To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: October 21, 2015

Wrap up of the accreditation survey took place on October 2 and we were delighted to hear so many positive comments from the surveyors about the care we provide and the strong cultural identity that is evident across St. Joseph's. The surveyors made special mention of our successful engagement with community partners and noted the focused engagement we also have with our patients and families across all areas of care. There was consistency in their messages about engaged staff and leadership excellence. More on the surveyors' findings can be found in this report. On October 21, we received the detailed accreditation report from Accreditation Canada and our official standing – Accredited with Exemplary Standing. An outstanding achievement.

On October 7, I was pleased to be part of Tribute Dinner featuring TV host and comedian Howie Mandel, who spoke candidly about his experience with mental illness in a lively and entertaining conversation with CBC News host Heather Hiscox. Howie has publicly battled obsessive compulsive disorder and attention deficit hyperactivity disorder and has become an international spokesperson against social stigma and in support of mental health. His words were both powerful and poignant, and packed with irreverent humour. Congratulations to the St. Joseph's Health Care Foundation on an outstanding event. Proceeds from the dinner will directly benefit highest priority needs for patient and resident care across St. Joseph's.

An annual highlight at St. Joseph's every year are the Service Recognition events to honour staff, physicians and volunteers marking career milestones. I will be joined by Board Chair Phil Griffin in hosting the 25-year Dinner on October 21 for those marking a quarter century with St. Joseph's, and a reception on October 22 for all recipients. This year 750 recipients who have given up to 45 years of service to our organization are being recognized.

Also this month, I will be hosting seven quarterly staff and physician engagement sessions across all sites (October 19-22). This includes a separate session at Mount Hope to make it easier for staff at that site to attend. At these sessions, I will review some key performance indicators and talk about the importance of our upcoming employee/physician experience survey.

As always, if you have suggestions to improve the context or format of this report, I welcome your input. Should you have questions regarding any items in this report, please ask questions during my verbal report at the meeting or email me directly at gillian.kernaghan@sjhc.london.on.ca.

Our Patients

Additional palliative care beds coming
As previously reported, provincial and local reviews were completed in 2012 related to palliative care in London. The mutual goal of these reviews was to improve the delivery, coordination and academic mission of palliative care. Since then teams from London Health Sciences Centre (LHSC), St. Joseph's, and St. Joseph's Hospice have been working together to implement the recommendations from these reviews.

Work accomplished to date includes creating a single, city-wide referral form and intake process, establishing new admission/discharge criteria for all palliative units, and realigning the palliative care units at all three sites with the new city-wide criteria to better meet the needs of patients.

One specific goal of the reviews is to ensure the right level of care is provided to the right patient in the right setting. As a result, patients in palliative care beds at LHSC and Parkwood Institute were assessed to determine if they were being cared for in the most appropriate setting. These assessments revealed that some patients in acute palliative care beds at LHSC would receive a more appropriate level of care in palliative care at Parkwood Institute. St. Joseph's, therefore, will assume four additional palliative care beds at Parkwood Institute and LHSC will reduce four palliative care beds. The voluntary integration agreement is pending approval from the South West LHIN.

Influenza vaccination campaign
St. Joseph’s influenza vaccination campaign officially launched on October 7 with an email to all staff and physicians encouraging them to be a “flu fighter.” Influenza vaccination is an extremely important part of our infection prevention responsibility, which is to protect the vulnerable patients we serve and keep ourselves, our loved ones, colleagues and families safe. Our infection prevention practices are an important part of our relentless pursuit of safety, and we are asking all staff and physicians to be informed about the risks of influenza and to read our corporate staff vaccination policy.

All materials used for the influenza vaccination campaign have been updated and refreshed, including the Influenza Prevention and Management intranet site and systems used to track vaccine utilization for reporting to Ministry of Health and Long Term Care and to share staff and physician vaccination rates internally and externally. As part of the refresh, eye-catching floor decals have been placed at Tim Hortons at main sites urging staff to “Be a flu fighter.”

The staff vaccination policy is reviewed annually and at this time our policy and our approach to ensuring our patients are protected from influenza while in our care remains unchanged. We are aware of a recent decision between Sault Area Hospital and the Ontario Nurses’ Association regarding their "vaccinate or mask" policy and we will be mindful of the guidance from the Ontario Hospital Association if there are any implications from this decision that may impact St. Joseph's in the future.

Influenza vaccination clinics at St. Joseph’s began on October 13 and will run until November 5, 2015. In the first week, 854 staff and physicians have been vaccinated. This equates to a 21.4 per cent staff vaccination rate for week one.

Operational Stress Injury Clinic expansion – an update
As previously reported, the Operational Stress Injury (OSI) Clinic at Parkwood Institute received its 2015-2016 budget from Veterans Affairs Canada with net new 5.5 FTEs to increase our FTE complements in psychiatry, psychology, social work, nursing and for program evaluation support. All new staff (psychology, social work, nursing, and program evaluation support) are in place as of September 2015. Recruitment continues for psychiatry. Interim strategies have been put into place leveraging psychiatry support from St. Joseph's and London Health Sciences Centre with the support of physician leaders.

Work continues with Facilities Management to finalize designs of expanded clinic space to accommodate the additional staff. Temporary space in the former Human Resources area at Parkwood Institute Main Building has been assigned and staff began moving in on October 8.

In other OSI Clinic news, an agreement with the University of Waterloo was finalized that supports psychologist Dr. Shannon Gifford in providing on-site training at the University of Waterloo for psychology students in the assessment of OSI clients who live in the area.

Breast Reconstruction Awareness Day
On October 21, St. Joseph's and London Health Sciences Centre are jointly hosted BRA (Breast Reconstruction Awareness) Day, which grows in popularity every year. This year, nearly 200 people are registered for the educational event, which is part of an international campaign to promote education, awareness and access for women who may wish to consider breast reconstruction after a mastectomy. It's the fourth year for the event in London, which has grown to be one of the largest in the country.

The informative evening session, held at St. Joseph's Hospital, is an opportunity for women to:

- learn about reconstruction options directly from plastic surgeons
- hear from women who have undergone the surgery
- view real results first hand in the women's only 'show and tell lounge'
- discover the "Circle of Sharing", a unique support group that helps women who have undergone breast reconstruction reclaim wholeness

To coincide with BRA Day, CTV London featured reconstruction options available to women, which included videotaped coverage of surgery at St. Joseph's Hospital with Dr. Aaron Grant. The piece can be found here. Also featured was our advanced practice nurse Margo Bettger Hahn and patient Maria Moore, a medical radiation therapist at the London Regional Cancer Program who will be sharing her touching story at BRA Day as a speaker. Her story can be found here.

Our People

Share the Spirit
St. Joseph's annual Share the Spirit campaign kicked off across all sites on October 8 with free pizza generously sponsored by TD Canada Trust. Share the Spirit is St. Joseph's employee giving campaign during which staff and physicians are encouraged to donate to St. Joseph's Health Care Foundation, United Way, or both, as a way to help improve the lives of people in our community. The campaign is one way in which St. Joseph's actively works to pursue our mission: to advocate and care for those who are vulnerable and without a voice.

Employee/Physician Experience Survey
St. Joseph's formal Staff/Physician Experience Survey, which is conducted every two years as required by the *Excellent Care for all Act, 2011*, will be sent to staff and physicians electronically on October 26. In the past, the survey, formerly called the "Improving Your Workplace" survey, was sent to 75 per cent of employees who were randomly selected, and 100 per cent of physicians. Respondents could complete the survey in hardcopy or online. This year, 100 per cent of employees and physicians will receive an invitation by email to complete the survey, which will available online only.

The survey is managed for St. Joseph's by National Research Corporation Canada. All answers remain confidential and collated results will be compared to our 2013 data, to data from our 2014 Pulse survey (a shortened version of the full survey), and to results of comparator organizations.

The survey is crucial in planning to ensure the best possible workplace and a safe environment for both patients and staff. All are encouraged to take part as large numbers of respondents provide valuable information at the program, department and unit levels and are key in our pursuit of excellence. Based on feedback from the 2013 survey, many initiatives were implemented to enhance the workplace. Among them are:

- Site specific communication groups (Transition Communication Monitoring Team) were created.
- Communication boards were implemented in all programs.
- Rounding by leaders with all staff was implemented.
- Senior leader rounding was implemented.
- Orientation for new staff now includes a session with the CEO.
- Worklife wellness and resiliency building opportunities have been strengthened. Now available to staff are meditation sessions, fitness evaluations and challenges, Employee Family Assistance Plan workshops with a new e-service option, massage therapy, and more.

The survey closes on November 16, 2015 and results are expected to be available in January 2016 after review by leaders and the Human Resources Planning Council. All leaders will be required to create action plans based on results.

Changes to public registers of regulatory colleges
Regulatory colleges governed by the *Regulated Health Professions Act, 1991,* are implementing changes to the content of their public registers of members in response to a 2014 directive from the provincial government to make more information publicly available about college members. The changes under consideration are similar across all the colleges and generally include adding information about criminal convictions, findings of misconduct in other colleges or jurisdictions, and cautions and remedial activities ordered by the college. The colleges have been moving forward with proposed amendments to their public registers at different rates during the past few months. The changes may pose ethical dilemmas for St. Joseph's in the hiring process of health professionals.

Expanded eligibility for the Healthcare of Ontario Pension Plan
Starting October 1, all part-time and other non-full-time employees can join the Healthcare of Ontario Pension Plan (HOOPP). At St. Joseph's, communication was emailed to 529 part time, casual and temporary employees regarding HOOPP's new eligibility criteria and the opportunity

for these employees to enroll in HOOPP immediately. As of October 1, 18 new enrollments have been received and processed for these employees.

Our Finances

Reducing wait times for community stroke rehabilitation
The Thames Valley Community Stroke Rehabilitation Team has received an increase to base funding of $575,674 ($335,810 pro-rated for 2015-2016). The revised base funding was provided in response to a request for increased staffing resources for the team to be able to address a long-standing wait list. The recruitment process has begun.

Community Stroke Rehabilitation Teams, established in 2009 as part of the South West LHIN's Aging at Home Initiative, provide therapy in a variety of settings, including the home, for adults recovering from stroke. Partnering closely with the Community Care Access Centre and primary care providers, the multidisciplinary teams provide integrated, individualized care for stroke survivors in the community.

Training in health care reporting
Finance arranged for staff and leaders to attend the Ontario Healthcare Reporting Standards (OHRS) Level 1 course, facilitated by the Ontario Hospital Association (OHA) on September 28-30. This is a valuable course to ensure staff and leaders are aware of OHRS/ Management Information System (MIS) guidelines, how they drive our financial reporting requirements and ultimately feed into the hospital's Health Based Allocation Model (HBAM) results.

Finance considers the training, which is offered by the OHA in Toronto, a priority. To maximize attendance and cut down on travel costs, Finance contracted with the OHA to deliver the session in London. Excellent feedback has been received on offering this course locally and there is a plan to include it in our future schedule of training opportunities. Follow-up work is assigned to all attendees and includes three assignments and a final exam that is required to be supervised and completed by February 15, 2016. If successful, the attendees will all receive certification from the OHA in OHRS/MIS Level 1.

Clinical, Education and Research Excellence

Canadian Patient Safety Institute video contest
St. Joseph's has entered the Canadian Patient Safety Institute video contest featuring the new and improved bedside whiteboards in Specialized Geriatric Services (SGS) that are improving patient safety by enhancing communication among care providers and with families. The video provides an excellent overview of the purpose and benefits of the new whiteboards. It is one of 17 patient safety video entries from across Canada. A prize will be awarded for the video that gets the most views. You can support SGS by viewing the video.

Accreditation Survey
The accreditation survey wrapped up on October 2 with the Accreditation Canada surveyors and observers providing very complimentary feedback regarding our organizational culture of caring and compassion, our focus on quality and safety, our enthusiasm for the work we do and our commitment to organizational learning and continuous improvement. St. Joseph's was successful in meeting 1,719 of 1,727 applicable accreditation standards evaluated. Examples of identified opportunities for improvement include:

- Moving to a centralized medical device reprocessing accountability and monitoring process.
- Developing a systematic review and assessment of risk issues across the organization with regular monitoring and closure on issues.

All Required Organizational Practices (ROPs) were met. Medication reconciliation remains unmet in ambulatory areas except for the Pain Management Program; however the overarching ROP – medication reconciliation as a strategic priority – was met and the plan to complete roll-out by 2018 in all ambulatory areas will guide work to be completed over the next three years.

Rising to the challenge
Canada Health Infoway issued its Data Impact Challenge that asked researchers and data analysts “to add your piece to the health care puzzle! What is hiding in your data that could answer important health care questions and help re-imagine the future of evidence-informed decision making?"

A team from the Institute for Clinical Evaluative Sciences (ICES) Western rose to the challenge and won the top prize, including a $20,000 cash award. The team examined the 90-day rate of repeat diagnostic imaging (CT, MRI, ultrasound), looking at more than seven million imaging records involving more than two million Ontario patients in 2013. Some repeat diagnostic imaging is unnecessary and is ordered because a health care team does not have easy access to prior imaging. The overall 90-day rate of repeat imaging was 13 per cent across Ontario, but was statistically lower at 11 per cent in the Thames Valley hospitals (includes London) that share a linked radiology viewing system.

While the absolute difference in the rate was two per cent, given the number of tests performed, it is likely this resulted in several million dollars in savings related to avoided testing, and better access (a shorter wait time) for several thousand patients.

ICES Western, established in January 2013, provides regional access to more than 70 linked different health care databases for all Ontarians (more than 11 billion records on health care encounters going back to 1992). The ICES Western analytic team is available to partner with health care administrators on future projects that generate knowledge and insight to improve the health care system. There is an ongoing partnership between ICES Western and Glen Kearns, Integrated Vice President, Diagnostic Services and Chief Information Officer, in the area of HUGO evaluation.

Mental Health Research Half Day
The 16th annual Mental Health Research Half Day took place on September 25, 2015 at Parkwood Institute Mental Health Care Building. The keynote speaker was Dr. C. Edward Coffey, President and CEO of The Menninger Clinic, one of North America’s leading psychiatric hospitals. A neuropsychologist and award-winning health care executive, Dr. Coffey spoke about neurostimulation and its use for the treatment of neuropsychiatric illness. About 100 people attended.

A novel approach to student orientation
On September 11, 2015, a student orientation workshop was held at Parkwood Institute Mental Health Building that included all students supported by Professional Practice (nursing, social work, physiotherapy, recreation therapy, clinical nutrition, and psychology) commencing placements in September 2015. This approach of uniting students from different disciplines with various placement start dates for a half day of learning is a new and innovative practice for St.

Joseph's. A review of the student's evaluations of the workshop is still in progress but informal feedback suggest the workshop offered valuable relationship building and learning of new skills and knowledge for the students and their clinical instructors.

Sharing expertise on the world stage

Innovations in integrated chronic disease management at St. Joseph's Hospital have made it onto the world stage. A poster presentation featuring a new and exciting model of care that is bringing together programs that have traditionally worked in silos has been accepted at the Institute of Healthcare Improvement's National Forum on Quality Improvement in Health Care.

The poster, "A Coordinated Service Delivery Model of Integrated Complex Chronic Disease Management*,"* highlights new care pathways developed at St. Joseph's for diabetes care and cardiac rehabilitation. Looking at identified risk factors seen in patients in both programs, a coordinated, collaborative care model was developed to optimize the care and service for these patients. This means that patients presenting in St. Joseph's Cardiac Rehabilitation and Secondary Prevention Program with diabetes or pre-diabetes are now referred to the appropriate diabetes services specific to their needs. As well, new diabetes patients at St. Joseph's now receive exercise education and routine screening for referral to cardiac rehab's exercise programming. A full story on this model of care is available on the Internet.

The National Forum on Quality Improvement in Health Care, to be held in December in Florida, is the premier conference for people committed to the mission of improving health care. This annual event draws nearly 6,000 health care professionals from around the world in person and thousands more via satellite broadcast.

Congratulations to Karen Unsworth, project lead, Dr. Neville Suskin and Dr. Irene Hramiak, physician leads; Sherry Frizzell and Mary Mueller, administrative leads, and members of the Improvement Planning Team.

Innovative trial aims to induce remission of type 2 diabetes

St. Joseph's is one of seven Canadian sites taking part in an innovative trial considered a significant and innovative departure in strategy in the care of people with type 2 diabetes. Known as the REMIT Study, it is being led by the Population Health Research Institute (PHRI), a joint institute of McMaster University and Hamilton Health Sciences. This trial follows a PHRI pilot study of early aggressive treatment that resulted in up to 40 per cent of 83 patients with type 2 diabetes going into remission and not needing any diabetes treatment for up at least three months.

The standard treatment for people diagnosed with type 2 diabetes is to start on a single medication, which is then followed by the addition of more drugs and insulin as the disease progresses. The experimental treatment will see patients receiving intensive treatment – two drugs plus insulin at bedtime – for three months to see if remission can be induced.

By being proactive with aggressive treatment early in the disease, researchers are hoping progression of the disease will slow. The approach is a significant shift from standard care because it is changing the disease and inducing remission rather than treating disease.

Dr. Irene Hramiak, Chief, Centre for Diabetes, Endocrinology and Metabolism and a scientist at Lawson Health Research Institute, will lead the trial at St. Joseph's. A total of 152 patients are being sought in Canada – 25 at St Joseph's - who have been diagnosed with type 2 diabetes within the last eight years.

Fostering our Partnerships

Imagining a better, brighter future
The London Advisory Committee for the Visually Impaired (LACVI), together with the Foundation Fighting Blindness, hosted the annual Vision Quest symposium on September 26, 2015, at the London Public Library main branch. This event brings together scientists, physicians, individuals and families to learn about the latest vision research, and to imagine a better, brighter future.

Ivey Eye Institute Coordinator Terry Kaban and Ivey Eye patient Kash Hussain, co-chairs of the LACVI committee, assisted in planning the event for people in London and the surrounding area facing eye illness/vision loss. Dr. Alain Proulx, an ophthalmologist at Ivey Eye, was a keynote speaker. This voluntary work is a way that St. Joseph's partners with our community (CNIB and the Foundation Fighting Blindness) in support of those we serve.

Recognitions and Celebrations

Wildlife Photographer of the Year
Congratulations to Dr. Don Gutoski, a physician in our Urgent Care Centre (UCC) and an exceptionally talented wildlife photographer, who is this year's winner of the prestigious Wildlife Photographer of the Year Competition. The award, adjudicated by a panel of international judges, was announced on October 13 at a ceremony held at the Natural History Museum in London, England. Dr. Gutoski won for his image Tale of Two Foxes described as a beautiful but haunting portrait of the struggle for life in the subarctic climate of Cape Churchill, Manitoba. Beating more than 42,000 entries submitted from across 96 countries, Dr. Gutoski's image, as the grand title winner, is taking centre stage at the 51st Wildlife Photographer of the Year exhibition, which opened at the Natural History Museum on October 16.

Kathy Moran, a member of the jury for the contest, called Dr. Gutoski's image "one of the strongest single storytelling photographs I have ever seen."

To view Don's winning photo, click here. Dr. Gutoski exquisite work also can be found in the waiting room of the UCC, where a few of his outstanding wildlife pieces grace the walls.

Dr. Gutoski, who began his career at St. Joseph's more than 30 years ago in what was then the Emergency Department, is a highly respected member of the UCC team known for exemplary care, compassion and dedication. In 2011, he received St. Joseph's President's Award for Leadership in Mission for his extraordinary leadership through physician shortages and reduced hours faced by the UCC at that time.

Environmental Scan

Enhancing end-of-life care guidance and greater protection from sexual abuse
The Council of the College of Physicians and Surgeons of Ontario has taken two major steps to further support and protect patients:

- The Planning for and Providing Quality End-of-Life Care policy has been updated to set expectations of physicians regarding planning for and providing quality care at the end of life to ensure patients receive care that aligns with their wishes, values and beliefs. The policy underwent an extensive public consultation. A key feature of the revised policy is expectations regarding the provision of life-saving and life-sustaining treatments, which

have been significantly updated. Physicians must obtain consent in order to withdraw life-sustaining treatment, the policy states. The revised policy also requires physicians to engage patients in a discussion before writing a no-CPR order and engage in conflict resolution if there is disagreement. While the conflict resolution process is underway, if an event requiring CPR occurs, physicians must provide CPR.

- A number of decisions and recommendations have been made to protect patients from physician sexual abuse and ensure their voices are heard during the college's investigations and discipline processes. This includes a number of proposed changes to strengthen the *Regulated Health Professions Act* (RHPA). A key proposed amendment is mandatory revocation of a physician's certificate of registration for any sexual contact between a physician and a patient. Currently under the RHPA, mandatory revocation of a physician's certificate of registration is only for certain acts of sexual abuse. For sexual abuse that does not involve these acts, the penalty is at the discretion of the Discipline Committee.

College of Physicians and Surgeons of Ontario, September 14, 2015

South West LHIN announces $9.6 million in new funding

The South West LHIN is providing $9.6 million in new funding in 2015-16 to improve health care for people in our communities. It will contribute $5,089,300 in new base funding to support investments in the community sector, and another $4,538,409 in one-time funding through the LHIN Urgent Priorities Fund. Investments include a 1 per cent base increase to most community sector health service providers, as well as targeted investments into specific priority programs and projects.

Funding is aimed at improving access to family care, enhancing coordination and transitions of care, as well as driving safety through evidence-based practices and ensuring value for money. Investments will work to:

- Enhance support for assisted living hubs, a program focused on a more coordinated delivery model for assisted living services
- Improve hospice palliative care outreach with the aim of enhancing support for palliative patients
- Enhance stroke care
- Support the advancement of Behavioural Supports Ontario to support older adults with behavioural issues
- Develop and roll-out a coordinated access model for Diabetes Education Programs
- Advance Health Links, a provincial initiative working to coordinate care for high needs patients
- Enhance support for adults living with chronic mechanical ventilation
- Advance technological solutions to improve care for patients

A complete list of investments with descriptions is available here.

South West LHIN, September 21, 2015

Hard look needed to improve CCAC service delivery, Auditor General says

The Ontario government needs to take a hard look at how the province's Community Care Access Centres (CCACs), along with their third-party service providers, deliver home- and community-based health care and related support services to patients outside hospital settings,

Auditor General Bonnie Lysyk said after tabling of a Special Report on the CCACs on September 23, 2015.

"The current home- and community-care service delivery model contributes to different experiences for patients depending on where patients reside. For example, the 14 CCACs and their 160 third-party service providers don't use standard care protocols, meaning that patients with the same condition may receive different treatments depending on where in the province they live," Lysyk said.

Lysyk added that "in the two decades since the inception of the CCACs, there has never been a thorough review to determine whether the current delivery model is providing consistent, equitable and cost-effective care."

In the year ending March 31, 2014, the 14 CCACs employed about 6,630 full-time staff and spent a combined total of $2.4 billion, or about 5 per cent of Ontario's total health care spending, to help more than 700,000 people. Although the CCACs provide some care directly to patients, they have 264 contracts with 160 third-party providers, to whom they last year paid $1.5 billion, or 62 per cent of their total spending, to deliver the bulk of patient care services.

Lysyk said in the report that the CCACs claim that 92 per cent of their expenditures go to direct patient care. However, that percentage falls to 72 per cent when a stricter definition of direct interaction with patients is applied. And it drops even further, to 61 per cent, for actual face-to-face treatment of patients. Regardless of the definition used, assessing the proportion of funding that should go to face-to-face treatment of patients can only be done if we know how patient care coordination and administration activities in the current CCAC service delivery model add value to providing effective patient care, says Lysyk.

Other findings can be found here. The full report can be found here.

Office of the Auditor General, September 23, 2015

Report finds most people will be misdiagnosed in their lifetime
Most people will experience at least one wrong or delayed diagnosis over their lifetime, a report predicts, calling diagnostic errors a blind spot in modern medicine that sometimes causes devastating consequences.

Getting the right diagnosis, at the right time, is key to good health care. But despite lots of focus on health care quality over the past 15 years, an Institute of Medicine report found diagnostic errors have gotten too little attention and said urgent improvements are needed. Dr. Victor Dzau of the National Academies of Science, Engineering and Medicine, which oversees the institute, called the report a "serious wake-up call".

The report found there's no good count of diagnostic errors, or how often they lead to serious consequences, but evidence shows that:

- By one conservative estimate, 1 in 20 adults who seeks outpatient care each year experiences a diagnostic error, a number that adds up over time.
- Diagnostic errors make up the leading type of paid malpractice claims and are almost twice as likely as other claims to have resulted in a patient's death.

The report says improvement requires better teamwork and communication between health providers – doctors, nurses, radiologists, lab workers – and urges patients to ask, "Could it be

something else?" It urges health providers to make patients and their families an active part of the diagnosis process, including giving them timely copies of all records and test results. It also urges health care organizations to better identify diagnostic errors and near-misses so providers can learn from them in a non-punitive way – and to use technology to help. Many electronic medical records now have "decision support" tools embedded to remind doctors of possible alternative diagnoses to check.

Globe and Mail, September 23, 2015

75 new nurse practitioners to be hired in long-term care homes
Ontario is providing funding for up to 75 new attending nurse practitioners in long-term care homes over three years, including 30 starting this fall. The new attending nurse practitioners will be the onsite primary care provider for patients. Working as part of a team of health professionals, these new nurses will address the complex care needs of residents by delivering and coordinating services including:

- Proactive assessments and screenings
- Follow-up care
- Timely specialist referrals
- Ongoing chronic disease management
- End-of-life care

Ministry of Health and Long Term Care, September 24, 2015

New report shows Ontario facing a 30 per cent jump in breast cancer cases by 2030
As part of its first-ever report that forecasts cancer cases, the Canadian Cancer Society estimates that breast cancer cases in Ontario will hit 12,730 by 2030, up 30 per cent compared with 2015. The increase, driven primarily by the aging population, poses substantial challenges for quality of treatment and services in the province in the years to come.

"The upcoming surge in cases highlights the need to put more emphasis on cancer prevention so we can help stop cancer before it starts," says John Atkinson, Director, Cancer Prevention, Canadian Cancer Society, Ontario Division. "Prevention, increased screening and greater investments in research will better prepare us to meet the challenges we are facing ahead.

The expected 30 per cent increase in breast cancer cases by 2030 is outlined in the Canadian Cancer Statistics 2015 report. The Canadian Cancer Society publishes the report annually in collaboration with the Public Health Agency of Canada and Statistics Canada.

Canadian Cancer Society, September 24, 2015

How do suicides happen in hospitals?
A Toronto Star investigation that sampled almost half of Ontario's hospitals found that more than 96 in-patients have died by their own hand while under care since 2007. A further 760 were seriously harmed while attempting suicide in hospitals.

The Star probe, which looked into 70 hospitals, including the largest teaching facilities and major mental health centres in the province, found a system characterized by secrecy, inconsistency and lack of oversight. It shows at least one patient is seriously injured attempting suicide every three days, and 13 patients take their own lives every year.

Suicides and attempts occur in all hospital departments, from maternity to neuro-clinical, emergency, medical and psychiatry; and methods range from strangulation and suffocation to drowning, overdose and electrocution, according to the data.

Secrecy is a big part of the problem, the Star found. Following an in-patient suicide, hospitals hold reviews behind closed doors to identify what went wrong and what can be done to prevent further deaths. But hospitals are not required to share these results publicly, or even with other institutions, under the *Quality of Care Information Protection Act.*

In May 2015, the Ontario Hospital Association, in collaboration with the Ontario government, created a task force to develop standards on suicide prevention in hospitals by 2016. "We are committed to making in-hospital suicides a 'never-event'," said task force chair Dr. Ian Dawe, noting that many hospitals in the United States are in the process of adopting what is known as a "zero suicide" strategy.

St. Joseph's Health Care London was among the hospitals asked for data by the Star, which submitted the request through the *Freedom of Information and Protection of Privacy Act*. St. Joseph's provided average length of stay and number of inpatient beds for both mental health care facilities, the Levels of Observation Policy, as well as the number of inpatient suicides and suicide attempts from 2007 to 2014.

Toronto Star, September 27, 2015

Number of doctors on the rise in Canada and payments hit $24 billion: report
Total payments to physicians jumped almost six per cent in 2014, to a total of $24.1 billion, according to new numbers released by the Canadian Institute for Health Information (CIHI). The increase comes just one year after the lowest annual increase in almost 15 years.

Numbers published in CIHI's report Physicians in Canada, 2014 show that the number of doctors has been steadily increasing over the last decade, reaching almost 80,000 in 2014. In addition, gross payments to physicians continued to rise, with physicians earning an average of $336,000 in 2013–2014, an increase of 2.4 per cent from the previous year.

"Over the last eight years, the physician workforce has grown rapidly," said Geoff Ballinger, CIHI's manager of physician information. "Furthermore, current levels of medical school enrolment across Canada suggest this trend is likely to continue for the next few years."

In 2014, the overall physician-to-population ratio reached 224 physicians per 100,000 population. Among other findings are: More doctors are graduating in Canada than ever before; the number of female physicians is growing rapidly; and, after more than a decade of significant growth, the proportion of total payments made to physicians through alternative payment plans instead of fee-for-service appears to have stabilized.

Canadian Institute for Health Information, September 29, 2015

Study finds medical cannabis safe in the treatment of chronic pain
A Canadian research team led by Dr. Mark Ware from the Research Institute of the McGill University Health Centre (RI-MUHC) in Montréal has completed a national multi-centre study looking at the safety of medical cannabis use among patients suffering from chronic pain. The study found that patients with chronic pain who used cannabis daily for one year, when carefully monitored, did not have an increase in serious adverse events compared to pain

patients who did not use cannabis. The results, which have been published online in *The Journal of Pain,* will serve as a benchmark study on the side effects of cannabis when used in pain management.

“This is the first and largest study of the long term safety of medical cannabis use by patients suffering from chronic pain ever conducted,” says Dr. Ware, pain specialist at the Montreal General Hospital of the MUHC and associate professor in family medicine and anesthesia at McGill University. “We found that medical cannabis, when used by patients who are experienced users, and as part of a monitored treatment program for chronic pain over one year, appears to have a reasonable safety profile.”

As part of the Cannabis for the Management of Pain: Assessment of Safety Study (COMPASS), which started in 2004, the researchers followed 215 adult patients with chronic non-cancer pain who used medical cannabis, and compared them to a control group of 216 chronic pain sufferers who were not cannabis users. The study involved seven clinical centres with pain management expertise across Canada, including the Pain Management Program of St. Joseph’s Health Care London.

McGill University Health Centre, September 29, 2015

A first for flu season: a new, more robust four-strain vaccine
For decades, the flu vaccine has been the same general recipe: a needle filled with three strains of inactivated virus meant to ward off the real thing. Now, for the first time for Canadians, a fourth strain of virus is being added with the hope of making the publicly available vaccine even more effective. It’s called a four-strain, quadrivalent (QIV) vaccine.

“It’s sort of like building a better mouse trap,” said Mark Loeb, division director, infectious diseases, McMaster University. “If you have a vaccine that will capture both these (B) strains, it’s no longer a guessing game as to whether the vaccine will have activity against B; both lineages of B will be covered.”

Flu vaccines have been trivalent (TIV) with three-strains — two influenza A-strains and one B-strain. Last year, there was a mutation in an A-strain. In addition, there was a mismatch for the one B-strain. So this year, by offering two B-strains the Public Health Agency of Canada (PHAC) is hoping more influenza will be prevented by the vaccine. “The potential benefit is expected to be greater among children who tend to have a higher burden of influenza related B disease,” the PHAC said.

However, not all Canadians will have access to the four-strain vaccine. That decision is up to the provinces and territories. According to PHAC, about12 million influenza vaccine doses have been ordered by provinces and territories this year for their public immunization programs. Of this total, about 2.9 million doses will be four-strain vaccines. In Ontario the four-strain QIV vaccine is only for children.

Global News, October 2, 2015

Made-in-Canada HIV/AIDS treatment embraced by everyone but Canada
A made-in-Canada approach to tackling the HIV/AIDS epidemic has been endorsed by the United Nations (UN) for use around the world but has yet to gain the support of the Canadian government.

The approach was developed by Julio Montaner, director of the B.C. Centre for Excellence in HIV/AIDS, a pioneer of the "treatment as prevention" form of attacking HIV. It's predicated on the idea of giving highly active antiretroviral therapy to everyone infected with HIV, even if they aren't showing signs of illness yet. It also advocates giving similar treatment to people deemed to be at high risk of contracting HIV.

When the UN's World Health Organization used that model in its updated guidelines for HIV treatment this week, it added at least 9 million HIV-positive people to the population of those in need of highly active antiretrovirals, and many more to the group of at-risk people needing treatment.

"We are now on a global path, as pioneered by British Columbia, to implement a strategy to control and eliminate AIDS as a pandemic," Montaner said.

Montaner has been trying to get Canada to adopt treatment as prevention, establish a national standard of care and get both HIV testing and treatment to everyone infected, but so far only British Columbia's embraced the strategy. Health Canada says it's considering changing its HIV screening and treatment guidelines in light of new evidence but won't say when it will make that decision.

Global News, October 2, 2015

Experimental device could be life-changing for those with type 1 diabetes
An experimental new device currently being tested in humans could vastly change the lives of those with type 1 diabetes, potentially freeing them from daily insulin injections and monitoring.

In type 1, the pancreas no longer produces adequate insulin, so patients must rely on daily injections of the hormone to manage their blood sugar. The promising new device now being studied is called the Encaptra drug delivery system. It's a capsule about the width of a credit card that is implanted under the skin near the pancreas. Inside are stem cells that have been programmed to develop into pancreatic islet cells, which are the cells that help regulate blood sugar.

Dave Prowten, president of the Juvenile Diabetes Research Foundation (JDRF) Canada, which is helping to fund research into the device, says the cells are designed to mature once inside the body and begin producing insulin on their own.

Because type 1 diabetes is an autoimmune disease in which the body mistakenly attacks and kills pancreatic cells, the device is also designed to shield the cells from an autoimmune attack.

So far, clinical testing in mice shows the device performs well, with the stem cells continuously assessing blood glucose and then releasing the appropriate amount of insulin. Now the device is being tested in humans. The device was implanted into a single Canadian patient about a month ago and now researchers are watching to see how it performs.

CTV News, October 1, 2015

More than half of workers with depression don't recognize need for treatment
More than half of workers who reported symptoms of depression did not perceive a need for treatment, according to a study from the Centre for Addiction and Mental Health (CAMH) in Toronto.

The study, published in the *Journal of Occupational and Environmental Medicine*, investigated barriers to mental health care experienced by workers and the resulting impact on productivity. Nearly 40 per cent of participants were experiencing significant depressive symptoms and, of that group, 52.8 per cent did not recognize a need to seek help. Similar rates have also been observed in population studies in the United States and Australia.

"Our results suggest that a significant number of workers who are experiencing symptoms of depression do not recognize they could benefit from help, and so do not seek it," says Dr. Carolyn Dewa, head of CAMH's Centre for Research on Employment and Workplace Health and lead author of the study. "This barrier has a significant impact on health and work productivity, and is an area where employers can focus efforts to reduce work productivity loss."

The findings are based on responses from 2,219 Ontario adults who completed either a telephone questionnaire or a web-based survey. Participants were between 18-65 years old and had been in the workforce during the preceding 12 months.

As part of the study, researchers also developed a model to help employers identify key barriers to treatment. Strategies could be targeted to these barriers to increase the use of mental health services among workers with symptoms of depression. Dr. Dewa and her team calculated that by removing the barrier caused by the unrecognized need for treatment, there would be a 33 per cent decrease in work productivity loss.

Centre for Addiction and Mental Health, October 7, 2015

Middlesex-London Health Unit no longer offering flu shot clinics
The Middlesex-London Health Unit will no longer offer the flu shot at community influenza clinics. This is due, in part, to declining attendance at their clinics in recent years, along with an increase in the number of other locations offering the vaccine.

Marlene Price, manager of the Vaccine-Preventable Diseases Program, said the number of people getting the flu shot has not changed, rather they are choosing to go other places to get it. Some work places have community clinics and, since 2012, pharmacies have been able to administer flu shots to those over age five.

AM980, October 14, 2015

Doctors considering legal action against province
The province has rejected a proposal by doctors for binding dispute resolution, leaving physicians with little choice but to look at legal action, warns the president of the Ontario Medical Association (OMA).

A prominent labour lawyer says the province might want to reconsider its "ham-fisted" approach to the ongoing dispute over fee cuts, not only because the OMA has a "respectable" legal case, but also because doctors' support for medicare could be jeopardized.

OMA president Dr. Michael Toth said his organization learned on October 9, 2015 that the government is unwilling to take the dispute to binding mediation-arbitration.

"While the OMA had hoped that the government would have accepted our request, we have

been left with no other option and are compelled to act in the best interests of our patients," he said in a written statement.

A written statement from Health Minister Eric Hoskins said it's important to stay within allotted budgets so that there will be enough money to expand home and community care. He said that, to date, the OMA has refused to offer its view on how best to manage the $11.6 billion budgeted for doctors.

The dispute was sparked when the province unilaterally chopped all fees charged by doctors by 1.3 per cent in September 2015. This was on top of a 2.65 per cent across-the-board cut in February 2015. There have also been fee cuts targeted at different specialties, and taken together they add up to 6.9 per cent in cuts, said the OMA.

Toronto Star, October 11, 2015

Hospitals battle 'deep-fried hypocrisy', push junk food out the door
Hospitals across Eastern Ontario are decommissioning deep fryers, getting rid of super-sized drinks and lowering sodium content in a program intended to better line up their cafeteria offerings with their health philosophies.

The program, called Healthy Foods in Champlain Hospitals, is aimed at setting an example by reducing unhealthy food and drink choices and increasing healthy ones.

Twenty Eastern Ontario hospitals, including those in Ottawa, have signed on to the effort to offer healthier fare in cafeterias, gift shops and franchises. Seven hospitals have already reached the first phase of the program and 13 others should by the end of the year. That means there will be no more deep-fried food for sale in hospital cafeterias, among other changes. By the time hospitals reach the third phase of the initiative, there will be no junk food, processed meats, fried food, pop or other high-sugar or high-sodium foods for sale.

Ottawa Citizen, October 13, 2015

Health Quality Ontario evaluates health system performance
Physician follow-up after hospital discharge and eye exams for patients with diabetes remain problem areas in Ontario's health system and have shown no sign of improvement in the past five years, according to the latest Measuring Up report of Health Quality Ontario (HQO).

The report looks at the health of Ontarians and how the provincial health system is performing. Released October 14, 2015, this year's report shows that over the past four to 10 years, 13 key performance indicators demonstrate improvement, 20 indicators show no change and two have deteriorated.

The two areas where performance has deteriorated involve distress among informal caregivers and admissions to long-term care homes from hospital.

Among the report's key findings are:

- Patients with heart failure, chronic lung disease, or a mental illness or addiction who are admitted to hospital should see their family doctor within a week after discharge to ensure care is coordinated. Data show that 44 per cent, 36 per cent and 30 per cent of these respective patient groups have a follow-up visit with their doctor within a week of leaving hospital, and these percentages have been static for the past five years.

- Of Ontario adults with diabetes, one third does not have regular eye examinations that can prevent diabetes-related blindness.
- Over the past decade, the rate of people admitted to hospital for medical conditions that can be better managed in another care setting has decreased by one third (233 admissions per 100,000 people in 2013–2014 versus 341 admissions per 100,000 in 2003–2004).
- The number of family doctors and specialists per 100,000 people has increased from 93 to 107, and 85 to 93 respectively between 2005 and 2013. The number of nurse practitioners and registered practical nurses per 100,000 people has increased from 4.7 to 15.2, and 195 to 261 respectively.
- One third (33 per cent) of family members and friends who cared for loved ones at home reported that they felt distressed or had been unable to continue providing this care. This is up from 16 per cent four years ago.
- In the past five years, the average wait for patients to move from hospital into long-term care homes increased to 69 days in 2013–2014 from 49 days in 2008-2009.

An overview of the findings can be found here.

Health Quality Ontario, October 14, 2015

Use of restraints in Ontario's long-term care homes cut in half in just four years
The Ontario Long Term Care Association welcomed the release of Health Quality Ontario's annual report on the health system, Measuring Up, calling it an opportunity to celebrate quality improvement efforts in Ontario's long-term care homes and highlighting the need to provide additional support to homes to expand their efforts.

Long-term care homes showed either improvement or relative stability on three key measures of care, including restraint usage, falls, and new or worsening pressure ulcers. "Homes have either held steady or improved during a time of intense change, when new residents have become increasingly medically complex and with a higher rate of dementia," said Candace Chartier, CEO of the Ontario Long Term Care Association. "These results demonstrate that long-term care homes are successfully creating a culture of person-centred care and quality improvement."

Chartier noted that restraint use in particular has dropped from 16.1 per cent to 7.4 per cent in just four years (2010-2011 to 2014-2015). "The decrease in restraint use benefits our residents tremendously, both in their health and quality of life," she said.

Ontario Long Term Care Association, October 14, 2015

Health minister wants to create task force on MD pay
Health Minister Eric Hoskins says he wants to create a task force to tackle the thorny issue of how doctors get paid. He met with the Ontario Medical Association (OMA) on October 20, 2015, and urged that the organization representing the province's 28,000 doctors take part in the proposal.

The idea to create a task force was first proposed last December by Ontario's former chief Justice Warren Winkler who served as a conciliator during contract negotiations between the province and its doctors. The two sides never reached an agreement and the province has

since imposed two rounds of unilateral fee cuts on doctors. The OMA says that, in total, physician fees have been slashed by 6.9 per cent this year.

Hoskins says he needs to divert the money from the $11.6-billion physician services budget into home care. He maintains that Ontario doctors are the best paid in Canada, earning an average of $368,000 before expenses. In his report, Winker warned that the two sides were on a "collision course" unless significant reforms were made.

Hoskins said he wants to follow through on Winkler's recommendation to create a task force to make recommendations for improving and funding physician services. The OMA has so far issued no public response. The organization's board of directors gathered on October 21, 2015, and plans to discuss the Hoskins' meeting.

Toronto Star, October 201, 2015

St. Joseph's in the News

Obstructive sleep apnea patients show compromised blood-brain barrier function, Sleep Review, September 1, 2015

Ask the Expert (interview with Brenda O'Reilly-Brunell, citywide Director, Health Information Management), Westervelt College, September 18, 2015

You wanted to know, London Free Press, September 22, 2015

Study: One in 30 Women Require Further Surgery After Vaginal Mesh Implant, Drugwatch, September 30, 2015

American Dynamics VideoEdge VMS and Illustra IP cameras unify surveillance control at St. Joseph's Health Care London, SourceSecurity.com, September 2015

Medical cannabis in the treatment of chronic pain, McGill University Health Centre, September 29, 2015

Patients put at risk by move to reduce staffing for palliative care, union contends, London Free Press, October 6, 2015

Howie Mandel talks OCD to London crowd, CTV London, October 7, 2015

Howie Mandel in London, CTV London, October 7, 2015

Making Canada a leader in health care, again, London Free Press, October 8, 2015

Dream Lottery returns in style, London Free Press, October 8, 2015

Dream Home opens for viewing, Blackburn News, October 8, 2015

Dream Lottery returns with new home, cash, cars up for grabs, AM980, October 8, 2015

London hospitals continue making dreams come true, Our London, October 9, 2015

Weekly friendly makes a difference, The Londoner, October 9, 2015

Canadian physician wins Wildlife Photographer of the Year 2015, Globe and Mail, October 13, 2015

Breaking down the silos, The Quarterly (newsletter of the Catholic Health Association of Ontario) October, 2015

Wildlife Photographer of the Year: Warring foxes take prize, BBC News, October 13, 2015

Wildlife Photographer of the Year: Canadian wins with striking foxes photo, CBC News, October 14, 2015

Fox scene earns top photo award, Globe and Mail (Ontario edition), October 14, 2015

Don Gutoski reacts to winning Wildlife Photographer prize, Daily Mail, October 14, 2015

London photographer Don Gutoski wins Wildlife Photographer of the Year award, London Free Press, October 14, 2015

Wildlife Photographer of the Year: Canadian wins with striking foxes, Electronics Feed, October 14, 2015

Wildlife photographer of the year 2015 winners - in pictures, The Guardian, October 14, 2015

2015 Wildlife Photographer of the Year Revealed; Don Gutoski Wins Award, Headlines and Globe News, October 14, 2015

Interview with Dr. Don Gutoski, As it Happens, CBC Radio (first segment, at the 19:36 mark), October 14, 2015

2015 Wildlife Photographer of the Year Award Goes to Canadian Don Gutoski, NewsMax, October 15, 2015

Understanding breast reconstruction, CTV London, October 19, 2015