2018.

As a result of the stoppage, nuclear medicine doctors are worried there could be shortages of medical isotopes. The Chalk River reactor produced 10 per cent of the world’s supply of the isotope most commonly used in diagnostic scans for cancer, heart disease and other illnesses. Plans to cease regular production of the radioactive isotope have been in the works since 2010, and Ottawa says other research reactors in Europe, South Africa and Australia are ready to step into the breach.

But leaders in Canada’s nuclear medicine community fear that if any of the other major isotope suppliers suffers a prolonged breakdown, physicians will be forced to ration diagnostic procedures, as they were in 2009 and 2010 when the reactor at Chalk River was offline for more than a year.

The Organization for Economic Co-operation and Development’s Nuclear Energy Agency, which tracks the demand for and supply of molybdenum-99, wrote in its most recent five-year forecast that there will be enough of the isotope to go around, even after the NRU reactor stops production. But a committee of the U.S. National Academy of Sciences warned in a report last month that there is a “substantial” – more than 50 per cent – likelihood of severe molybdenum-99 and technetium-99m shortages after the reactor at Chalk River ceases production, especially considering that planned capacity expansions by other suppliers are not expected to be finished until 2017 or 2018.

Faced with international concerns about an isotope shortfall, the Canadian government agreed to keep the reactor at Chalk River in a “hot” standby mode until it closes for good at the end of March 2018.

[Canadian Healthcare Technology, November 2, 2016](#)

Western and Lawson scientists develop game-changing blood test for concussions

Scientists from Children's Health Research Institute and Western University have developed a new blood test that identifies with greater than 90 per cent certainty whether or not an adolescent athlete has suffered a concussion.

Diagnosis of a clinically significant concussion, or a mild traumatic brain injury, can be difficult as it currently relies on a combination of patient symptom assessment and clinician judgment. Equally problematic are the decisions to stop play or activities, or when patients who have suffered a concussion can safely return to normal activities without risking further injury.

In the new study, researchers have demonstrated that a blood test can now accurately diagnose a concussion using a form of blood profiling known as metabolomics. Dr. Douglas Fraser, a physician in the Paediatric Critical Care Unit at Children's Hospital, London Health Sciences Centre and a Lawson Health Research Institute scientist, led the study with co-investigator Mark Daley, a professor in the departments of Computer Science, Biology, and Statistics & Actuarial Sciences at Western University.

In the relatively inexpensive test, blood is drawn from an individual that may have suffered a concussion as the result of a sudden blow to the head (or from transmitted forces from a sudden blow to the body) within 72 hours of the incident. The scientists measure a panel of metabolites – small molecules that are the products of the body's metabolism – in the blood to search for distinct patterns that indicate a concussion has occurred.

This new method is unique in that previous attempts have looked unsuccessfully for a single highly accurate protein biomarker that can distinguish concussed from non-concussed adolescent patients.

[Lawson Health Research Institute, November 7, 2016](#)

Good reasons for Bruyère to not provide assisted dying - editorial

In this article Michel Bilodeau, former CEO of Bruyère Continuing Care, addresses criticisms in the media about the decision of Catholic hospitals, and in particular Bruyère Continuing Care in Ottawa, to not perform medically assisted dying in their institutions. In particular, he debates the two most frequent arguments – that publicly funded hospitals should be compelled to offer legal health services and that transferring patients to another institution at that difficult time in their life is inhumane. His arguments are compelling. Read the editorial [here](#).

[Ottawa Citizen, November 6, 2016](#)

Research finds the advanced imaging significantly reduces radiation dose

Fanshawe College Professor Liz Lorusso is being hailed internationally for her research on reducing radiation dose levels in x-rays. Her study found that today's advanced digital imaging technology no longer requires the same quantity of radiation as film-based x-ray images.

Working in collaboration with St. Joseph's Health Care London, London Health Sciences Centre and regional hospitals, Lorusso captured images using varying levels of x-ray radiation on phantom mannequins with human bone anatomy.

"People are exposed to radiation through general x-ray imaging all the time, but using digital imaging we proved we could save patient dose by 50-75 per cent without compromising diagnostic results," states Lorusso. "Working in tandem with clinical colleagues at health care campuses in London and beyond, we confirmed it is possible to use far lower doses of radiation."

As a result of the study, protocols are being reviewed in London hospitals. Dr. Andrea Lum, Chair/Chief of the Department of Medical Imaging, said the research will ultimately benefit patient safety by reducing the required dose while maintaining high-quality medical imaging.

[Fanshawe College, November 9, 2016](#)

Canadians call for palliative care to be enshrined in Canada Health Act

After hearing from more than 1,500 Canadians in a national survey and meeting with experts for three days in Ottawa, a citizens' lay panel has delivered a [consensus statement](#) calling for palliative care to be enshrined in the Canada Health Act, woven into the health care system and guaranteed for all Canadians. Led by veteran journalist Don Newman, the panel called for a stronger, integrated approach to home care, allowing Canadians to be supported at home in their final days.

Among the panel's 20 far-reaching recommendations are:

- The Canada Health Act be amended to include integrated, palliative home care with portable universal access and support for patients and caregivers, customized to patients' medical and psycho-social needs.
- The federal government provide substantial and sustained funding for the development of a national strategy, including capacity building, standards development and monitoring, and research.
- Every physician in Canada be able to provide basic palliative care and that accrediting and licensing bodies and professional colleges ensure competencies are taught and tested.
- A wide-spread public awareness campaign about palliative care support the implementation of a national palliative care strategy.

[Palliative Care Matters, November 9, 2016](#)

HIV test on USB stick could be start of consumer revolution in disease monitoring

A team of scientists from the Imperial College London and DNA Electronics have developed a potentially revolutionary gadget to detect an HIV patient's viral load. The disposable device, which looks very similar to the USB memory stick, is based on a mobile phone chip. It takes a drop of blood and determines the amount of virus in it. It then creates an electrical signal that can be read by a laptop or other device.

The technology, if perfected, could eventually help identify the presence of all sorts of other foreign invaders in blood, from hepatitis virus to the presence of bacterial or fungal sepsis. Researchers are also testing ways that the gadget might detect if an individual becomes resistant to certain antibiotics which, if they succeed, would be a major breakthrough in the war against superbugs.

People who are HIV-positive monitor their viral levels constantly so that they can tell if their medication is working or if it's time to move on to something else. Typically, patients have to go to a doctor or clinic to get blood drawn, then wait while that sample goes to a central testing lab and the numbers are reported back. The scientists have taken the job done by complex lab equipment the size of a large photocopier "and shrunk it down to a USB chip," said Graham Cooke, one of the study authors.

The research, reported in the journal *Scientific Reports*, is in the early stages but the results are promising. In 991 blood samples, the device was able to determine the amount of virus with 95 percent accuracy. Testing using the device took, on average, only 20.8 minutes.

[Washington Post, November 11, 2016](#)

Wait times down in emergency, but still long for some patients

People are seeing doctors more quickly when they arrive in Ontario's emergency departments (EDs) and overall their visits are shorter. But emergency departments are under a great deal of pressure with the growth in visits in the last seven years outpacing population growth.

Those are the findings of [Under Pressure: Emergency Department Performance in Ontario](#), a report released November 15, 2016, by Health Quality Ontario.

The good news includes a 10 per cent drop over the last seven years in the maximum amount of time nine out of 10 patients spent in the emergency department – to 7.8 hours from 8.7 hours. There was also more than a 16 per cent decrease in the maximum amount of time nine out of 10 patients waited in the emergency department to see a doctor – to 3 hours from 3.6.

Among other findings are:

- Urban residents spend longer in the emergency department and wait longer to see a doctor in emergency than people living in rural areas.
- Over the past seven years, the number of annual visits to Ontario's emergency departments increased 13.4 per cent – more than double the 6.2 per cent increase in the province's population.
- Patients are sicker overall. Visits by more seriously ill or "high-acuity" patients who were not admitted to hospital increased by 44.1 per cent, and visits by patients who were admitted rose 17.5 per cent.
- There was a 29.1 per cent increase in visits by people aged 65 and over.
- Some patients who are more seriously ill wait longer to see a doctor than less seriously ill patients. In 2014-2015 the maximum amount of time nine out of 10 patients waited in emergency to see a doctor was 3.1 hours for admitted patients and 3.2 hours for high-acuity discharged patients, compared to 2.7 hours for low-acuity discharged patients.
- 47 per cent of adult Ontarians reported going to emergency for a condition they thought could have been treated by their primary care provider if that doctor, nurse practitioner or other provider had been available.

[Health Quality Ontario, November 15, 2016](#)

Patients demand 'right to try' experimental treatment

An activist group is using Canada's assisted dying law as the basis for a new proposal, which would grant terminally ill patients the freedom to pursue experimental and untested treatments in a last-ditch effort to stave off their deadly diseases.

The group [Right to Try](#) wants permission for individuals with terminal illnesses to try drugs that are still in the development phase, before they are approved by Health Canada. The group, which is proposing 'right to try' legislation, argues that because most of these individuals would be legally entitled to a doctor-assisted death, they should also be permitted to take the risk of an experimental drug.

The proposed law would apply to individuals with ALS, Parkinson's disease, certain forms of cancer and other terminal illnesses. Patients would work directly with their doctor to choose the therapy, and they would be required to pay for it themselves. The proposal would protect doctors from lawsuits or legal prosecution stemming from the experimental treatment, except in cases of gross negligence or willful misconduct.

The law would be similar to those in the U.S., where 32 states have passed their own right-to-try laws. Currently, only three per cent of patients get the opportunity to try experimental treatments.

[CTV News, November 14, 2016](#)

U.K. high-tech leader to make North American debut with medical parts plant

London has landed a new, high-tech company that will bring leading-edge 3-D printing technology, and jobs, to the city. Renishaw Group is expected to announce in the New Year the opening of a London manufacturing centre, with more than 20 jobs, Dr. Michael Strong, dean of Western University's Schulich School of Medicine and Dentistry and interim director of the Robarts Research Institute, said on November 16, 2016.

Renishaw, which also prints 3-D parts for the auto and aerospace sectors, will make medical parts in London, from knee and hip joints to cranial components for brain injury patients, said Dr. Strong. The company has worked with Western's musculoskeletal group for years and the London manufacturing centre has grown out of that, he added.

It will be Renishaw's first North American site.

[London Free Press, November 16, 2016](#)

Hospitalizations for opioid poisoning reaching a crisis

Canada is faced with a public health crisis due to harms associated with opioids, and a new report now quantifies their impact on our health systems.

[Hospitalizations and Emergency Department Visits Due to Opioid Poisoning in Canada](#), a joint report by the Canadian Institute for Health Information and the Canadian Centre on Substance Abuse, found that between 2007–2008 and 2014–2015, the rate of hospitalizations due to opioid poisoning increased more than 30 per cent.

Seniors 65 and older accounted for nearly one-quarter of these hospitalizations, despite representing only 16 per cent of Canada's population. Seniors are at a greater risk for opioid-related harms because of multiple medication use and age-related changes to the body.

While seniors consistently had the highest rates of hospitalizations, youth age 15 to 24 had the fastest rate of growth for hospitalizations compared with other age groups — increasing by 62 per cent over the study period.

Reasons for poisonings varied significantly by age. The data shows that the majority (55 per cent) of opioid poisonings among seniors were considered accidental, while most (52 per cent) poisonings among youth age 15 to 24 were determined to be intentional self-inflicted harm.

[Canadian Institute for Health Information, November, 16, 2016](#)

Medical experts urge federal government to declare public emergency over opioid crisis

Members of the medical community and front-line soldiers in Canada's opioid crisis are pressing the federal government to declare a national public health emergency.

Dr. David Juurlink, head of pharmacology and toxicology at Toronto's Sunnybrook Health Sciences Centre, says the opioid problem is so dire it demands an urgent response at the highest levels of government.

Politicians met public health experts, doctors and family members who have lost loved ones at a two-day summit in Ottawa to hash out a solution to escalating – and deadly – rates of drug addiction. The two-day meeting was co-chaired by federal Health Minister Jane Philpott and Ontario Health Minister Eric Hoskins. Philpott said she is open to making a formal declaration of a national public health emergency if it is determined that a formal declaration is helpful and appropriate.

Declaring a public health emergency would empower chief medical officers to take the actions necessary to reduce harm, Juurlink said.

Out of the summit came a signed a joint-statement to address the crisis, including a promise by Health Canada to look at changing the Controlled Drugs and Substances Act to improve access to safe injection sites. Health Canada will also issue new prescribing guidelines to doctors in January 2017 and increase access to suboxone, a substitute painkiller, in First Nation communities.

[CBC News, November 18, 2016](#)

Report says Ontario patients should have access to electronic medical records

Health Minister Eric Hoskins says he agrees with a call to give patients access to their electronic medical records. The Liberal government's privatization czar, Ed Clark, recommends eHealth Ontario's role be refocused more on service delivery, and says patients should be able to interact with their own personal health information.

Clark, the former TD Bank CEO, says eHealth's value to the health care system is at least \$5.7 billion, greater than the cost of building it, and he doesn't think it or any of its assets should be sold to the private sector. The government, he said, should set firm goals for eHealth Ontario such as having all health care providers able to access and contribute to patients' electronic health records within five years, and eventually give patients access.

Hoskins says Clark's recommendations are consistent with his focus on a "patients-first" system, and the valuation gives the government "greater clarity how to best leverage and manage" the assets going forward.

Hoskins had asked Clark to provide a value assessment of eHealth's digital assets and related intellectual property and recommend ways to maximize the value of the assets.

[Toronto Sun, November 22, 2016](#)

St. Joseph's in the News

[October is Breast Cancer Awareness Month](#), Rogers TV, October 6, 2016

[Concussions for regular people: yours vs. Sidney Crosby's](#), CBC Radio – The 180, October 23, 2016

[Volunteers to be out Oct. 29 supporting Lucknow Legion Branch 309 Poppy Drive](#), Lucknow Sentinel, October 25, 2016

[Should you be taking probiotic supplements?](#) NewsMax Media, October 25, 2016

[New ideas spark innovation](#), The Londoner, October 26, 2016

[Second annual Stroke Survivor Congress held in Chatham](#), Chatham Daily News, October 28, 2016

[Wastell Homes teams with HGTV star Mike Holmes to add the Healthy House stamp of approval](#), London Free Press, October 31, 2016

[Breast cancer survivors share their breast reconstruction stories](#), St. Thomas Times Journal, October 24, 2016

[St. Joseph's Health Care: New research chairs announced](#), London Free Press, November 2, 2016

[Pituitary info evening proves popular](#), Healthscape (e-newsletter of the Ontario Hospital Association) November 3, 2016

[Homelessness: Family about to lose their homes can avoid shelters](#), a London project proves, London Free Press, November 4, 2016

[The Raceway honours war veteran](#), Standardbred Canada, November 6, 2016

[Derby](#), CTV London, November 7, 2016

[London's Lawson Health Research Institute holds on to 8th spot on list of Canada's Top 40 hospital-based research centres](#), London Free Press, November 10, 2016

[Lawson among top 10 national research facilities](#), Blackburn News, November 10, 2016

[Foundation grants over \\$1 million and honours local heroes at Community Vitality Celebration](#), London Community Foundation, November 11, 2016

[Remembrance Day ceremony draws thousands](#), Blackburn News, November 11, 2016

[Study: Rheumatoid Arthritis Patients Who Smoke or Are Overweight See Less Symptom Improvement with Treatment](#), Newswise, November 14, 2016

[South West LHIN realigns stroke care, Stratford General Hospital one of seven stroke centres](#), Stratford Beacon Herald, November 16, 2016

[New approach to treating stroke patients underway](#), Blackburn News, November 16, 2016

[London Community Foundation announces 2016 Community Vitality grants](#), The Londoner, November 16, 2016

[Aiming for zero: a new approach to suicide prevention](#), Healthydebate, November 17, 2016

[Hand Muffs for Peace](#), Art of Living, December 2016

[Great Canadians: Therapeutic hand muffs](#), Reader's Digest, December 2016

[The HUGO project: Medication ordering transformed in Southwestern Ontario](#), The HIROC Connection (Page 12), Fall 2016

[Dementia care: Aging population prompts new London medical centre to focus on dementia](#), London Free Press, November 18, 2016

[PTSD: A soldier's story](#), Hamilton Spectator, November 22, 2016