



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: September 21, 2016

This month, I will be hosting seven quarterly staff and physician engagement sessions across all sites (Sept. 19, 21, and 22). At these sessions, I will review some key performance indicators, talk about new initiatives to help us reach our goals, provide an update on medical assistance in dying and Ontario's Patients First proposal, upcoming staff events, and more.

Also related to performance, we held a Leadership Development Institute on September 14-15 where we focused on LEAN training for all our leaders. The day also highlighted achievements of leaders who have used LEAN to achieve performance improvement. This will provide additional knowledge and skills for leaders to achieve performance excellence aligned to our goal of 'earning complete confidence'.

On September 13, the Ontario Hospital Association publicly announced its 2016-2017 Board of Directors. I'm pleased to be joined on the OHA board by our Board Chair Phil Griffen. The new OHA Board Chair is Jamie McCracken, who is Board Chair of The Ottawa Hospital.

On September 22, I will be on hand at the WORLDiscoveries® Vanguard Awards to recognize achievement in medical innovation. WORLDiscoveries® is the technology transfer and business development office for Western University, Lawson Health Research Institute and Robarts Research Institute. The Vanguard Awards recognize local researchers, who, through partnership with WORLDiscoveries® have achieved various market-readiness milestones.

Finally, I would like to acknowledge Terri-Lynn Cook for her excellent work to organize and prepare the board orientation day on September 13, and the Senior Leadership Team whose presence was much appreciated. I'm hoping you found the various sessions worthwhile, informative and timely.

Our Patients

Prostate Diagnostic Assessment Program

In October 2016, all diagnostic prostate biopsy procedures will be consolidated at St. Joseph's Hospital, creating a single point of access for prostate cancer assessment for men in London Middlesex. Called the Prostate Diagnostic Assessment Program (PDAP), the program is an opportunity for St Joseph's and London Health Sciences Centre (LHSC) to enhance the timeliness, quality and experience of men facing the initial diagnostic stages of their prostate cancer journey.

The time from suspicion to diagnosis of cancer is a complex and important phase. To improve the diagnostic process, Cancer Care Ontario (CCO) endorsed the development and implementation of the PDAP. The program at St. Joseph's Hospital will include:

- A single point of access for the assessment of patients with suspected prostate cancer, designed according to CCO best practice guidelines.
- Streamlined scheduling and coordination of diagnostic tests and consultations using a model consistent with best practice and designed by the clinicians.
- The consolidation of diagnostic prostate biopsy procedures to St. Joseph's Hospital.

In addition to improving access to care and the patient experience, the program will allow surgery and radiology teams to collaborate in real time for our patients.

On the [St. Joseph's website](#), patients can learn what PDAP is all about and what they can expect during their visit.

New cataract booklet and video

A cataract surgery booklet has been created for St. Joseph's patients that steps them through cataract surgery including what to expect from the moment they arrive, risks and outcomes, and options above what Ontario Health Insurance Plan covers. A four minute cataract video, which details the patient's journey at every point, will be ready in the fall to further help prepare patients for the procedure long before arriving at the hospital.

Helping older adults transition from hospital to home

A new position has been created at Parkwood Institute – patient/family navigator – as part of a provincial project being implemented across Ontario. Funded by the Ministry of Health and Long-Term Care, the role, which began August 29, 2016, has been created as a pilot project until March 31, 2017, to support older adults transitioning from hospital to home. This work will support the final component of the Assess & Restore Framework, transitions from hospital to home and re-integration back into the community. (Assess & Restore is an integrated model of care that aims at extending the functional independence of frail seniors living in the community for as long as possible.)

It's expected that the patient/family navigator will work closely with the Southwest Assess & Restore project team and the coordinators/teams from Parkwood Institute's Complex Care, Geriatric Rehabilitation and Geriatric Day Hospital programs. The navigator will meet with patients/families prior to discharge and then follow up with them by telephone and/or home visit. It's hoped that the results from implementing this new role will position St Joseph's to request permanent funding for the position.

Understanding Pituitary Disease

On October 4, 2016, the citywide One-Stop Pituitary Clinic team is hosting an information night at St. Joseph's Hospital. The evening is an opportunity for patients with pituitary issues and their family members to learn directly from various specialists, hear from patients, and have their questions answered.

Pituitary disease can cause a wide range of disorders requiring testing, imaging and the expertise of neuro-ophthalmologists, endocrinologists, neuro-radiologists, neurosurgeons, and ear, nose and throat surgeons. All will be on hand at the information night. In London, these experts work collaboratively as part of the [One-Stop Pituitary Clinic](#) based at St. Joseph's Hospital. Through the clinic, newly referred patients conveniently receive initial lab testing, visual field testing and consults with multiple specialists all on the same day. Prior to arriving, patients receive an itinerary of their appointments, which take place at both St. Joseph's and London Health Sciences Centre, directions, as well as education about the pituitary and what they can expect during their visit.

Meaningful activities for patients

Much work is ongoing to enhance the opportunity for mental health care patients to take part in meaningful activities. Mostly recently, the following are among welcome changes and additions:

- At Southwest Centre for Forensic Mental Health Care, staff and patients together worked on beautifying the rooftop garden area. This included planting flowers and vegetables and installing a pond that houses fish and lily pads.
- Activity calendars for all inpatients and outpatients at Parkwood Institute Mental Health Care can now be viewed by all staff through a shared drive. The intention of centralizing this information is to ensure all staff, patients and families are aware of the activities available for patients and encourage opportunities for teams to access programs across units. Teams will use this information to assist patients in developing goals to support individualized care planning.
- A partnership with the London Arts Council (LAC) is identifying opportunities for patients at Parkwood Institute Mental Health Care. For example, a fall/winter project within the Geriatric Psychiatry Program will be initiated in October 2016 as part of a LAC funding grant for creative aging programs. This project will include music and textile art activities targeted to patients transitioning to the community and/or attending our Geriatric Day Program.
- The multidisciplinary team at Southwest Centre hosted the first annual Patient BBQ and Talent Show to promote meaningful activities and socialization. The BBQ was attended by almost all units and about 50 patients enjoyed the talent show, which included nine scheduled performers and eight last minute performers. The talent on display included singing, beat boxing, pop and lock dancing, drumming and guitar. A number of patients performed together as well as separately. The patients were very supportive of their peers who were performing and all were impressed by the talent shown. Patients are already asking when the next talent show will be
- At Parkwood Institute's Mental Health Care, Monday evening zumba classes began on August 29, 2016. Held in the gymnasium, all patients and staff are welcome to attend. The class is free but donations from staff are accepted at the door. All proceeds will support the purchase of equipment for patient activities.
- Weekend open recreation activities began in August 2016 at Southwest Centre. Recreation therapists have each agreed to work four hours on Saturday afternoons to offer a variety of centralized activities open to all patients, including sports such as

basketball and floor hockey, bingo, movies, card tournaments etc. The impact of these additional activities will be reviewed in three months.

- On August 23, 2016, therapeutic recreationists from Parkwood Institute Mental Health Care held a paint day for patients. The event brought together 33 patients to engage in creative expression through art. Patients sat side-by-side supporting one another as each developed their own personal painting. Kim Start, a local self-taught artist from Studio70, facilitated the session, volunteering both her time and art supplies. The paint was generously funded by St. Joseph's Volunteer Services.
- A Leisure Expo for patients, staff and families will take place on October 5, 2016 in the gymnasium at Parkwood Institute Mental Health Care Building. Hosted by the Meaningful Activities Working Committee, the event will bring in services from the community who support leisure, recreational and vocational activities for our patients. This event will raise awareness of the plenitude of resources in the community to support recovery and successful transition to the community, and allow individuals to meet directly with service providers, build relationships and plan for future engagement.

Beauty and serenity

Through donations to St. Joseph's Health Care Foundation, the courtyard at Mount Hope Centre for Long Term Care was recently refreshed with enhanced lighting, new shade-giving trellises and umbrellas, comfortable benches, and planters that allow residents to hone their green thumbs. Often referred to as the "town hub", the courtyard is the prime location to host barbeques, birthday parties, picnics and tea parties. Residents use the space to socialize, visit and enjoy the outdoors. Gladys Hubbs, a Mount Hope resident and avid gardener, also contributed to the courtyard rejuvenation, purchasing a beautiful fountain that has been installed among the flowers. She wanted to leave a legacy that would benefit others. Read more about this project on the [St. Joseph's Health Care Foundation website](#).

Our People

New 'Living our Mission' icon

A new icon has been developed to act as a visual cue to St. Joseph's mission. Launched in September, the "Living our Mission" icon will be used on all mission-related stories in our publications, on our internal and public websites, and in social media. The stories may feature staff who go above and beyond, the words of a grateful patient, compassionate and expert care, someone who dedicates themselves to a cause outside of St. Joseph's, and other examples of our care, teaching, research and how we interact with one another on a daily basis. The icon will help St. Joseph's celebrate our mission in a unique way.



Strengthening understanding of spiritual care

A new eLearning module, "Introduction to Spiritual Care", has been launched as a quick and easy way for staff and physicians to learn more about the integral role spirituality plays in each of our lives and the importance of offering spiritual care to patients, families and staff. Participants will come away with a clear understanding of the services that certified spiritual care practitioners offer within a clinical context and how to make referrals. Individuals will also gain a better understanding of the following:

- What is spirituality?
- What does spiritual care look like?
- How do I contact a chaplain?

This discretionary learning program is open to all staff through LearningEdge. St. Joseph's chaplains are also available to walk through the module as part of a team in-service, if requested.

Our mission – fostering a deeper understanding

The “St. Joseph’s: Our Legacy of Caring” eLearning model will be ready later this fall for staff and physicians with a primary appointment at St Joseph's. It has already been completed by most leaders. The intent of this program is to foster deeper understanding of our mission in action, strengthen knowledge about our founding legacy organizations and our guiding principles, and communicate every person’s role to understand what is expected when working in a faith-sponsored health care organization

The Mission Committee of the Board has sponsored, reviewed and endorsed the program. Feedback received has been excellent with the module referred to as unique in North America.

The module will be required learning for all staff and will be assigned to new staff during their onboarding. This program does not replace the Mission Leadership Course that is required learning for all new leaders. Sections of the new eLearning module include:

- How did the caring begin? – a summary of the histories of our legacy organizations
- What makes faith-based health care different?
- Are traditional values still relevant?
- What's expected of us? – clarification of values-based behaviours while at work.
- Ethics: What's right and what's wrong? – an outline of how to approach complex issues within a team

Our Finances

Reverse auction expected to generate savings

Healthcare Materials Management Services (HMMS) is using a new, innovative procurement approach for mammary implants. The request for proposal (RFP) will be a reverse auction that is expected to generate savings for both London Health Sciences Centre and St. Joseph's. Suppliers will sign on to the HMMS procurement web portal and HMMS can watch the prices drop in real time until the time expires and there is a ‘winner’. HMMS will be the first in the Ontario public sector to use this functionality.

Funding for repairs and renewal

In July 2016, Ontario announced \$175 million for hospital renewal for 2016-2017. This Health Infrastructure Renewal Fund (HIRF) funding supports crucial infrastructure projects to extend the useful life or improve the quality of hospital facilities across the province. St. Joseph's was allocated \$1.9 million, which will be used for a new generator at Parkwood Institute Main Building as well as the re-insulating and re-cladding of Zone F at St. Joseph's Hospital.

Additional funding for Behavioural Supports Ontario

The Ministry of Health and Long-Term Care has released additional base funding provincially to provide continued support and sustainability to the Behavioural Supports Ontario (BSO) initiative. The South West LHIN is identified to receive \$691,219 to be disseminated as follows:

- \$60,827 to provide a 1.6 per cent increase to the existing BSO base funding for BSO-funded positions within the Alzheimer Society, Adult Day Program and St. Joseph's Health Care London positions. (St. Joseph's is the lead organization for the BSO in the South West LHIN).

- \$441,274 to long-term care homes within the South West LHIN
- \$189,118 for other costs. (This has since been allocated evenly to the six Alzheimer societies for staffing resources for memory clinics and caregiver support.)

All funding is to be used to support salaries and benefits only and must be spent by fiscal year end. However, the Ministry of Health is making an exception this year to allow for the one-time spending of surplus dollars to be considered for other activities and services related to enhancing BSO.

A leader in procurement

As an example of driving value within the health care system, Healthcare Materials Management Services (HMMS) recently awarded a contract for breast pumps using a uniquely collaborative and innovative procurement approach. HMMS reached out to every hospital in Ontario prior to the request for proposal (RFP) to encourage participation. MacMaster University Medical Centre, Kingston General Hospital, Thunder Bay Regional Health Sciences Centre, London Health Sciences Centre and Mount Sinai Hospital all pre-committed their volumes and will be participating in the award. Several other sites who were included in the RFP have expressed an interest in participating post award.

The award, which will result in significant savings for the hospitals, is an exciting initiative aligned with provincial direction to increase collaboration. While St. Joseph's does not use breast pumps, the initiative demonstrates HMMS' role as a procurement leader for the broader public sector.

Clinical, Education and Research Excellence

President's Grants for Innovation – latest grants

As previously reported, the President's Grants for Innovation, established in 2011, are available to all frontline staff, volunteers and professional staff for an innovative idea that will improve quality. Twice a year, all are invited to present their ideas to a panel and up to \$10,000 in one-time funding is awarded to successful submissions. In the last round of submissions, three projects were awarded funding to help make creative concepts a reality:

- **Adriana Barel, registered nurse, and Dr. Lisa Van Bussel, psychiatrist, Discharge Liaison Team, Geriatric Psychiatry Program, Parkwood Institute:** \$6,040 to redesign the Dementia Observation System (DOS), an effective clinical tool used to assess a person's activity over the course of 24 hours and to observe the rhythm of the person's day. The DOS is used to track responsive behaviours, however DOS charting can't be used in isolation to understand behavioural triggers as there is no place to document the context in which the behaviour occurred. For this project, the DOS document will be redesigned to incorporate important information that clinicians need to mitigate the risks associated with responsive behaviours in older adults with mental health issues. The redesign will allow pertinent information to be tracked in a single document, which will quickly provide the clinical teams with comprehensive data with which to build care strategies and reduce responsive behaviours. An easier and faster system in which behaviours are understood will lead to a better quality of life for the individual, reduced likelihood of hospitalizations, reduced risk to both the individual and staff, and improved overall patient and staff safety.
- **Innis Kandus, nurse practitioner, Primary Care Diabetes Support Program, St. Joseph's Family Medical and Dental Centre:** \$6,774 to pilot a "Happy or Not" survey kiosk widely used in the customer service sector to engage and capture the experience

of low-literacy, multilingual patients served by the Primary Care Diabetes Support Program. This portable, battery-operated kiosk will ask patients, many of whom are not fluent in English, a single question that they can answer using an emoji button system. The purpose of the project is to test low cost, low infrastructure-demand customer survey kiosk technology to improve the quality, reliability and expense of patient experience feedback currently available at St. Joseph's.

- **Penny Welch-West, speech language pathologist, Acquired Brain Rehabilitation Outpatient Program, Parkwood Institute:** \$9,925 to take the Return to School (RTS) group to the next level. The RTS group, which began in October 2012 and has gained attention across Ontario, has helped more than 100 students in their efforts to return to education following a mild traumatic brain injury. The seven-week simulated classroom experience gives students the opportunity to practice skills related to the classroom setting while also learning how to treat ongoing symptoms and explore technology solutions and strategies to use back in school. The innovation grant will support furthering research in interventions, creating a licensed RTS program package to allow the program to be shared more broadly, developing an RTS website accessible by enrolled students, and running an RTS workshop at Parkwood Institute.

First clinical guidelines in Canada for pain following spinal cord injury

Researchers at Lawson Health Research Institute are the first in Canada to develop clinical practice guidelines for managing neuropathic pain with patients who have experienced a spinal cord injury (SCI).

Neuropathic pain is complex, chronic, and the most common complication reported by people following SCI. Yet it is often overlooked. The research team, led by Dr. Eldon Loh, a physical medicine and rehabilitation specialist, worked with care providers at Parkwood Institute and an international panel to address the complex and unique challenges for managing pain during recovery and rehabilitation. The results of the three-year process led to recommendations for screening and diagnosis, treatment and models of care. Important clinical considerations accompany each recommendation. The new guidelines have been published in the international journal *Spinal Cord*. Read more on [Lawson's website](#).

Improving cancer services across the region

Two St. Joseph's physicians are playing a key role in shaping cancer services in the region, particularly for women, with their appointment to the clinical leadership team of the South West Regional Cancer Program.

- **Regional Breast Imaging Lead:** Dr. Anat Kornecki, Medical Director, Breast Imaging, St. Joseph's Breast Care Program, has assumed the role of Regional Breast Imaging Lead that will see her play a critical role in improving the quality, safety, consistency and accessibility of cancer services for breast imaging and breast cancer screening. Dr. Kornecki will champion the strategic vision and goals of the Ontario Breast Screening Program (OBSP) and the Quality Management Program (QMP) in collaboration with the radiologist-in-chief and the mammography QMP provincial lead. In addition, the role involves monitoring regional performance and advising on system performance and quality improvement opportunities within the region and province.
- **Regional Colposcopy Lead:** Dr. Robert Di Cecco, Medical Director of St. Joseph's Colposcopy Clinic, is the Regional Colposcopy Lead for the South West region. This is a new role in the South West, created to improve quality, safety and accessibility from prevention and screening to diagnosis, treatment and appropriate management of pre-invasive cervical diseases. As the Regional Colposcopy Lead, Dr. Di Cecco will provide

guidance to build, foster and maintain quality colposcopy and cervical screening services throughout the region.

Improving care in the community

Cardiologist Dr. Neville Suskin and kinesiologist Amanda Cunningham with St. Joseph's Cardiac Rehabilitation and Secondary Prevention Program will be among the presenters on September 29, 2016, at Heart Wise Exercise: Meeting the Needs of Your Clients with a Chronic Health Condition. This practitioner training workshop, created and led by the Ottawa Heart Institute, is held across Ontario and presents the fundamentals of exercise and chronic disease, best practice guidelines, and provides an opportunity for practitioners to connect. The purpose is to create a bridge between the clinical hospital setting and community-based exercise programs.

London has been selected as a venue for the fall. The target audience is kinesiologists and health/wellness providers. Dr. Suskin will present on "Exercise and the Cardiac Participant" and Amanda will present on "Exercise and Diabetes".

A landmark study

A new study from Lawson Health Research Institute and the Institute for Clinical Evaluative Sciences (ICES) has cast doubt on the clinical significance of brain deposits of gadolinium (a chemical contrast agent commonly used to enhance MRI imaging).

In 2015, the US Food and Drug Administration raised safety concerns over reports of retained gadolinium in the brain for patients undergoing four or more gadolinium-enhanced MRIs. The FDA launched an inquiry at the time, stating that "it is unknown whether these gadolinium deposits are harmful." Pending further investigation, the FDA suggested limiting the use of gadolinium-based contrast agents (GBCAs) to circumstances where contrast information is clinically necessary, and to evaluate the need for repetitive GBCA MRIs based on treatment protocols.

Studies since that time have shown deposits of gadolinium may be found long after they are administered. They tend to concentrate in the globus pallidi, a region of the brain that can cause parkinsonian symptoms if it is damaged.

To test a possible link between GBCAs and parkinsonism, the team of Dr. Blayne Welk, adjunct scientist with ICES Western and Lawson and an urologist at St. Joseph's Hospital, examined the health care records of 246,557 patients in Ontario over the age of 66 who underwent an initial MRI in a 10-year period between 2003 and 2013. They found that the rates of parkinsonism for exposed vs non-exposed patients were virtually identical, at 1.2 per cent. These findings indicate that there is no increased risk for parkinsonism associated with the use of gadolinium in MRIs. The study was published on July 5, 2016 in the journal *JAMA*. Read more on [Lawson's website](#).

Beneficial bacteria may protect against breast cancer

Dr. Gregor Reid, a scientist at Lawson Health Research Institute, and PhD student, Camilla Urbaniak have previously shown that live bacteria are present in the breast tissues of healthy women. This proves the existence of a breast tissue microbiome. In past studies, Dr. Reid and Camilla have also proven that human milk contains beneficial bacteria.

Since breastfeeding decreases a woman's risk for breast cancer, the researchers wondered if beneficial bacteria, like those found in human milk, may be playing a role in lowering the risk of

cancer and whether other types of bacteria could be influencing cancer formation. To explore these questions, breast tissue samples were obtained from 58 women who had either benign or cancerous tumours. In addition, 23 samples were obtained from healthy women undergoing breast reductions or enhancements.

Through an analysis of these tissues, the researchers found that the bacteria present in the breasts of healthy women differ from those found in the breasts of women with breast cancer. Women with breast cancer had elevated levels of both *Escherichia coli* (*E. coli*) and *Staphylococcus epidermidis*. A NASA study has confirmed the London research findings and further identified bacteria associated with breast cancer. Dr. Reid and Camilla went even further by showing that these bacteria can cause significant damage, known as double-stranded breaks, to DNA. When this occurs, the body tries to repair the damage. However, these repairs often result in errors which can lead to the development of cancer.

Tissues taken from the breasts of healthy women showed high levels of *Lactobacillus* and *Streptococcus*, known to promote health and display characteristics that can prevent cancer.

In addition to prevention, this finding could have potential for helping with the management of patient disease. Read more on [Lawson's website](#).

Brandon Prust Foundation invests in vision screening research

A \$100,000 gift from the Brandon Prust Foundation is supporting the Ivey Special Eye Examination Service (isee) Vision Screening Research Program, a Lawson Health Research Institute study at St. Joseph's Ivey Eye Institute. This pilot study aims to examine photoscreening as a useful and rapid tool in identifying children with eye conditions that can cause amblyopia (also known as lazy eye). London-born NHL player and former London Knight, Brandon Prust, visited London on July 18, 2016, to announce the special gift to St. Joseph's Health Care Foundation. Read more about the isee project on [Lawson's website](#).

Café Scientifique

Lawson Health Research Institute will hold its next Café Scientifique on October 12, 2016. This is a free community event providing an informal opportunity to get involved with science. Through an open-forum discussion in a casual setting, these events address health-related issues that are of popular interest to the general public. The next topic will focus on chronic inflammation, which has become popular as a "buzzword" for health advice and has been implicated in a number of diseases. On the other hand, inflammation is part of the body's natural response to infection and tissue damage, and is crucial to the healing process. Lawson's expert panel will explore how inflammation affects our health and how this knowledge can be applied to improve health care. The event will be held from 7:00 pm to 9:00 pm at Windermere Manor.

Fostering our Partnerships

Support for the RCMP

In response to a critical incident involving the RCMP and a fatal shooting of a terrorist suspect on August 10, 2016, in Strathroy, Dr. Charles Nelson, psychologist with Parkwood Institute's Operational Stress Injury Clinic, provided clinical RCMP support and debriefing/incident reviews with members of the RCMP health services team.

A warm welcome

The Operational Stress Injury Clinic (OSIC) at Parkwood Institute recently hosted Dr. Shannon MacDonald, a psychiatrist from the new OSIC in Halifax. Numerous Parkwood Institute staff met with Dr. MacDonald to welcome her to the operational stress injury clinic network and orient her to the work that is provided to clients and families.

Reaching out

A new satellite hepatitis C and HIV clinic has been implemented at the Elgin-Middlesex Detention Centre under the leadership of Dr. Michael Silverman, Medical Director, St. Joseph's Infectious Diseases Care Program. A registered nurse from St. Joseph's attends at the detention centre, sees patients, draws blood and does a fibroscan on the patients. Two to three weeks later, Dr. Silverman, using the Ontario Telemedicine Network, holds a clinic via teleconference with the patient and the detention centre's registered nurse to discuss the results and treatment for the patient.

Behaviour Supports Ontario Strategic Summit

The South West LHIN Behavioural Supports Ontario (BSO) Operations Team, along with the BSO Steering Committee, is holding a Strategic Summit at Parkwood Institute on September 22 to engage stakeholders in the planning of the system-wide BSO strategic themes for the next three years (2017-2020). The summit is being hosted by St. Joseph's, the lead organization for the BSO in the South West LHIN.

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

Knowledge and experience

Ruth Bullas, Chief Privacy and Risk Officer at St. Joseph's, has received the designation of Fellow of Information Privacy (FIP). Out of the 25,000 members of International Association of Privacy Professionals (IAPP), 800 members qualify to apply for this new designation. Of those, 86 members have received the designation with seven being from Canada.

The FIP designation signifies that an individual has taken the next step in the privacy profession and has demonstrated comprehensive knowledge of privacy laws, privacy program management and essential data protection practices through the successful completion of two IAPP credentials. Additionally, the designation means that the individual has gained considerable on-the-job experience that has helped their organization navigate through and remain current with the complexities of the privacy industry.

Pillar Community Innovation Awards

The Outpatient Acquired Brain Injury (ABI) Program at Parkwood Institute was named as a finalist in the 10th annual Pillar Community Innovation Awards. The team is being recognized for creating innovative treatment groups and educational resources to improve timely access to care. In managing a long wait list, the ABI team has created a group therapy program called BrainEx90, the ABI 101: Steps to Success education series, Survivor and Family Education series, Return to School group, a website of resources for those struggling with ABI/concussion, and other programs that are improving access to care.

For the Pillar Awards, three finalists are chosen in each of the four categories: Community Innovation, Community Leadership, Community Impact and Community Collaboration. The ABI Program is a finalist in the Community Innovation category. The winners will be announced at a ceremony on November 23, 2016.

A world leader

From crafting a global definition of probiotics to developing novel therapies used by millions, Lawson Health Research Institute scientist Dr. Gregor Reid has significantly advanced knowledge of how beneficial microbes, especially bacteria, contribute to health. Recognizing his role as a world leader in probiotics research, Dr. Reid has now been elected to the [Fellowship of the Royal Society of Canada](#).

The Royal Society of Canada was established in 1883 as Canada's National Academy of distinguished scholars, artists and scientists. With more than 2,000 fellows, the primary objective of the society is to promote learning and research through its three academies – the Academy of Arts and Humanities, the Academy of Social Sciences and the Academy of Science. Dr. Reid has been elected by his peers to the Life Sciences division of the Academy of Science.

Dr. Reid is the Director of the Canadian Centre for Human Microbiome and Probiotics Research located at St. Joseph's Hospital. Read more about his work on [Lawson's website](#). We congratulate Dr. Reid on this well-deserved honour.

Other

Hospital Information System renewal

On August 5, 2016, the Ministry of Health and Long-Term Care released the [final report](#) and [recommendations](#) of the Hospital Information System (HIS) Renewal Advisory Panel. The panel's report delivers on the province's commitment to refresh its ehealth strategy in alignment with the Patients First Action Plan. The panel's recommendations are presented as an opportunity to transform the fragmented HIS landscape into a platform for a high-performing health care system. One of the key recommendations is that future HIS renewals be conducted through partnerships – specifically through the formation of multi-hospital "clusters".

New reporting obligations come into effect

On August 1, 2016, new mandatory reporting requirements under the Public Hospitals Act and Regulated Health Professions Act (introduced through Bill 21) came into force. Under the new requirements, administrators must notify a regulated health professional's regulatory college when a professional resigns or restricts his or her practice and the administrator has reasonable grounds to believe that the health professional's resignation or restriction are related to professional misconduct, incompetence, or incapacity.

This is in addition to mandatory college reporting in instances where a hospital terminates, revokes, suspends, or restricts the privileges of a regulated health professional due to professional misconduct, incompetence or incapacity, or when a regulated health professional resigns during an investigation into their professional misconduct, incompetence or incapacity.

An Ontario Hospital Association backgrounder on Bill 21 is available [here](#). See pages 7-9.

Sexual violence and Harassment Action Plan

In March 2016, the Ontario Government passed [Bill 132: Sexual Violence and Harassment Action Plan Act](#) (Supporting Survivors and Challenging Sexual Violence and Harassment), 2016. Bill 132 made a number of amendments to the Occupational Health and Safety Act (OHSA), including broadening the definition of workplace harassment and adding a new definition of sexual harassment. The amendments also include additional roles and responsibilities for all workplace parties related to the prevention and management of workplace harassment. These amendments came into force on September 8.

Government announces update to broader public sector executive compensation

On September 6, the Treasury Board announced an Executive Compensation Framework that applies to broader public sector employers in Ontario, including hospitals. The regulation will require each hospital board to establish executive compensation programs within certain limits.

Until recently, the government's actions and communications to the Ontario Hospital Association (OHA) and other sectors suggested that the government would be exercising this authority and developing sector-specific frameworks for the broader public sector. The OHA is currently reviewing the [regulation](#) in more detail.

As part of their announcement, the government has released the following framework requirements:

- **Salary caps:** Total cash compensation will be capped at the 50th percentile or mid-point of appropriate public sector comparators. Private sector and international comparators could be used in this analysis, but only when authorized.
- **Other limitations:** The framework cannot include a signing or retention bonus, cash housing allowance, payment in lieu of perks, or additional benefits or enhancements that surpass those given to non-executives. Benefits that are given exclusively to executives, such as a car allowance, must be accompanied with a business rationale.
- **Transition:** The transition strategy is up to the discretion of the board. There will be a three-year transition period for existing executives. New executives or existing executives who move into another executive role must immediately follow the new framework.
- **Transparency:** Once a compensation program is developed, organizations must engage in public consultations, providing members of the public a reasonable opportunity for comment.
- **Timing:** Organizations will need to be in compliance with the regulation (i.e., complete all elements of framework development, consult and post a final framework online) before September 5, 2017. The current restriction on executive compensation set out in the Broader Public Sector Accountability Act cease to apply on the date a compensation framework becomes effective. This date is the day that the organization posts a compensation program on its website (which shall be no later than September 5, 2017).

An Ontario government backgrounder is available [here](#).

Speech from the Throne

On September 12, the Ontario government began its fall legislative session with a [speech from the throne](#). The bulk of the speech focused on items that have been highlighted in the media in recent weeks, including energy rates as well as jobs and economic growth.

Lieutenant Governor Elizabeth Dowdeswell reaffirmed the government's previous commitments to strengthening health care, including adding nursing care and personal support hours,

reducing specialist wait times, and ensuring each Ontarian is connected to a family doctor or nurse practitioner. Additionally, while not mentioned directly in the speech, in a [backgrounder](#) released on the same day, the government committed to reintroducing Bill 210, *the Patients First Act*.

Environmental Scan

New CEO appointed at St. Thomas Elgin General Hospital

St. Thomas Elgin General Hospital (STEGH) has announced that Dr. Nancy Whitmore, current Vice President and Chief of Staff at STEGH, will assume the CEO role effective November 1, 2016. She replaces Paul Collins, whose contract ends October 31, 2016.

Dr. Whitmore received her medical degree from the University of Manitoba and subsequently completed her obstetrics and gynecology residency at Western University. She is a fellow of the Royal College of Physicians and Surgeons of Canada and also a graduate of the MBA program at the Richard Ivey School of Business at Western.

Throughout her career, Dr. Whitmore has held numerous leadership positions. She has been in her current position at STEGH since 2008.

[St. Thomas Elgin General Hospital, August 31, 2016](#)

Ontario appoints supervisor for Chatham-Kent Health Alliance

Rob Devitt has been appointed as hospital supervisor for the Chatham-Kent Health Alliance to address the management and governance issues identified in the recent Chatham-Kent Health Alliance Investigation Report. He will implement the necessary measures to restore public confidence in the local hospitals.

Mr. Devitt was formerly the president and chief executive officer of the Toronto East General Hospital, the Peterborough Regional Health Centre, and the Queensway-Carleton Hospital. He also has transformational leadership experience as the former supervisor of the Scarborough Hospital.

In his role as Hospital Supervisor, Mr. Devitt will have authority over The Public General Hospital Society of Chatham, St. Joseph's Health Services Association of Chatham, and Sydenham District Hospital, their officers and employees.

[Ministry of Health and Long Term Care, September 1, 2016](#)

More than 100 Canadians have opted for assisted death since law passed

Doctors and nurse practitioners have helped hasten the deaths of more than 100 Canadians since the federal law governing medical aid in dying was passed in June 2016. The actual number of deaths is probably significantly higher because several provinces could not, or would not, provide complete data. Quebec, which was the first province to adopt a law on doctor-assisted death, provided no data whatsoever.

While the federal law governing medical aid in dying came into effect June 17, 2016, the federal government isn't yet officially tracking the number of deaths. CBC News called all 13 provinces and territories in an effort to find out:

- Ontario's coroner recorded 49 cases of medically assisted death.

- British Columbia reported 46.
- Alberta's provincial health authority said there were 15 cases.
- Manitoba had eight recorded cases.
- The Yukon, New Brunswick and Nova Scotia all declined to provide a precise number, citing privacy concerns.
- Nunavut, Northwest Territories, Prince Edward Island, and Newfoundland and Labrador all said they had no reported deaths during that two-month period. (Newfoundland and Labrador did have one request but the individual died of natural causes before the service was provided.)
- Saskatchewan said there were fewer than five cases.
- In Quebec, where a provincial law has made doctor-assisted death available since December 2015, the Ministry of Health and Social Services said it could not provide a figure yet. An official said the ministry was supposed to receive the data by the end of September 2016.

The new law requires the federal government to come up with guidelines for what data should be recorded when someone asks for a medically assisted death. But that hasn't happened yet.

[CBC News, September 2, 2016](#)

Province to allow more home visits for 'complex care' patients

The province has committed to allowing more than five daily nursing visits at home for people with “complex care needs,” according to a Human Rights Tribunal settlement with a developmentally disabled man living near Smiths Falls, Ont.

According to the August 16, 2016, agreement, the Ministry of Health and Long-Term will recommend a new rule to let Community Care Access Centres (CCACs) decide to make an exception to the cap on daily home nursing visits for certain complex care patients. The current regulation allows the limit to be exceeded only for periods of 30 days or less, when the patient is “in the last stages of life” or on a wait list to get into a long-term care facility.

The exact wording of the new exception will be worked out in an upcoming review, the settlement agreement says.

[Toronto Star, September 5, 2016](#)

Canada's 'public health crisis' of suicides needs funded prevention plan

Canada needs a national suicide prevention strategy with concerted federal funds, say editors of the *Canadian Medical Association Journal (CMAJ)*. In 21 developed countries with government-led prevention programs, suicide rates declined, especially in young people and older individuals, Laura Eggertson and Dr. Kirsten Patrick said in an editorial published in the September 6, 2016, issue of the [CMAJ](#). Yet in Canada, suicide is the second leading cause of death among those aged 15 to 34, after motor vehicle accidents.

Rates for Indigenous populations are staggeringly high. In Nunatsiavut in northern Labrador, suicide rates are 25 times the national average. In Nunavut, rates are 10 times the national average.

Canada remains the only developed country without a suicide prevention strategy with concerted funds, goals and commitment to reducing the rates of suicide, according to the Canadian Association for Suicide Prevention.

Since Quebec published its own prevention strategy in 1998, the province has cut suicide rates among those 15 to 19 in half and overall suicide rates by a third. The strategy includes outreach through a crisis line and extensive patient follow-up. Quebec's Indigenous populations opted out of the strategy and their suicide rates did not decline.

Suicide prevention extends beyond mental health, the editorial says. It includes identifying children at risk of or suffering from sexual and physical abuse early, and intervening with culturally appropriate programs, such as in school. The education, justice, employment and social welfare sectors all need to be involved, it adds.

[CBC News, September 6, 2016](#)

Western receives \$66 million federal grant for brain research

Western University's [BrainsCAN](#) initiative has received a substantial \$66 million investment from the Canada First Research Excellence Fund (CFREF). It's the largest research grant in the university's history, providing a significant boost to ongoing research in cognitive neuroscience and imaging at Western.

Western will partner with researchers at McGill University, who also received CFREF funding, to leverage complementary expertise to better understand disorders such as Parkinson's, Alzheimer's, traumatic brain injury, and schizophrenia. The Canadian Institute for Advanced Research (CIFAR) is also a partner in this initiative.

BrainsCAN's goal is to reduce the burden of brain disorders, which affect nearly 3.6 million Canadians, diminishing quality of life and creating an enormous burden on society and on our health care system.

Cognitive neuroscience and neuroimaging at Western, which includes the Brain & Mind Institute and Centre for Functional & Metabolic Mapping, involves researchers from seven faculties across campus: Social Science; Science; Health Sciences; Engineering; Arts & Humanities; the Schulich School of Medicine & Dentistry; and Ivey Business School.

[Western University, September 6, 2016](#)

Interim CEO appointed for Chatham-Kent Health Alliance

Rob Devitt, the newly appointed supervisor of the Chatham-Kent Health Alliance, has announced leadership changes in the organization. Effective September 7, 2016, Ken Deane has been appointed interim chief executive officer, replacing Colin Patey, who is no longer with the organization, the announcement said.

Deane has held positions of CEO at Hotel Dieu Grace in Windsor and St. Joseph's Health Care in Toronto. His most recent position was interim CEO at Leamington District Memorial Hospital.

[Chatham-Kent Health Alliance September 7, 2016](#)

Ontario taking action to prevent sexual abuse of patients

The Ministry of Health and Long-Term Care has announced steps it is taking to uphold and reinforce a zero tolerance policy on sexual abuse of patients by any regulated health professional. In fall 2016, Ontario intends to bring forward legislative amendments that would:

- Add to the expanded list of acts that will result in the mandatory revocation of a regulated health professional's license.
- Remove the ability of a college to allow a regulated health professional to continue to practice on patients of one gender after an allegation or finding of sexual abuse.
- Increase fines for health professionals and organizations that fail to report a suspected case of patient sexual abuse to a college.
- Increase transparency by adding to what colleges must report on their public register and website.
- Clarify the time period after the end of a patient-provider relationship in which sexual relations are prohibited.
- Fund patient therapy and counselling from the moment a complaint of sexual abuse is made.

The government's actions are based on [recommendations](#) from the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991. In the immediate term, Ontario will also engage an expert to work with the province to improve the processes that health regulatory colleges must follow when dealing with sexual abuse complaints, investigations and disciplinary measures.

Ontario will bring forward further measures by winter 2017 to:

- Identify more ways for patients to participate in the complaints, investigation and discipline processes at health regulatory colleges.
- Enhance knowledge and education among the public, patients and health professionals.

[Ministry of Health and Long-Term Care, September 9, 2016](#)

Ontario missing panel's 'core' reform to halt sex abuse of patients: chair

The Ontario government's latest efforts to stop doctors from sexually abusing patients "will not deliver the bold reform that is needed," according to the chair of a task force that called for a wholesale overhaul of the system.

Human-rights lawyer Marilou McPhedran said that the task force's "core" recommendation is the creation of an independent authority to investigate and adjudicate sexual assault allegations against doctors, nurses, psychiatrists and other health professionals. But Health Minister Eric Hoskins has no immediate plans to follow that advice. Instead, he promised in a statement to "engage an expert" to help the self-regulating medical colleges that already handle abuse complaints do a better job.

"The core to all of our recommendations is our finding that the current system is not and cannot deliver on zero tolerance of sexual abuse of patients by regulated health professionals," McPhedran said after the Ministry of Health and Long-Term Care released the recommendations of the panel, which began its work nearly two years ago.

"While the legislative amendments announced [on September 9, 2016] follow our recommendations to an extent, they do not deliver on the deep systemic reform that the task

force concluded to be crucial. They may benefit some patients, they may bring some greater fairness, but they will not deliver the bold reform that is needed."

While the government promised to adopt some of the group's 34 recommendations, the Liberals are refusing for now to strip self-regulating medical colleges of the power to investigate and discipline their own members accused of sexual abuse.

[Globe and Mail, September 10, 2016](#)

Ontario Hospital Association welcomes new board chair

Jamie McCracken, board chair of The Ottawa Hospital, has been named chair of the Ontario Hospital Association's (OHA) Board of Directors.

McCracken has been a member of the OHA Board since 2011 and, for the past year, has served as the board's vice-chair. He has contributed to a number of important OHA initiatives. McCracken is currently chair of the Board's Special Committee on Strategic Planning and is also a member of the Governance Nominating Committee of the Board. He takes over from Pierre Noel, president and CEO of the Pembroke Regional Hospital, who served as chair for the past two years.

[Ontario Hospital Association, September 13, 2016](#)

Study finds access to stroke prevention clinics uneven across Canada

Although the vast majority of Canadians live within an hour drive of a stroke prevention program, access to the crucial health service varies greatly in some provinces, a new study has found. The findings, presented at the Canadian Stroke Congress in Quebec City, have been mapped out for the first time to highlight the disparities in access to stroke prevention services across the country.

Researchers found that, while 98 per cent of Ontario residents live within an hour drive of a stroke prevention clinic, that figure is 70 per cent for Saskatchewan, 53.7 per cent for Newfoundland and Labrador, and only 40 per cent for New Brunswick.

Before this study, it was unclear where all the stroke prevention services were in Canada and what access people had, said co-author Patrice Lindsay, director of stroke at the Heart and Stroke Foundation. Inadequate access to care, she says, is a contributing factor when it comes to stroke mortality rates, but more research needs to be done to see how many recurrent strokes are happening in each province and whether that can be directly linked to the availability of prevention programs.

[CTV News, September 17, 2016](#)

It's time for Trudeau to join the battle against 'superbugs'

In this editorial on the growing crisis of drug-resistant infections, Canadian leaders are urged to put their "political muscle" into developing and implementing an action plan supported by financial resources to properly tackle the problem.

"Unless solutions are found, run-of-the-mill surgeries, such as knee or hip replacements, as well as organ transplants, will become too risky to undertake. Chemotherapy and radiation will be too dangerous to administer to cancer patients. Burn units might as well shut their doors while dialysis machines are sent to the junkyard. It's estimated that 10 million people around the world

will die annually from infections by 2050 because we have lost the capacity to treat them, surpassing cancer mortality by a wide margin.”

The authors are: Dr. Andrew Morris is director of the Antimicrobial Stewardship Program at Sinai Health System University Health Network and chair of the Antimicrobial Stewardship and Resistance Committee, Association of Medical Microbiology and Infectious Diseases Canada; and Bill Tholl, president and CEO of HealthCareCAN, the national voice of Canada’s hospitals and health care organizations.

At least 18,000 Canadians are hospitalized annually with drug-resistant infections and an unknown (untracked) number of those patients die every year, writes Dr. Morris and Tholl. “Our best guess is that anywhere between 3,000 and 3,500 Canadians die each year from drug-resistant infection and this can only be expected to grow.”

[Ottawa Citizen, September 20, 2016](#)

St. Joseph’s in the News

[Pillar awards: London refugee programs nominated for Pillar Community Innovation Award](#), London Free Press, August 31, 2016

[St. Joseph’s announces new breast care conference](#), The Londoner, September 2, 2016

[Thunder over London](#), Skies, September 12, 2016

[Star Trek: The original series Captain William Shatner reveals longevity secrets at 85](#), Foods 4 Better Health, September 9, 2016

[William Shatner to perform at St. Joseph’s Tribute Dinner in London](#), AM980, September 7, 2016

[William Shatner to attend St. Joseph’s Tribute Dinner](#), CTV London, September 7, 2016

[William Shatner trekking to London](#), The Londoner, September 7, 2016

[William Shatner: Iconic Canadian actor brings one-man show to St. Joe’s Tribute dinner](#), London Free Press, September 8, 2016

[Ontario Hospital Association welcomes new board chair](#), Montreal Gazette, September 13, 2016

[Legion Week offers up celebration options](#), St. Thomas/Elgin Weekly News, September 14, 2016

[Stroke rehabilitation at a crossroads: We must find ways to deliver intensive therapy to meet the demands of an aging population](#), Market Wired, September 15, 2016

[Legion Week offers up celebration options](#), St. Thomas/Elgin Weekly News, September 14, 2016

[United Way goal: \\$9.17 million for 2016 fundraising campaign](#), London Free Press, September 16, 2016

[Rock the Parkwood](#), CTV News (at the 12:56 mark), September 16, 2016

[United Way announces \\$9.172-million fundraising goal](#), AM980, September 15, 2016

[Youth suicide rate alarming — psychiatrists](#), North Bay Nugget, September 19, 2016