



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

I hope you are enjoying some much-deserved vacation time. This report combines updates from June and July. In August, I will provide you with the environmental scan and "St. Joseph's in the News" only before we return to our regular board reports in September.

In recognition of the significant contributions of St. Joseph's staff, physicians and volunteers over the past year, the Senior Leadership Team once again hosted complimentary staff appreciation BBQs at six sites July 19-28. I was able to attend three of the six events. As in past years, the lunches served up hotdogs, hamburgers, veggie burgers – all with the option of gluten free buns - salads, lemonade and ice cream sandwiches. This year, senior leaders wore aprons with "thank you" printed on them, music played at each venue creating a party atmosphere, and Morrison donated two BBQs for a draw. The events were well attended and greatly appreciated.

The South West LHIN has now established an executive advisory panel to provide advice and counsel around the preparatory work associated with implementing the Patients First discussion paper. The panel is comprised of key system champions in the LHIN selected based on their leadership roles, skill sets, experiences, perspectives and geographies they represent. The panel is a transitional advisory body to the South West LHIN during the initial planning stages for the implementation of the Health Ministry's Patients First agenda. I have been selected to be on the panel and am among four hospital representatives.

On June 8, 2016, board member Paul Kiteley was as a panel member in an Ontario Hospital Association webcast entitled "Medical Assistance in Dying: The Role of the Board". As Chair of the Health Care Ethics Committee of the board, Paul presented on the work of the committee in reflecting on physician-assisted death over the past year. He also highlighted the role of the Health Ethics Guide and the commitment to care of the dying detailed in the guide.

Finally, I would like to congratulate board member Howard Rundle who is one of 113 new appointments to the Order of Canada. Howard, President Emeritus of Fanshawe College, is recognized for his leadership of the college, which he steered to become a globally recognized institution. During his tenure as president (1995-2013), Fanshawe grew from 3,300 students to a student body of more than 17,000. Howard, who is also immediate past Chair of the Lawson Health Research Institute board of directors, is most deserving of this distinguished honour.

Our Patients

Mount Hope Family Fun Day

On June 25, 2016, all staff and their families were invited to attend Mount Hope Centre for Long Term Care's first Family Fun Day held on the lawn area at Mount Hope near the corner of Richmond and Grosvenor streets. The event included live entertainment and picnic activities for residents, families, and staff. There was also a fundraiser BBQ with proceeds going to therapeutic recreation programs at Mount Hope.

Free WiFi for patients and visitors

St. Joseph's is pleased to now offer a free WiFi package for all patients and visitors. Available through DataValet, our public Internet provider, the package is valid for six hours of Internet access of speeds up to 3Mbps download and 0.5Mbps upload. This is sufficient for basic Internet usage. Patients can sign up for this as many times as they wish.

Premium packages are also available at a cost. A valid credit card is required for any paid service. The premium packages are capped at 25 Mbps download and 10 Mbps upload for users who require more bandwidth for HD streaming and large file transfers.

To access WiFi, patients and visitors are directed to connect their device to LHPUBLIC, open a browser and choose their plan.

Enhancing care for endoscopy patients

To better serve patients, endoscopic retrograde cholangiopancreatography (ERCP) procedures will move from St. Joseph's Hospital's Endoscopy Unit to London Health Sciences Centre (LHSC) in September 2016.

ERCP is a procedure that looks at the bile ducts through an endoscope. It is one of the most complex endoscopic procedures as it involves specialized techniques for both diagnostic and therapeutic purposes within the biliary and pancreatic ductal systems, and carries a higher risk of complications compared to standard endoscopy. ERCP requires a trained endoscopist, specialized equipment, fluoroscopy support from medical radiation, and specialized nurse training. Currently at St. Joseph's, only one physician – Dr. Nitin Khanna – performs ERCP procedures and volumes have been low with less than 50 cases done at St. Joseph's annually.

To ensure the best care for ERCP patients and enhance access to the procedure for more complex patients who require inpatient services, accommodations have been made to allow Dr. Khanna to perform ERCP procedures at LHSC's Victoria Hospital.

Improving customer service

Efforts by Food and Nutrition Services (FNS) to ensure the dining experience is meeting the needs and expectations of patients and residents are an ongoing focus across St. Joseph's. The following are among recent initiatives by FNS:

- FNS Director Trina Smith recently joined three Western Counties Wing residents for lunch as part of a strategy to connect directly with residents and experience our food and service from their perspective. This is part of an ongoing focus across the organization on 'rounding' with patients, families and customers to gather feedback. These lunches will be done randomly once or twice a year as an innovative way to monitor service and engage with residents.

- Trina also recently attended the Mount Hope Residents Food Council. During the meeting residents reviewed details of the new menu planned for September 2016, shared their ideas, provided direction on the beverages offered between meals, and advocated for other residents. The members tasted some new products and provided valuable feedback. The work done by this group helps to shape the food offered to residents. FNS appreciates the commitment of council members and are grateful for their ongoing support.
- A new menu was launched on June 20, 2016, for Parkwood Institute and Southwest Centre for Forensic Mental Health Care. FNS wiped the slate clean and drafted an entirely new menu guided by the patient voice, clinical requirements, ease of operations, and enhanced variety while keeping budget in mind. Information was collected from patients and residents through councils, rounding, comment cards, phone calls and emails, and from food service staff, waste audits, the “thumbs up/ thumbs down” survey system and focus groups. St. Joseph’s registered dietitians were also consulted for nutritional analysis and recommendations. A three-week cycle will continue with new featured rotations. Food items that were generally disliked have been removed from the menu. FNS will collect feedback on the new menu and do additional testing and adjustment based on this feedback.

Our People

Medical artifact and memorabilia collection

A history corner at St. Joseph's Hospital is now complete and the first exhibit opened on June 21, 2016. There will be several themed exhibits each year in the space, which will be of interest to anyone who loves history.

The medical artifacts and memorabilia on display take us back in time at the hospital and St. Joseph’s Nursing School. Items in the first exhibit reflect the health care vision that was unique to the founding Sisters of St. Joseph and their devotion to the values of respect, excellence and compassion in the tradition of faith and caring. Along with some of the diagnostic, surgical and pharmaceutical devices on display, there are also items of comfort for body, mind and spirit. These reflect a vision that endures at St. Joseph’s today.

The exhibit space can be found in Zone A, Level 1, near the Richmond Street entrance.

Coffee break inclusiveness

Demonstrating inclusiveness and recovery-oriented care, the A3 team at Southwest Centre for Forensic Mental Health Care recently hosted a garden party coffee break for staff on the rooftop patio. Patients from the unit made all of the decorations and many were in attendance. The roving staff coffee breaks are held monthly at Southwest Centre and are increasingly becoming an opportunity to include patients in the planning and for staff to share some downtime with them.

New BenefitsHelp Hotline

A new service has been added to support employees with their pension and benefit related queries. A BenefitsHelp Hotline, which launched June 1, 2016, is a centralized telephone extension available to all staff. Designed to provide an alternative resource for employees to receive timely and accurate information regarding their pension and benefits, the hotline is in addition to the already existing BenefitsHelp email account.

Employee and Family Assistance Program annual report

The 2015-2016 annual report for our Employee and Family Assistance Program (EFAP) shows our overall utilization remains very good and is slightly higher than the previous year (13.29 per cent compared to 12.54 per cent). It also remains higher than the benchmark of 10.41 per cent.

In total, 632 individuals (employees and family members) accessed EFAP services last year. While most access the counseling services, utilization data shows an increase in users accessing the Plan Smart Services, which are focused on health and wellness promotion. The top two reasons for accessing counseling were related to psychological reasons (e.g. anxiety, depression, stress, grief) and marital/relationship issues. While 88 per cent of counseling occurred face-to-face, counseling over the phone and via web occurred in 10 per cent of cases, which is trending upwards.

Also in 2015-2016, 25 onsite wellness sessions were offered on a variety of topics including stress, professionalism in the workplace, communication, forgiveness, healthy sleep habits, change and transition. For 2016-2017, access to legal advice is now available as part of the Plan Smart Service offerings.

Department chief leadership announcements

Medical Affairs announced four extensions to department chief appointments, which came into effect July 1, 2016. These extensions of appointment allow for the continued recruitment of permanent citywide chiefs for the following clinical departments:

- Anesthesia - Dr. Davy Cheng (July 1, 2016 to June 30, 2017)
- Family Medicine - Dr. Steven Wetmore (September 1, 2016 to August 31, 2017)
- Paediatrics - Dr. Guido Filler (July 1, 2016 - September 30, 2016). He will be replaced by Dr. Michael Rieder, who has been appointed Interim Chief of the Department of Paediatrics (October 1, 2016 to September 30, 2018).
- Pathology and Laboratory Medicine - Dr. Subrata Chakrabarti (July 1, 2016 - June 30, 2017)
- Otolaryngology - Head and Neck Surgery - Dr. John Yoo (July 1, 2016 to June 30, 2018)

Our Finances

Cataract case allocation increase

At the Southwest LHIN Vision Care Committee meeting in May 2016, the South West LHIN shared a report of the new cataract allocations by hospital. This report included an incremental growth allocation for each hospital that increases St. Joseph's 2016-2017 allocation by 97 cases to a total of 4,961 routine quality-based procedures cases. This growth factor/incremental volume was not included in the Hospital Service Accountability Agreement documents sent to hospitals in April 2016.

Funding received for pain management

St. Joseph's received funding, based on our submission, of \$1.3 million to expand our Pain Management Program at St. Joseph's Hospital. The funding will allow the program to increase access and services related to allied health.

Clinical, Education and Research Excellence ---

Research with impact in London nets \$30 million in funding

Researchers at Western University's Schulich School of Medicine & Dentistry and Lawson Health Research Institute have been awarded nearly \$30 million in funding from the Canadian Institutes for Health Research (CIHR) in the latest round of competition. More than half of that funding was awarded to five research teams through CIHR's new foundation grants, designed to provide long-term support for the pursuit of innovative, high-impact research programs. In total 34 projects were funded across the Western, Lawson and Robarts Research Institute. A full listing of funded projects can be found [here](#).

Improving care through connectivity

The Geriatric Psychiatry Program at Parkwood Institute's Mental Health Care Building is a participant in a smart technology study led by Lawson Health Research Institute scientists Dr. Cheryl Forchuck and Dr. Amer Burhan. The project will look at the feasibility and utility of electronic connection between older adults with depressive symptoms and their clinicians.

Up to 15 clinicians from both Parkwood Institute and London Health Sciences Centre's Geriatric Psychiatry Program, along with 30 patients from both sites, will take part. Participants will be provided tablets and WiFi connection to facilitate self-assessment (mood monitoring for example) and communicating with their care provider through a program called TELEPROM-G. For clinicians, the system, through their work computer, will allow secure communication with participating patients in their home. The goal is to decrease patients' experiences of depressive symptoms and to improve their social inclusion. The study is expected to run from June 2016 to April 2017.

Enhancing student safety

To enhance the safety of students at St. Joseph's, panic alarms are now provided to students placed at Parkwood Institute Mental Health Care Building and Southwest Centre for Forensic Mental Health Care. Fifty panic alarms have been purchased that are dedicated to student placement at those sites. Professional Practice is collaborating with leaders in mental health to ensure that the number of student placements offered each term does not exceed the number of panic alarms dedicated to students. This will ensure the alarms are always available for student use as needed.

Adventure-based counseling – an update

The most recent *Research Insights* publication features the work of Forensic Psychiatry Program staff and their pilot study titled, "Adventure-Based Counselling: Promoting positive interpersonal behavior in a forensic psychiatric sample." The purpose of the study, which was funded by a President's Grant for Innovation, was to examine the effectiveness of adventure-based activities on behaviour, which was assessed looking at anger, mindfulness, quality of life, coping, physical assault, and events requiring seclusion or restraint. Patients took part in a 10-session program which addressed interpersonal skills. Results indicated that several variables, such as anger, mindfulness, self-blame, seeking social support, detachment, events of physical assault, and events requiring seclusion/restraint, improved. However, a larger sample of patients, and/or more treatment sessions would be necessary to adequately evaluate the significance of its effectiveness.

Inspiring the next generation

London's Partners in Experiential Learning program has received renewed funding from the Ontario Ministry of Education – \$150,000 over the next year. This will allow London and area senior high school students to continue to have the opportunity to be linked with research supervisors at Lawson Health Research Institute, Robarts Research Institute and basic labs at Western University to gain hands-on lab experience while earning credits toward their high school degrees.

Sharing ideas with Chile on gestational diabetes

Dr. Luis Sobrevia from the Pontificia Universidad Catolica de Chile visited with Lawson Health Research Institute scientists Drs. Victor Han, Edith Arany, Subrata Chakrabarti, Chris Pin, Kaiping Yang and Ruth McManus in May 2016 to share ideas on gestational diabetes, as well as build on existing relationships in London. Dr. Sobrevia also met with Dr. Doug Jones and Silke Klenke from Western's Internationalization and Globalization Program to start formalizing opportunities for Chilean masters, PhD, and post-doctoral program students to use their fully-funded scholarships through Western.

Lawson and Pontificia Universidad Catolica de Chile signed a memorandum of understanding in 2014 that encourages joint research activities, sharing of information and opportunities for research staff, academic staff and students to form collaborations within each other's research institutes.

On the national stage

Leading-edge expertise at the Roth McFarlane Hand and Upper Limb Centre was in full view at the Canadian Society of Hand Therapy Conference held May 6-7, 2016, where several of the centre's clinicians shared their knowledge:

- Shrikant Chinchalkar, occupational therapist, provided instructional courses on:
 - Rehabilitation of peripheral nerve repairs/transfers
 - Pitfalls of flexor tendon repairs/rehabilitation
 - Management of proximal interphalangeal (PIP) intra-articular fractures
- Joey Pipicelli, occupational therapist, provided an instructional course on elbow rehabilitation.
- Tracy Elliott, physiotherapist, provided an instructional course on shoulder assessment and rehabilitation.

As well, Juliana Larocerie-Salgado, occupational therapist, was the Chair of the conference committee, and Shrikant was nominated and the successful candidate for lifetime membership with the Canadian Society of Hand Therapy.

Sharing our perspective

Marleen Van Laethem, St. Joseph's clinical ethicist, was a presenter in an Ontario Hospital Association webcast entitled "Medical Assistance in Dying: What Hospitals Need to Know". The purpose of the webcast was to enhance understanding of the updated legal and regulatory framework for medical-assisted dying as well as the processes and policies developed to manage inquiries or requests. Marleen presented on the perspective of a Catholic hospital that will not be providing the service and how we will respond to requests. She also clarified aspects of conscientious objection as it relates to an individual and an organization.

Presentations showcase relentless pursuit of excellence

The annual National Healthcare Leadership Conference is the largest gathering of health system decision-makers in Canada. This year, several St. Joseph's teams presented at the

conference, held June 6-7, 2016, to highlight excellence that is improving care across our organization:

- **Breast care:** A comprehensive improvement project of St. Joseph's Breast Care Program was showcased in a poster presentation by Anne Marie McIlmoyl, Director of Perioperative Services, and Jackie Hill, consultant with Quality Measurement and Clinical Decision Support. The goal of the project was to enhance the integrated breast care model to improve patient experience, reduce wait times, and effectively use resources through team collaboration, cooperation, coalitions and knowledge translation. The project involved a quality analysis of the Breast Care Program that had staff, physicians and leaders together looking at every aspect of the complex integrated breast care journey and identifying opportunities for improvement. The result was a significant drop in wait time for cancer surgery from the date of abnormal screen and for a biopsy-verified diagnosis after an abnormal screen. The poster was well received by participants coast to coast
- **Pharmacy Services:** A team of Christopher Judd, Director, Pharmacy Services; Zan Saleemi, pharmacist; Anna Kras-Dupuis, clinical nurse specialist; and Amanda Thibeault, Director, Professional Practice, gave an oral presentation entitled "Pharmacists + technology = improved quality and quantity of admission medication reconciliation with positive impacts on patients, pharmacists and care providers."
- **Information technology:** For a concurrent session entitled "Patient Safety Improved by Coalition", panel members were: Glen Kearns, Integrated Vice President Diagnostic Services and Chief Information Officer; Dr. Tom Janzen, Integrated Chief Medical Information Officer; Andrew Mes, Integrated Director, Clinical Informatics and Clinical/Corporate Solutions; and Sharon Tambeau, an Ingersoll patient. The session was moderated by Robin Walker, Integrated Vice President Medical Affairs and Medical Education. The presentation focused on the results of HUGO, which has reduced medication safety errors across 10 hospitals through the most advanced regional hospital information system in Ontario. Participants found the presentation inspiring.

Fostering our Partnerships

It takes a village – and more

On June 14, 2016, the Middlesex-London Health Unit (MLHU) issued a media release about a staggering increase in the city of HIV and hepatitis C, as well as a concerning rise in infective endocarditis and invasive Group A streptococcal disease. Calling it a local public health emergency, the MLHU has recommended a reallocation of health unit resources to address this issue, a new outreach approach, and a field epidemiologist be assigned by the Public Health Agency of Canada to assist in finding solutions.

The MLHU was responding to concerns brought to light by infectious disease specialists at St. Joseph's and London Health Sciences Centre (LHSC). Dr. Kaveri Gupta and Dr. Michael Silverman at St. Joseph's noticed the disturbing trend of HIV and hepatitis C. At the same time palliative care specialist Dr. Sharon Koivu at LHSC pointed out an increase in infective endocarditis (infection of the heart valves.) The group began to review why this was happening, how the hospitals could respond, and alerted the MLHU, which began compiling data in February 2016.

Working collaboratively with partner organizations, the team of Dr. Silverman, Chair/Chief, Infectious Diseases, and Medical Director of St. Joseph's Infectious Diseases Care Program, has several initiatives in place to address the problem of these four simultaneous infections

occurring among the local drug injection user population. The initiatives extend beyond clinics and into the street and research labs. They are detailed in a story on the [St. Joseph's website](#).

St. Joseph's Infectious Diseases Care Program currently provides care, either through partnership outreach initiatives or at St. Joseph's Hospital, to 600 people living with HIV. Of those, nearly 200 are injection drug users. For hepatitis C, the team provides care to 350 people through outreach or at the hospital.

Improving the student experience – planning for the future

On May 18, 2016, Professional Practice convened a symposium aimed at improving the student placement process and experience. The attendees included direct care staff from St. Joseph's, student placement and professional practice representatives from London Health Sciences Centre (LHSC), and representatives from the disciplines at Western University and Fanshawe College to which St. Joseph's offers the most student placements annually (audiology, clinical nutrition, nursing, occupational therapy, physiotherapy, psychology, recreation therapy, respiratory therapy, social work, speech language pathology).

The innovative symposium was a first for London and provided a forum for several academic and practice partners to collaboratively envision and plan for the future of student placement. It also positioned St. Joseph's as a leader in integrating practice and education.

Four priorities for action were identified by the symposium participants:

- Develop more opportunities for strategic planning between practice and academia.
- Increase experiences for interprofessional learning for students within academia and practice.
- Create greater consistency of student pre-placement requirements between St. Joseph's and LHSC.
- Enhance relationships between academia and practice that further engage staff and teams in the supervision of students.

To achieve these goals, Professional Practice will follow up with St. Joseph's academic partners over the next few months to develop specific plans.

An expanding role for Healthcare Materials Management Services

Healthcare Materials Management Services (HMMS) is expanding its role and its reach with new services and new affiliates:

- On June 1, 2016, HMMS launched a home delivery service for about 60 patients of London Health Sciences Centre's home hemodialysis program. This marks HMMS' foray into home delivery. The drivers, who have received special training, deliver the supplies required for home hemodialysis and stock the patient's supply cupboard. Feedback from patients has been excellent. This is an exciting new service for HMMS as it provides the foundation for a future supply chain model that brings products closer to the patient. With the Southwest Community Care Access Centre (CCAC) now an HMMS affiliate (see below) it's anticipated that home delivery of products will grow in the coming years.
- Effective April 1, 2017, HMMS will be expanding its affiliate service relationships to include TransForm, the shared service organization supporting the Erie St. Clair LHIN 1 region. This new affiliation will see HMMS providing just-in-time inventory replenishment to all five hospital corporations in LHIN 1. Details supporting the arrangement were approved by the Joint Venture Oversight Committee on March 1, 2016.

As the joint venture owners of HMMS, St. Joseph's and London Health Sciences Centre will enjoy short-term and long-term operational efficiencies from this affiliation due to greater economies of scale for our existing infrastructure, with any variable costs being absorbed by TransForm. Long-term financial and operational efficiencies will also be enjoyed by all participants as we standardize products, contract commitments and pricing through the shared regional supply chain hosted by HMMS.

This new affiliation establishes a level of collaboration, service and savings between non-profit shared service organizations that hasn't been seen before. Both HMMS and TransForm will work hard to ensure frontline clinical staff continue to experience the high level of service they currently receive. We will monitor the results and impact of the new arrangement once it comes into effect, and will report on the benefits. A trade announcement about the new TransForm/HMMS service agreement will be released in July.

- The Southwest CCAC has been added as an HMMS affiliate. This will pave the way for supply chain collaboration.
- London Hospital Linen Services has been approved as an affiliate, which will see shared supply chain business processes that are expected to bring efficiencies to both organizations.

Homegrown gifts for a healthy lifestyle

The Neurobehavioural Rehabilitation Centre (NRC) at Parkwood Institute is partnering with Addiction Services of Thames Valley (ADSTV) to benefit both NRC patients and clients of the ADSTV Street Level Women at Risk Program. The Women at Risk program helps women experiencing homelessness transition into housing and communities. When a client moves into their new home, they now receive the gift of a plant that was grown and potted by NRC patients as part of their rehabilitation. The purpose is to provide the client with something to care for as they begin a new chapter in their life. About five plants each month are provided to clients. The partnership will also soon see patients providing clients with vegetables grown in and harvested from the NRC gardens, along with a booklet of recipes, as a contribution to a healthy lifestyle.

New online resources for seniors and caregivers

Behavioural Supports Ontario has launched regional websites at the [provincial portal](#) and through related websites such as www.thehealthline.ca. The BSO sites link seniors and caregivers to information about behavioural change and available provincial and regional programs and services. They are a valuable resource for seniors, families and caregivers who live and cope with responsive behaviours associated with dementia, mental illness, substance use, and other neurological conditions.

The websites are the result of collaboration between the Ontario Association of Community Care Access Centres, designated BSO lead organizations in each LHIN, thehealthline.ca Information Network, and regional community care access centres. St. Joseph's Health Care London is the BSO lead in the Southwest LHIN.

New St. Joseph's facility use guideline

Use of our hospital facilities is permitted for external groups within established parameters. At all times St. Joseph's must know who we have permitted to use our facility, their purpose and have a signed agreement with the group. To this end, a new guideline came into effect on June 1, 2016, that will now guide all new bookings from external groups. In general, only external groups coming in to do activity initiated by clinical programs will be permitted to use our spaces.

Discussions with every group currently using our facilities have been held to determine if they fit our criteria for facility use by external groups. Those groups not permitted to continue using our facilities were supported in their transition to another location in the community. Groups remaining in our facilities have now updated their information, have been advised of our policies and safety procedures, and have signed a liability waiver.

Recognitions and Celebrations

Exemplary patient care, teaching and research

Dr. Cindy Hutnik has been awarded the 2016 St. Joseph's Professional Staff Organization (PSO) Recognition and Reward Award. The award recognizes the performance of an individual who enables exemplary patient care, teaching and research through leadership, collaboration and/or innovation.

A gift of art – an update

As previously reported, St. Joseph's Health Care Foundation worked with local artist Hendrikus Bervoets on a gift of 18 pieces of original artwork for display in Southwest Centre for Forensic Mental Health. Janice Vandevooren, Director of the Forensic Psychiatry Program, was able to select which pieces would best enhance the healing atmosphere in the facility. Matting and framing for the artwork was generously donated by Great Blue Heron Framing.

On May 18, 2016, the artist had the opportunity to tour the facility and view his work. He was impressed with the facility and indicated a desire to consider future donations to enhance the availability of artwork throughout the building.

Best of the best

As previously reported, Communication and Public Affairs won an Award of Excellence from the International Association of Business Communicators (IABC) London Virtuoso Awards for their communication strategy supporting the launch of St. Joseph's 2015-2018 Strategic Plan. At the awards gala on June 16, 2016, the team was surprised with an additional honour when their entry was further recognized as the "Best of the Best" – the top entry in the division for the region.

The Virtuoso Awards program recognizes communications and creative professionals from across Southwestern Ontario for their achievements and celebrates best practices that advance strategic business communications.

Wings for Life World Run

A 47-member team from the Rehabilitation Program at Parkwood Institute – almost the entire program – was among the largest teams at the Wings for Life World Run in Niagara Falls, which took place on May 8, 2016. The team of leaders, clinicians, support staff, friends and family covered a total of 528 km combined.

Wings for Life is an international not-for profit spinal cord research foundation with a goal to find a cure for spinal cord injury. It funds world-class scientific research and clinical trials around the globe aimed at healing the injured spine. The Wings for Life World run is a global running and wheelchair event that takes place on the same day across six continents in 34 countries. It's a run with no set distance and no finish line. It finishes when the last person is caught by a "Catcher Car". The Catcher Car is equipped with clever technology that is activated when each runner runs past it at the start of the race. Thirty minutes after the race begins, the Catcher Car

will start the chase and speed up slowly until everyone is caught. It logs each runner's distance as it passes them. Once the car passes a runner, their race is over. The global champions are the last man and woman worldwide to be passed by the Catcher Car. Each country also has a national champion.

Congratulations to the rehabilitation team for their spirit of fun, generosity and camaraderie.

A partner of distinction

Showing great compassion and understanding for those with mental illness, Elgin County OPP has been recognized by St. Joseph's as a distinguished partner in battling stigma and advocating for the most vulnerable in our community. The detachment is the 2015 recipient of the Community Partner of Distinction Award, which recognizes a group or organization that has made significant contributions to the health and well-being of individuals and the community as a whole through collaboration with St. Joseph's.

The detachment has reached out to the larger community in numerous ways that impact individuals receiving mental health services. Together, St. Joseph's and the Elgin OPP partner in a way that best serves our patients and our mutual purpose of public safety.

Read more about the award and the Elgin OPP on the [St. Joseph's website](#).

Other

Bill 209, Seniors Active Living Centres Act, 2016

On June 1, 2016, the government introduced [Bill 209](#) relating to programs for active and healthy living, social engagement and learning for seniors. The new process set out in the bill may have implications for hospitals that have these seniors' programs. The legislation would replace the Elderly Persons Centres Act.

Under the new legislation, the Minister Responsible for Seniors Affairs would appoint a director who would be responsible for overseeing programs for seniors and the operators of such programs. Operators would be required to apply to the director and to provide the director with the documents and information as required. Programs would only be eligible for government funding once approved by the director. Additionally, where seniors' programs are provided in a municipality, the municipality would be responsible for providing 20 per cent of the funding for the program (or the provision in kind of an equivalent amount of property or services) for the program to receive funding from the government.

Bill 209 has completed the first stage of the legislative process. It's expected that the bill will receive further debate and public consultation in the fall of 2016 after the legislature returns from its summer break.

Ministry of Health guidance on physician assisted death

On June 17, 2016, [Bill C-14](#), the federal government's legislative response to the issue of medical assistance in dying, received Royal Assent. While the majority of provisions are now law, a number of the informational filing requirements will be proclaimed into force at a later date. A final reported version of the Act is not yet available.

The provincial government has issued a [statement](#) clarifying expectations for institutions and health care providers on this topic. It has also established a referral service to "support

physicians in making an effective referral for consultation and assessment for possible medical assistance in dying cases.” It’s also expected that the Ontario government will pursue amendments to provincial legislation to further support implementation of medical assistance in dying.

The Ministry of Health and Long-Term Care has set up a [webpage](#) on medical assistance in dying and end-of-life care to provide preliminary guidance to patients and health care providers. An [email address](#) has also been set up for public or general inquiries.

The Ontario Hospital Association (OHA) continues to work closely with system stakeholders to facilitate a coordinated approach to medical assistance in dying, and to support hospitals and other providers as much as possible on this complex and constantly evolving issue. The OHA’s resources on end-of-life care issues and medical assistance in dying are available [here](#).

Ontario Hospital Association advocating for Bill 210 amendments

The Ontario Hospital Association (OHA) will be advocating for significant amendments to Bill 210 – the Patients First Act – because it provides unfettered power to Local Health Integration Networks (LHINs) while marginalizing the role of hospital boards. If passed as currently drafted, LHINs would have the ability to directly issue operational or policy directives for hospitals. Unlike the requirement for Management Board of Cabinet approval of directives under the Broader Public Sector Accountability Act, Bill 210 sets out no approval process.

On July 13, OHA Board Chair Pierre Noel, President and CEO Anthony Dale, and Vice President of Policy and Public Affairs Elizabeth Carlton met with Minister of Health Eric Hoskins, ministry officials and members of his staff. This dialogue follows three previous meetings with ministry representatives following the introduction of the legislation on June 2, 2016. OHA comments focused primarily on the LHIN directive provisions and how these changes, in combination with the other components of the bill, have been assessed by the OHA and the hospital sector as a direct undermining of hospital governance. The minister shared that, from his perspective, the LHIN directive provisions had been conceived as a means to ensure regional enforcement on a limited range of matters. About the changes in general, he emphasized that the government is seeking to create remedies that are not as significant as the appointment of an investigator or supervisor under the Public Hospitals Act. He reiterated that it was not the government’s intention to surprise hospitals, and that the way the bill has been interpreted was never his intention. A discussion took place about potential alternatives to the LHIN directive provisions and it was agreed that OHA/ministry efforts to identify options for provisions of the legislation should continue expeditiously.

Visit by House of Commons Veterans Affairs Committee

On June 13, 2016, Veterans Care Program leaders, staff, veterans and families hosted seven Members of Parliament (MP) representing the Veterans Affairs Committee of the House of Commons. The Parkwood Institute visit was requested by the committee to provide an opportunity for members to see first-hand the services for veterans provided by St. Joseph’s.

The MPs and their support staff were given tours of the Veterans Care Program including the 2Perth inpatient unit, Veterans Arts, and the Operational Stress Injury (OSI) Clinic. All delegates attended a BBQ lunch where each had an opportunity to sit with staff, veterans and their families to discuss their work, care and experience at Parkwood Institute. Each attendee received a small gift made by the veterans in Veterans Arts.

The OSI Clinic team facilitated a formal presentation of the current services provided, on-going research, and goals for future enhancement of services in our satellite clinics in Toronto and Hamilton.

The MPs were delighted with their experience and had very positive feedback about the care provided to veterans at Parkwood Institute. In follow-up Veterans Care Program leadership provided further information to committee members via email and will continue to liaise with the committee for future engagement.

Changes to Accessible Customer Service Standard

A number of changes made to the [Accessible Customer Service Standard](#) and [Integrated Accessibility Standards Regulation](#) came into effect for hospitals on July 1, 2016. Among the main changes are:

- All employees and volunteers must now be trained on accessible customer service.
- More types of regulated health professionals can provide documentation of a need for a service animal.
- More specific information is provided to clarify that an organization can only require a support person to accompany someone with a disability for the purposes of health or safety and in consultation with the person. If it's determined a support person is required, the fee or fare (if applicable) for the support person must be waived.
- All accessibility standards – including the accessible customer service standard – are now part of one Integrated Accessibility Standards Regulation. This means that the requirements are now better aligned to make it easier for organizations to understand their obligations.

More information on the changes is available [here](#).

New resource on the use of instant messaging and personal email accounts

The Information and Privacy Commissioner (IPC) recently released a new guidance document, [Instant Messaging and Personal Email Accounts: Meeting Your Access and Privacy Obligations](#).

This document was developed to help Ontario's public institutions, including hospitals, manage the use of instant messaging and non-institutional (personal) email accounts when doing business. It outlines institutional responsibilities under the Freedom of Information and Protection of Privacy Act and the Municipal Freedom of Information and Protection of Privacy Act as they relate to personal email accounts and a wide variety of popular communication tools and services, such as Blackberry Messenger, text messages, and online instant messaging applications. The IPC media release is available [here](#).

Patient engagement observations

Health Quality Ontario's (HQO) latest Insights into quality improvement are presented in a report entitled [Engaging with Patients: Stories and Successes from the 2015/16 Quality Improvement Plans](#). The report describes overall trends and observations across the health system related to patient engagement based on a review of 2015-2016 quality improvement plans (QIPs).

Each April, more than 1,000 QIPs are submitted to HQO by all four health sectors – hospitals, primary care organizations, community care access centres and long-term care homes. This report illustrates that many teams and organizations are planning to engage patients in their ongoing work related to quality improvement. It also spotlights many exciting examples, including some of the work organizations are undertaking to engage under-represented

populations, such as Indigenous communities and new Canadians. In addition, members of HQO's Patient, Family and Public Advisors Program share their perspectives on how some of the ideas described in the QIPs could be strengthened even further.

Environmental Scan

Government of Canada launches review of federal support for fundamental science

On June 13, 2016, Minister of Science Kirsty Duncan launched an independent review of federal funding for fundamental science. The review will assess the program machinery that is currently in place to support science and scientists in Canada. The scope of the review includes the three granting councils along with certain federally funded organizations such as the Canada Foundation for Innovation.

The review will be led by an independent panel of research leaders and innovators and chaired by Dr. David Naylor, former president of the University of Toronto. Over the next six months, the panel will seek input from the research community and Canadians on how to optimize support for fundamental science in Canada. The panel will also survey international best practices for funding science, examine whether emerging researchers face barriers that prevent them from achieving career goals, and what must be done to address these barriers.

[Innovation, Science and Economic Development Canada, June 13, 2016](#)

Scientists protest in frustration over federal research funding chaos

Many Canadian scientists were warning of an "imminent crisis" as the system they depend on for science funding cracked under the pressure of a series of reforms.

The federal funding agency, the Canadian Institutes of Health Research (CIHR), recently transformed the way it hands out research money. In the old system, peer review grant proposals was done face-to-face, with scientists getting together, reading all the applications, discussing them and assigning a score – a process used by almost all of the world's scientific funding agencies. But the CIHR has cancelled the face-to-face peer review and moved to an anonymous online system.

Scientists have been protesting this change but CIHR pushed ahead, even though the computer systems weren't ready and an unprecedented demand for research funding had been created due to the cancellation of two earlier competitions as part of the reform process. That pent-up demand for funding has created the largest ever number of applications, with more than 3,800 projects threatening to overwhelm the untested system. Inside the CIHR, staff were struggling to find enough reviewers to read all the applications.

When the deadline for reviews ended on June 15, 2016, the problems started immediately, with some of the scientists tweeting about the chaos they were experiencing. Reviews had not been submitted, even though the deadline had closed; reviewers failed to join the online discussions; and some of the scientists admitted they didn't have the expertise to do a proper review.

Federal Health Minister Jane Philpott said concerns about the CIHR reforms will be considered by the advisory panel recently launched by the minister of science to review federal support for fundamental science. She has since ordered CIHR to hold an [emergency meeting](#).

[CBC News, June 28, 2016](#)

Health Canada approves treatment option for patients with schizophrenia

Health Canada has approved a new treatment option for patients with schizophrenia that will allow them to focus more on recovery and less on their daily medications.

The biggest benefit of the new therapy, called Invega Trinza, is that it only needs to be injected four times a year. The treatment, developed by Janssen Pharmaceutical, is said to improve the lives of adult patients and lower the risk of relapse. There is no set date for when this new treatment will make it to market, but once out it's expected to assist in the recovery process of at least some of the 350,000 Canadians who live with the chronic brain disorder.

[Chronicle Herald, June 28, 2016](#)

Palliative care often begins too late or not at all, new report finds

While end-of-life care is a priority for many older adults in Ontario, for many people palliative care may begin too late or not at all, according to [Palliative Care at the End of Life](#), a new report by Health Quality Ontario. The report also found that most people say they would prefer to die at home but, in reality, most patients in Ontario who receive palliative care die in hospital.

More than 95,000 people died in Ontario between April 2014 and the end of March 2015, and, based on the best available data, nearly 60 per cent had a record of receiving a palliative care service. Among those who received palliative care services:

- About half (47.9 per cent) began receiving palliative care in their last month of life
- Nearly two-thirds (64.9 per cent) died in hospital
- About one-quarter (25.8 per cent) spent half or more of their last month of life in hospital
- Nearly two-thirds (62.7 per cent) had unplanned emergency department visits in their last month of life
- Less than half (43.3 per cent) received palliative home care services in their last month of life
- About one-third (34.4 per cent) received a home visit by a doctor in their last month of life (this does not include visits from nurse practitioners)

Throughout the report, stories of patients at the end of life are featured to provide details of their experiences that cannot be captured by the numbers.

[Health Quality Ontario, June 28, 2016](#)

Ontario doctors challenge ruling that would identify top OHIP billers

The Ontario Medical Association (OMA) is seeking to overturn a landmark decision by the province's privacy commissioner to release the names of top-billing doctors.

In addition, a group of about 40 doctors and one physician acting alone who are on the list have made separate applications for a judicial review of an order from the privacy commissioner to release to the Toronto Star the identities of the top 100 billers.

The three parties have filed applications with the province's divisional court to quash the ruling made June 1, 2016, by the Information and Privacy Commissioner of Ontario. Adjudicator John Higgins ruled in favour of the Toronto Star in ordering the release of names of the top 100 billers, their medical specialties and the amounts they receive in taxpayer-funded payments from the Ontario Health Insurance Plan (OHIP). Identities of parties receiving substantial

payments from the public purse should be released in the interests of transparency and accountability, he said.

In seeking a judicial review of Higgins' decision, the OMA is arguing that it is not in keeping with previous rulings by the commissioner.

"We continue to advocate that this is personal information and, without the proper context, OHIP billings will be misconstrued as income, which is false," OMA president Dr. Virginia Walley said in a written statement."

[Toronto Star, June 30, 2016](#)

Research identifies unique needs of youth in the mental health treatment process

Researchers from Western University and Lawson Health Research Institute recognize that adolescents with emerging mental health concerns require a different treatment framework than adults. A new study published in the journal *Community Mental Health* examined the unique experiences of youth attending London's innovative First Episode Mood and Anxiety Program (FEMAP) at London Health Sciences Centre.

FEMAP, a first of its kind in Canada, features an open door model inviting young adults affected by mood and anxiety concerns to self-refer. The program ensures that young adults receive the care they need without having to be referred by a doctor.

A team of researchers led by Dr. Elizabeth Osuch, associate professor in the Department of Psychiatry at Western's Schulich School of Medicine & Dentistry and a Lawson researcher, looked at what youth find most helpful and what they find most challenging about the treatment process with the aim of using this information to help further tailor the program to address these unique needs.

[Western University, July 5, 2016](#)

Ontario doctors reach tentative four-year deal with province

The Ontario government and the province's doctors have reached a tentative four-year [agreement](#) that provides a "predictable and sustainable" budget of \$11.5-billion with annual increases of 2.5 per cent. The agreement also includes funding to increase the number of doctors and a modernization of Ontario Health Insurance Plan fees that will result in \$200-million in reductions.

In addition, the government has agreed to "one-time payments" to doctors of \$50-million in 2016-2017, \$100-million in 2017-2018, \$120-million in 2018-2019 and \$100-million in 2019-2020. These payments are an incentive for the doctors to stay on budget – and the money gets paid out only if they stick to the budget.

The two sides will "co-manage" the physician services budget – and the government has agreed not to unilaterally cut the fees it pays to physicians, as it has in the past.

The tentative deal also has the Ontario government and doctors agreeing to clamp down on physicians who bill the system more than \$1-million a year through "progressive discounts on fee-for-service billings above \$1-million."

The tentative deal, which was announced July 11, 2016, was reached after an intense series of negotiations. It will now be presented to the province's 33,000 doctors, who are represented by the Ontario Medical Association (OMA). The details will not be made public until it is approved by the OMA Council in early August.

[Globe and Mail, July 11, 2016](#)

Study finds targeted sonography better than mammography for some breast lumps

Breast lumps found between scheduled screening mammograms are better evaluated with targeted ultrasound than with repeat mammography, as the latter doesn't add value beyond the former and so may only increase expense as well as radiation exposure.

The study, published in the July 2016 edition of the *American Journal of Roentgenology*, was conducted at St. Joseph's and led by radiologist Dr. Stephanie Leung. The team reviewed the cases of women who were examined at their institution for a new palpable lump with both mammography and targeted ultrasound between January 2005 and December 2012. The patients also had a negative mammogram within the previous six to 12 months.

The researchers found that, in 314 of 618 cases (50.8 percent), there was a sonographic finding, a mammographic change or both in the region of the palpable lump. Most notably, the ultrasound detected a finding in 311 cases (50.3 percent) while the repeat mammography detected a change in only 80 cases (12.9 percent).

Meanwhile, of the 314 cases with imaging findings, 234 findings (74.5 percent) were detected by ultrasound alone. Also, 80 lesions were biopsied, and 48 of them (60.0 percent) were positive for malignancy. The repeat mammogram findings were unchanged for 10 of these lesions.

[HealthImaging, July 11, 2016](#)

Secret monitors find hospital hand hygiene rate low, prompting move to e-surveillance

A study using undercover observers to check how often health care workers wash their hands has offered powerful new evidence that Canadian hospitals' much-vaunted hygiene rates are more illusion than reality.

Medical students in the [study](#) who secretly monitored hand cleaning found that just half of nurses and doctors at a major Toronto hospital soap up as required – far lower than the official rate divulged publicly. In response to it and other research, a group of hospitals in the area is now planning to electronically measure compliance with hygiene rules, which are considered crucial to preventing the huge and deadly problem of hospital-spread infection. The facilities hope an automated system will be more accurate than the hand-washing “auditors” used across the country now; staff usually know when they're being watched and act accordingly.

“We are still under the illusion, based on the hand-hygiene rates that are measured and reported across the province, that we are all high performers,” said Dr. Jerome Leis, who led the study at Sunnybrook Health Sciences Centre. “But this is simply not the case.”

And those inflated numbers, he said, provide “little incentive to improve.”

Most provinces have reported compliance rates steadily climbing but experts have long suspected the positive numbers owe at least something to the “Hawthorne effect,” the idea that

people perform better when they're being watched. A [study](#) at Toronto's University Health Network in 2014 used electronic surveillance to try to eliminate the phenomenon and found hand-washing rates were indeed much lower without a recognized human auditor hovering nearby. Such automated systems, though, produce results that can differ depending on how they're programmed.

At Sunnybrook, Dr. Leis and colleagues had two medical students trained as hand-hygiene spies, then slotted them into different departments alongside other students. Overall, the "covert" monitors found compliance was 50 per cent compared to the official rate of 84 per cent. Another striking finding was that hand washing by medical residents plummeted from 80 per cent to 19 per cent when the physician supervising them neglected to clean their hands.

[National Post, July 12, 2016](#)

Scientists win peer rebellion, face-to-face review is restored

It was a win for Canada's health scientists on July 13, 2016, as the Canadian Institutes of Health Research agreed to restore the face-to-face system of peer review. The reversal follows what amounted to a peer revolt over the last few weeks as a new online system appeared to collapse under the weight of the largest funding competition in the agency's history.

During an all-day session, the scientists drafted a plan that would restore the face-to-face peer review committees, while still using aspects of the new virtual review process. Now the question is whether the bureaucrats will be able to make it happen in time for the next round of funding in September.

With the new virtual review process, instead of bringing scientists together to discuss proposals submitted by their colleagues, individual scientists evaluated proposals in isolation, ranked them by computer and made comments online, then waited to see if anyone in the virtual group responded. Word soon spread on social media that reviews weren't being submitted, online discussions weren't happening, and scientists didn't have enough time and, in some cases, enough expertise to do a proper review of the proposals they'd been given. An open letter to Health Minister Jane Philpott began circulating, demanding a halt to the changes. The letter was quickly signed by nearly 1,300 scientists, including some of Canada's most prominent researchers.

[CBC News, July 13, 2016](#)

Ontario investing additional \$100 million in home and community care

Ontario is investing about \$100 million this year to enhance support for home care clients with high needs and their caregivers. This investment includes \$80 million for enhanced home care and \$20 million for caregiver respite. Home care patients and those who care for them will benefit from about:

- 350,000 additional hours of nursing care
- 1.3 million additional hours of personal support
- 600,000 additional hours of respite services for caregivers
- 100,000 additional hours of rehabilitation

The Southwestern Ontario share of the \$100 million is expected to be \$8.2 million.

The additional funding is part of Ontario's 2015 Budget commitment to increase investments in home and community care by more than \$750 million over three years.

[Ministry of Health and Long Term Care, July 19, 2016](#)

St. Joseph's in the News

[Include yogurt, milk in daily diet to cut breast cancer risk](#), Hindustan Times, June 26, 2016

[Bacteria and breast cancer](#), CTV London, June 28, 2016

[St. Joseph's Health Care and LHSC studying info posted online about contracts awarded without competitive bids](#), London Free Press, June 29, 2016 (Also published in Chatham Daily News and National Post)

[Care home check cuts? Sshh, it's a secret](#), London Free Press, July 2, 2016

[Elgin OPP awarded for mental health strategy](#), St. Thomas Times Journal, July 5, 2016

[Foes rip Grits' care home secrecy](#), London Free Press, July 6, 2016

[No mandatory retirement in Ontario means many baby boomers are working past 65, some even past 70, on the public's dime](#), London Free Press, July 8, 2016

[Toward prostate cancer contouring guidelines on magnetic resonance imaging: Dominant lesion gross and clinical target volume coverage via accurate histology fusion](#), UroToday, July 2016

[When lumps turn up between screenings, targeted sonography makes repeat mammography unnecessary](#), HealthImaging, July 11, 2016

[Ultimate grand prize draw for Dream Lottery Tuesday](#), AM980, July 12, 2016

[Aging Grammy winner Walter Ostanek won the choice of prime real estate or \\$1 million cash in the Dream Lottery to benefit London hospitals](#), London Free Press (Also appeared in the Toronto Sun) July 12, 2016

[Dream Lottery winners announced](#), CTV London, July 12, 2016

[Polka king wins Dream Lottery grand prize](#), Blackburn News, July 12, 2016

[Dream Lottery continues to roll out the riches](#), Our London, July 12, 2016

[Walter Ostanek wins grand prize in hospital lottery](#), CTV Kitchener, July 12, 2016

[Walter Ostanek wins \\$1 million dollars](#), Newstalk 610 CKTB, July 12, 2016

[Emotional update – Jeff Day](#), CTV London, July 13, 2016

[Polka King Walter Ostanek takes home lottery grand prize](#), CBC News, July 13, 2016

['Things aren't going to really change': Canada's Polka King, Walter Ostanek, wins \\$1 million cash draw](#), National Post, July 13, 2016

[Roll out the barrel: Polka king Walter Ostanek wins \\$1M lottery](#), Toronto Star, July 13, 2016

[Walter Ostanek dancing polka after \\$1 million win](#), Hamilton Spectator, July 13, 2016

[Polka King wins London, Ont. lottery prize](#), Guelph Mercury Tribune, July 14, 2016

[Canadian 'Polka King' Walter Ostanek claims \\$1M lottery win](#), Global News, July 14, 2016

[Canadian 'Polka King' Walter Ostanek claims \\$1M Dream Lottery prize](#), AM980, July 14, 2016

[Safe summer tips for people with diabetes](#), Healthscape (e-newsletter of the Ontario Hospital Association), July 14, 2016

[Polka King Walter Ostanek performs in London for veterans at Parkwood and picks up Dream Lottery cheque](#), London Free Press, July 15, 2016

[Polka King collects Dream Lottery winnings](#), Blackburn News, July 15, 2016

[Walter Ostanek awarded with \\$1 million cheque at Parkwood Institute](#), AM980, July 15, 2016

[Million dollar barrel of fun](#), Our London, July 15, 2016

[Brandon Prust Foundation to announce significant gift](#), AM980, July 18, 2016

[NHL player Brandon Prust donates \\$100,000 to iSee Vision at St. Joseph's Health Care London](#), London Free Press, July 18, 2016

[Local hockey star donates \\$100k to research program benefiting children](#), AM980, July 18, 2016

[Brandon Prust on hand to donate \\$100,000 to support free vision screening for kids](#), CTV London, July 18, 2016

[Study finds no increased risk for Parkinsonism linked to use of gadolinium in MRIs](#), News Medical, July 19, 2016

[Free three-day festival signals 'new signature music attraction' in London](#), London Free Press, July 20, 2016

[London Bluesfest lineup announced](#), AM980, July 20, 2016

[Old airmen Lorne Spice and John Neill are now neighbours at Parkwood](#), London Free Press, July 22, 2016

[Marjorie Woolner's family is suing St. Joseph's Health Care in London, alleging negligence at its Mount Hope Centre in the 77-year-old woman's death](#), London Free Press, July 24, 2016