To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: June 28, 2016

As in the past, you will receive a full summer board report in July. For June, I am providing you with the environmental scan and "St. Joseph's in the News" only to help you stay up to date on health care issues and happenings in the news regionally, provincially, nationally and for St. Joseph's. I will do the same in August.

June was a busy month. On June 16, our St. Joseph's Health Care Society Annual Meeting of the Members was held and I thank all those who attended. In conjunction with the annual meeting, our 2015/2016 Annual Report to the Community went live on our public Internet site. For the fourth year, the annual report is a fully integrated web-based report that allows us to tell our stories and share information in a creative and interactive way while also providing an opportunity for individuals to delve deeper into our organization. It features numerous stories and videos, treasurer's report, Leadership in Mission Report, and more. I encourage you to explore the report at your leisure.

St. Joseph's Health Care Foundation also held their annual general meeting this month, which I was pleased to attend. I acknowledge and congratulate the foundation on its vital support of patient care and comfort across our organization.

Also this month I attended the South West LHIN Quality Symposium. Among the speakers were political journalist Andrew Coyne, former Minister of Health and Long-Term Care George Smitherman, and Health Quality Ontario President and CEO Dr. Joshua Tepper. We also heard from Judith John, a former hospital communications executive, cancer survivor, and caregiver, who spoke on "Hearing the Patient Voice."

On June 14, I took part in St. Joseph's 2016 Nursing Excellence Awards and Bursaries Ceremony, where we recognize and celebrate individuals for their dedication to exceptional care. This is always an uplifting event.

Then, on June 15, I attended the 8th annual Bishop's Dinner hosted by the Most Rev. Ronald P. Fabbro in support of St. Peter's Seminary.

This month also saw the new history corner at St. Joseph's Hospital open, where there will be several themed exhibits a year featuring artifacts and memorabilia that span the 128-year history of the hospital. Be sure to visit when you are in the building – Zone A, Level 1, near the

Richmond Street entrance. Items in the fascinating collection were donated by former students, staff, physicians, and the Sisters of St. Joseph. Several Sisters were on hand for the opening.

Finally, on June 27, St. Joseph's hosted a Catholic Health Association of Ontario (CHAO) workshop on physician assisted death and implications for a patient's transfer of care. The session, attended by our Catholic hospital partners and the CHAO board, explored balancing the Catholic moral, theological and ethical considerations with professional obligations for an effective referral of patients wanting to pursue physician-assisted death.

I would like to wish you a relaxing and safe summer. If you have any questions or need to reach me during the summer, please don't hesitate to do so at gillian.kernaghan@sjhc.london.on.ca

Environmental Scan

Ontario's nurses make recommendations to ensure patients come first

Health care reforms expected in the coming weeks in Ontario won't succeed unless they include a comprehensive health human resources (HHR) strategy, says the Registered Nurses' Association of Ontario (RNAO). In a report released on May 9, 2016, the RNAO outlines what must happen if Health Minister Eric Hoskins wants to achieve his goal of putting patients first.

Mind the safety gap in health system transformation: Reclaiming the role of the RN takes an extensive look at recent trends in nursing employment and sheds light on how the minister's priorities to improve the system "are completely at odds with the reality of how nursing human resources are deployed today."

For long term care homes, the report calls for the Ministry of Health and Long-Term Care (MOHLTC) to legislate minimum staffing standards: one attending nurse practitioner (NP) per 120 residents, 20 per cent registered nurses (RNs), 25 per cent registered practical nurses and 55 per cent personal support workers. Among other recommendations are:

- The MOHLTC develop a provincial evidence-based interprofessional HHR plan to align population health needs and the full and expanded scopes of practice of all regulated health professions with system priorities.
- MOHLTC and Local Health Integration Networks (LHINs) issue a moratorium on nursing skill mix changes until a comprehensive interprofessional HHR plan is completed.
- The LHINs be mandated to use organizational models of nursing care delivery that advance care continuity and avoid fragmented care.
- MOHLTC legislate an all-RN nursing workforce in acute care within two years for tertiary, quaternary and cancer centres, and within five years for large community hospitals.
- LHINs to require that all first home health care visits be completed by an RN.
- MOHLTC, LHINs and employers eliminate all barriers and enable NPs to practise to full scope, including: prescribing controlled substances; acting as most responsible provider in all sectors; implementing their legislated authority to admit, treat, transfer and discharge hospital inpatients; and utilizing fully the NP-anaesthesia role inclusive of intra-operative care.
- LHINs locate the 3,500 Community Care Access Centre care coordinators within primary care to provide health system care coordination and navigation, which are core functions of interprofessional primary care.

Registered Nurses' Association of Ontario, May 9, 2016

Canada's health care system favours the cradle and ignores the grave

In this editorial, David Henderson, president of the Canadian Society of Palliative Care Physicians, and Susan MacDonald, the organization's past president, discuss “a national failure to address dying with dignity from an ethical, funding and continuum-of-care perspective.”

Public policy and health system choices in Canada “have favoured our collective cradle but eschewed our inevitable grave,” they say. “Prenatal programs, newborn immunizations and early childhood interventions across our health care, social welfare and education systems are laudable and should be expanded. This same dedication of resources must also underpin our approaches to better pain and symptom management and a range of palliative care options for us, our loved ones and friends as we bravely face our own mortality. But this is not the case in Canada today – and it is the pinnacle of injustice.”

While Bill C-14 is in the process of becoming law, say Henderson and MacDonald, “palliative-care units in Ontario are closing due to funding cuts, and there is no law on the table about the right to palliative care.”

Read the full article here.

Globe and Mail, May 26, 2016

Imaging study shows promising results for patients with schizophrenia
A team of scientists from across the globe have shown that the brains of patients with schizophrenia have the capacity to reorganize and fight the illness. This is the first time that imaging data has been used to show that our brains may have the ability to reverse the effects of schizophrenia.

Schizophrenia is an illness generally associated with a widespread reduction in brain tissue volume. However, a recent study found that a subtle increase in tissue also occurs in certain brain regions. The study followed 98 patients with schizophrenia and compared them to 83 patients without schizophrenia. The team used magnetic resonance imaging (MRI) and a sophisticated approach called covariance analysis to record the amount of brain tissue increase. Due to the subtlety and the distributed nature of increase, this had not been demonstrated in patients before now.

According to Lawson Health Research Institute’s Dr. Lena Palaniyappan, Medical Director at the Prevention & Early Intervention Program for Psychoses (PEPP) at London Health Sciences Centre (LHSC), there is an overarching feeling that curing people with a severe mental illness, such as schizophrenia, is not possible. This comes from a long-standing notion that schizophrenia is a degenerative illness, with the seeds of damage sown very early during the course of brain development.

“Our results highlight that despite the severity of tissue damage, the brain of a patient with schizophrenia is constantly attempting to reorganize itself, possibly to rescue itself or limit the damage,” says Dr. Palaniyappan.

The team’s next step is to clarify the evolution of this brain tissue reorganization process by repeatedly scanning individual patients with early schizophrenia and study the effect of this reorganization on their recovery.

Lawson Health Research Institute, May 27, 2016

Health unit hires new environmental health and infectious diseases director
City of London Councillor Stephen Turner has been chosen as the Middlesex-London Health Unit's (MLHU) new director of environmental health and infectious diseases.
The Ward 11 councillor and former emergency services professional had also been a member of the Middlesex-London Board of Health since being appointed by City Council shortly after his election win in October 2014. Turner has been on leave from the Board of Health since April.

As director of environmental health and infectious diseases, Turner will oversee a wide variety of public health programs including: inspections for food premises, pools and spas, personal service settings, long-term care homes and child care centres; immunization programs; vector-borne diseases; emergency management; infectious disease control; and sexual health services.

Turner has resigned from the Board of Health prior to acceptance of his offer of employment. He will continue in his city council role and assumes his new duties at the MLHU on June 20, 2016.

Middlesex London Health Unit, May 31, 2016

H**ealth care spending could consume almost 50 per cent of provincial budgets by 2030**
Provincial government spending on health care is projected to increase significantly over the next two decades triggering higher taxes, larger deficits, and/or reduced spending on other services, finds a new study released May 31, 2016 by the Fraser Institute.

The study, The Sustainability of Health Care Spending in Canada, finds that, in every province, health care spending is expected to consume an increasing portion of total provincial government program spending – growing to an average of 47.6 per cent in 2030 from 40.6 per cent in 2015 and 34.4 per cent in 1998.

"Given historical trends, expectations regarding inflation in the future, and an aging population, the status quo on health care spending is not sustainable," said Bacchus Barua, study co-author and senior economist at the Fraser Institute's Centre for Health Policy Studies.

In 2015, Nova Scotia had the highest ratio of provincial health spending as a percentage of program spending (44.6 per cent), followed by Ontario (42.9 per cent) and British Columbia (42.7 per cent).

Fraser Institute, May 31, 2016

Ontario stroke mortality rate lowest ever
Ontario's stroke mortality in 2015 was the lowest rate ever reported, making the province a leading jurisdiction worldwide in the prevention of stroke mortality.

"The risk of dying within 30 days of a stroke has gone down from 11.7 per 100 patients in 2014 to 10.6 in 2015, almost a 10 per cent decrease, translating to more than 60 fewer deaths annually, said Chris O'Callaghan, stroke services executive director at the Cardiac Care Network (CCN), "More Ontarians are surviving a stroke and are receiving the rehabilitation services they need to achieve optimal recovery."

The finding of improved mortality rates was part of a comprehensive evaluation of the province's stroke care system by the Ontario Stroke Network (OSN). On June 1, 2016, the OSN and the

Institute for Clinical Evaluative Sciences (ICES) released a Stroke Report Card that compares the level of access and treatment of people who suffer strokes across the province. It found that the majority of indicators and benchmarks have improved since the previous three-year performance study.

A first in Canada, the OSN and ICES stroke report cards, introduced in 2011, grade the delivery of care for each of Ontario's 14 LHINs, providing data on stroke care and service, both regionally and provincially. Each LHIN received its own detailed report card to review progress being made, gaps and identify solutions that will further enhance the stroke care system.

Institute for Clinical Evaluative Sciences, June 1, 2016

Patients First Act introduced in legislature
On June 2, 2016, Minister of Health Dr. Eric Hoskins introduced the *Patients First Act* in the Ontario Legislature. If passed, the bill would expand the role of Ontario's Local Health Integration Networks (LHINs) to include home and community care by consolidating the Community Care Access Centres within the LHINs and by providing LHINs with the authority to manage and monitor primary care directly.

The bill also proposes major changes to the oversight and accountability regime in place for hospitals. For example, both the ministry and LHINs would be provided with authority to make operational or policy directives for hospitals. LHINs would be given expanded authority to audit and inspect hospitals. Also, the current Hospital Services Accountability Agreement framework under the Commitment to the Future Medicare Act would be removed and a new more directive process is proposed under the Local Health System Integration Act.

The most up-to-date details of the final Patients First proposal is available in Patients First: Reporting back on the proposal to strength patient-centre care in Ontario released in June 2016. Given the breadth of the changes and the potential impact on members, the Ontario Hospital Association (OHA) says it will be examining these issues closely and providing an analysis to members.

Ministry of Health and Long Term Care, June 2, 2016

Ministry of Health ordered to disclose names on OHIP billings
The province's privacy commission has ordered the Ministry of Health and Long-Term Care to release the names of doctors, along with their OHIP billings, in the interests of transparency and accountability.
The decision comes two years after the Toronto Star began requesting physician-identified billings from the health ministry, and brings the province more in line with other jurisdictions that are opting to disclose public funds paid to doctors.

In granting an appeal from the Toronto Star, John Higgins, an adjudicator with the Office of the Information and Privacy Commissioner of Ontario, said physician-identified billings are not "personal information" and are, therefore, not exempt from disclosure under the province's Freedom of Information and Protection of Privacy Act. Even if they were deemed personal, a compelling public interest in their disclosure would outweigh the purpose of the act's privacy exemption, he wrote in a 54-page order released June 1, 2016.

In April 2014, the Star filed a freedom-of-information request, seeking names of the top 100 billers, their specialties and the amounts each received annually for the past five years. Higgins has ordered the health ministry to release the information to the Star by July 8, 2016.

The Ontario Medical Association (OMA) had fought the appeal.

“We continue to advocate that disclosure of billings without context does not provide the public with an adequate picture and may lead to a misunderstanding of billings versus income,” said OMA president Dr. Virginia Walley. “Without an understanding of each individual physician’s overhead costs (such as rent for clinic space, salaries and benefits paid to their office staff, medical equipment, and supplies), in addition to hours worked, one cannot truly interpret the data.”

Toronto Star, June 3, 2016

Ministry of Health announces referral services for physician-assisted death
On June 6, 2016, Dr. Eric Hoskins, Ontario's Minister of Health and Long-Term Care, and Madeleine Meilleur, Ontario's Attorney General issued the following statement:

"Beginning today, medical assistance in dying is permitted in Ontario as a result of a decision by the Supreme Court of Canada. Patients who wish to access medical assistance in dying should talk with their health care provider. Health care providers should consult their regulatory colleges about any rules, guidelines or practices regarding medical assistance in dying. Ontario's health regulatory colleges for physicians, nurses and pharmacists will provide guidance to help health care providers provide appropriate medical assistance in dying to patients who request this option. Ontario will also ensure that drugs required for medical assistance in dying will be available at no cost.”

Ontario will establish a referral service to support physicians in making an effective referral for consultation and assessment for possible medical assistance in dying cases. The service will help connect physicians who are unwilling or unable to provide medical assistance in dying with physicians who are willing to complete a patient consultation and assessment.

While not required by the Supreme Court, the health ministry encourages patients and health care providers to seek further clarity about how the Supreme Court's decision applies to their particular circumstances by bringing an application to the Ontario Superior Court of Justice.

Ministry of Health and Long Term Care, June 6, 2016

Patients stand with Ontario’s doctors against ongoing cutbacks
More than 100,000 people from across the province are standing up against the Liberal government’s cuts to necessary funding for physician services. According to the Ontario Medical Association (OMA), every day the number of people grows who have joined the call to demand that the government stop its cuts and, instead, protect and strengthen quality of, and access to, patient-focused care.

Petitions have been available in doctors’ offices, clinics and online at OntarioPatientsFirst.com since late 2015, and have been continuously submitted to the Ontario Legislature. More than one third of Members of Provincial Parliament (MPP) have read at least one petition into the record at Queen’s Park. In total, the petition has been read 104 times in the legislature by 35 different MPPs.

Ontario Medical Association, June 9, 2016

Memorial University appoints Dr. Margaret Steele as dean of medicine
Dr. Margaret Steele, currently vice-dean, hospital and interfaculty relations at Western University's Schulich School of Medicine and Dentistry, will be leaving her post to become dean of the Faculty of Medicine at Memorial University in St. John's, Newfoundland.

Dr. Steele is an experienced academic administrator, scholar, researcher and psychiatrist who has held several senior leadership roles over the course of her extensive career in medicine and academia. In addition to her vice-dean role at Western, she is also a professor in the departments of Psychiatry, Pediatrics and Family Medicine; an affiliated scientist at the Children's Health Research Institute and a scientist at Lawson Health Research Institute; and an affiliated member of the Centre of Education Research and Innovation at Western.

Her five year term at Memorial is effective August 15, 2016.

Memorial University, June 9, 2016

Ontario hospitals allowed to opt out of assisted dying
Ontario will allow hospitals to opt out of providing assisted death within their walls, provoking charges from ethicists that conscientious accommodation has gone too far.

Elsewhere in the country, a divide is already shaping up, with half of voluntary euthanasia cases in Quebec reportedly occurring in Quebec City hospitals – and few in Montreal.

The situation highlights the messy state of the emotionally charged debate as the provinces wrestle with the new reality of doctor-assisted death. According to information provided to the National Post from the office of Ontario Health Minister Eric Hoskins, "no clinicians or institutions would be required to participate directly in MAID (medical aid in dying) cases." Instead, hospitals unwilling to grant eligible patients a hastened death would be required to transfer their "total care" to non-objecting institutions.

"This transfer of care would not be for the purposes of accessing assisted dying," the statement said, "but for the patients to receive additional advice and consultation on all of their end-of -life treatment options."

Bioethicists are voicing alarm the province would allow entire hospitals – faith based, and not – to invoke a right to freedom of expression, asking, can "bricks and mortar" truly object? Some are invoking images of the province's ORNGE helicopters airlifting dying patients to other communities to access what is now a legal medical act.

"I think many institutions will simply say, 'we're not going to do this, it's more trouble than it's worth,'" said University of Toronto bioethicist Kerry Bowman. She believes in an individual doctor's right to refuse to provide aid in dying on moral or religious grounds. "But I also think we have to put patients first in a situation like this," he said. Dying patients and their families are "overwhelmed with stress and horror at a time like this."

People form strong attachments to staff, added Bowman. “They have a sense of security with the doctor who is working with them. And to be told, ‘you now need to get up and go.’ Remember just how sick these patients are going to be.”

National Post, June 10, 2016

Who will pay for drugs for physician-assisted death?
With medically assisted death now legal in Canada, doctors need access to specific drugs that will painlessly and humanely terminate a suffering patient's life. But just what are these drugs and what do they cost? And most importantly perhaps, who will cover that cost?

One week after the ban on physician-assisted suicide and euthanasia was officially lifted under the Supreme Court of Canada's mandate, doctors, provincial health ministries, private insurers and the pharmacy sector are still trying to sort out the answers. Complicating the issue is the fact that oral drugs that would be taken by eligible individuals seeking to end their lives on their own are not readily available in Canada, so doctors willing to help a patient die must administer the lethal medications.

While all the details haven't been worked out, Ontario has also said it will cover the cost of euthanasia drug kits provided to doctors willing to help a patient end their life. Minister of Health Eric Hoskins said a letter has been sent to all pharmacists informing them the drugs will be made available to eligible patients for free and outlining the process for dispensing them and covering their cost.

"So it won't require patients to purchase the drugs and then be reimbursed," he said. "The health care provider will receive the drugs from a licensed pharmacist and the pharmacist will bill the province directly."

CTV News, June 12, 2016

3M Canada funds personalized medicine at London's hospitals
On June 10, 2016, 3M Canada announced a donation of $600,000 to support the advancement of precision medicine at London Health Sciences Centre and St. Joseph's Health Care London.

At London Health Sciences Centre (LHSC), 3M Canada's gift of $300,000 will support the purchase of key technology as well as laboratory positions for genomic diagnostics in Canada's first hospital-wide implementation of personalized medicine. Under the leadership of clinical pharmacologist Dr. Richard Kim, the Personalized Medicine Program is focused on understanding the genetic differences between individuals and, in doing so, providing the right dose of the right medicine at the right time for every patient. At LHSC, 3M's gift will enable the next phase of a personalized medicine approach to be deployed hospital-wide, starting with important medicines like warfarin.

3M Canada's gift of $300,000 to St. Joseph's will support the launch of a research chair in molecular imaging. This leadership will help transform the future of knowledge, medicine and health care and ensure research studies continue to translate into new applications for patient care when it comes to accurate diagnosis and determining the best treatment options. The St. Joseph’s gift will advance research in accurate diagnosis in many areas of care, including cancer, cardiovascular health, diabetes, and neurodegenerative disease.

3M Canada, June 10, 2016

Middlesex-London Health Unit to address local public health emergency
While Ontario's rates of HIV and hepatitis C infection have been in decline over the last 10 years, in the Middlesex-London area there has been an alarming increase in these infection rates during that same time period. To address the issue, being called a local public health emergency, the Middlesex-London Health Unit (MLHU) is proposing a re-allocation of health unit resources.

Provincially, HIV rates went from 7.4 cases to 5.5 cases per 100,000 in the last 10 years while local rates have gone from 5.9 cases per 100,000 in 2005 to 9.0 per 100,000 last year. For hepatitis C, the local rates have climbed from 32.2 cases per 100,000 in 2005 to 53.7 cases per 100,000 in 2015. The figures for invasive group A streptococcal disease and infective endocarditis are also cause for concern.

The MLHU began compiling data on HIV cases in February 2016 and consulted several provincial and national experts as part of its investigation. The consultations considered what strategies could be used to address emerging public health issues related to injection drug use, and to discuss potential next steps, including the potential for the MLHU to serve as a site for point-of-care (rapid) HIV testing services.

The increase in infection rates and corresponding increases in injection drug use are being driven by several factors, including mental health, addictions issues, and the sharing of needles. The MLHU is already working with local partners on a community drug strategy built on the four pillars of prevention, treatment, harm reduction and enforcement. In addition to this work, the MLHU has also requested that the Public Health Agency of Canada assign a field epidemiologist to Middlesex-London to assist with this work.

Middlesex London Health Unit, June 14, 2016

Physician-assisted dying bill passes Senate 64-12, sent back to House
The Senate has voted 64-12 with one abstention to send the federal government's assisted-dying bill back to the House of Commons for a vote. While in the Red Chamber, senators made seven amendments to the legislation, including expanding eligibility for assisted dying beyond those who are terminally ill.

The Senate rarely alters a government bill to this extent, as the senators often defer to the Commons to craft legislation. But many senators have voiced serious concerns about Bill C-14's constitutionality, particularly the government's move to restrict physician-assisted dying to people whose natural death is "reasonably foreseeable." The pivotal amendment, moved by Senate Liberal Serge Joyal, is intended to bring C-14 more in line with the Supreme Court of Canada's 2015 Carter decision, which declared criminal laws against physician-assisted suicide and voluntary euthanasia unjustifiably violated the section 7 Charter rights of two now-dead British Columbia women with incurable medical conditions that caused intolerable suffering

Among the Senate's other amendments are:

- All patients considering physician-assisted dying would be required to get a full briefing on available palliative care options.
- Tightening of the rules around who can help a person in their assisted death and the role of a person who would materially benefit from the death.
- A two-year deadline for independent reports to be submitted about issues related to medical assistance in dying

- A requirement that the federal minister of health make regulations on the provision and collection of certain information for the purpose of monitoring medical assistance in dying and on the use and disposal of that information.

CBC News, June 15, 2016

Liberals' assisted-dying bill is now law after clearing final hurdles

The Liberal government's much debated and often criticized assisted dying bill is now law. The bill received royal assent June 17, 2016 after passing a final vote in the Senate earlier in the day. The bill was voted through after a final bid by senators failed to expand the scope of who qualifies for a doctor-assisted death.

Senator Peter Harder, the government's representative in the Senate, put forward the motion that the Senate should approve the amended bill and "accept the message passed by the House of Commons." It was approved with a vote of 44-28.

The Senate had passed an amendment to include those who aren't necessarily near death, but the House of Commons rejected it. In the end, senators yielded to the more restrictive bill. In a joint statement, the ministers reiterated that the legislation "strikes the right balance between personal autonomy for those seeking access to medically assisted dying and protecting the vulnerable."

"Health Canada will continue to work with the provinces and territories as provisions of the legislation come into force, and further study will be done with respect to medical assistance in dying in the context of mature minors, people for whom mental illness is the sole underlying condition, and advance requests."

CBC News, June 17, 2016

Wrong Care in the Wrong Place: Report calls for a stop to unnecessary hospitalizations

A new report released June 21, 2016, by the Canadian Foundation for Healthcare Improvement (CFHI) shows how unnecessary hospitalizations due to chronic disease have reached the tipping point of seriously harming this country's health care system.

According to CFHI, diseases such as chronic obstructive pulmonary disease (COPD) are placing a growing strain on Canada's health care system. Of all chronic diseases, COPD is the number one reason for hospitalizations in Canada, accounting for the largest number of return visits to emergency departments. COPD also generates the highest volume of hospital readmissions.

CFHI has announced new results from a national initiative that shows hospitalizations due to COPD can be decreased by up to 80 percent when health care is provided to patients and their families at home. This transformational approach not only improves quality of care, but would also avoid 68,500 emergency department visits, 44,100 hospitalizations and 400,000 bed days – saving $688 million in hospital costs over the next five years.

A conservative estimate finds that about 800,000 Canadians live with COPD, yet people with advanced COPD are among the highest users of Canada's hospital resources. One in four Canadians over age 35 are expected to develop the disease in their lifetime, meaning the situation is forecast to worsen in coming years.

CFHI, in collaboration with Boehringer Ingelheim (Canada) Ltd., supported 19 hospitals across Canada to provide more effective, efficient and coordinated care to patients living with advanced COPD and their families. St. Joseph's Health Care London and London Health Sciences Centre were among the participating organizations.

Health care teams identified patients who visited emergency departments or were hospitalized with advanced COPD, and then invited them into a supportive program that provided them with written action plans for managing their disease. This included: a phone call after they were discharged home; at-home self-management education and psychosocial support; and advanced care planning when needed. Patients in the program were also given a telephone number to call for support.

The program, known as the INSPIRED collaboration, enrolled 885 patients across Canada. For 146 of those patients who had participated in the program for a three-month period, hospitalizations decreased by 80 percent. Patients also reported greater self-confidence, improved symptom management and a return to daily activities such as climbing stairs, exercising, travelling and returning to work. Family members and health care providers say that this program has improved care for patients – providing them with the support they need as they transition from hospital to home, and the information they need to manage their illness. Patients say this program gave them their lives back.

Canadian Foundation for Healthcare Improvement, June 21, 2016

Christian doctors challenge Ontario's assisted-death referral requirement
Groups representing more than 4,700 Christian doctors across the country have launched a court challenge to Ontario regulations that require them to refer patients to physicians willing to provide an assisted death, arguing the referrals are morally equivalent to participating in the procedure.

The College of Physicians and Surgeons of Ontario, however, takes issue with the faith groups' position. "An effective referral does not foreshadow or guarantee an outcome," said college spokeswoman Tracey Sobers.

The new federal law legalizing assisted death says in its preamble that doctors have a right to freedom of conscience, and notes that they are not required to perform or assist in the provision of an assisted death. But Ontario's regulations spell out that doctors must perform an "effective referral."

Several faith groups say the referral policy violates the freedom of conscience and religion protected in Section 2 of Canada's Charter of Rights and Freedoms. They are seeking a judicial review in Ontario Divisional Court, a process that is faster than a typical court challenge and could mean a court date by February 2017. They may ask for an even faster process by requesting that one judge rather than three hear the case – which could mean a hearing as early as the fall, according to their lawyer, Albertos Polizogopoulos of Ottawa.

The faith groups are the Christian Medical and Dental Society of Canada, the Canadian Federation of Catholic Physicians' Societies, Canadian Physicians for Life and several individual physicians.

Globe and Mail, June 22, 2016

Harmful medication prescribing to Canadian seniors costs $419 million a year
More than one in three Canadian seniors fills a prescription for a risky medication that should be avoided in older patients, say researchers who estimate $419 million a year is spent on such drugs.

Many medications are appropriate to take before age 65, but as a person's metabolism changes, the same drugs can become riskier compared with other available treatments, geriatricians say. Inappropriate prescribing among seniors can result in hospital admissions and increased risk of death. Sedative hypnotics known as benzodiazepines, used to treat insomnia and anxiety disorders, are the most common medicine inappropriately prescribed to seniors.

Now Steve Morgan, a professor of health policy at the University of British Columbia, and his team say they have come up with the first price tag on the problem – $400 million spent annually, or $75 per Canadian aged 65 and older.

In the June 22, 2016 issue of *CMAJ Open*, the study's authors estimated the full cost to the Canadian health care system of inappropriate prescriptions to older Canadians is $1.8 billion when the impact in terms of hospitalizations such as falls and fractures are added. The study was based on prescription claims data by those 65 and older for 2013 in all provinces except Quebec. The researchers found that 37 per cent of older Canadians filled one or more prescriptions listed as potentially inappropriate by the American Geriatrics Society's standard, the Beers Criteria.

CBC News, June 22, 2016

Understanding how chemical changes in the brain affect Alzheimer's disease
A new study from Western University is helping to explain why the long-term use of common anticholinergic drugs used to treat conditions like allergies and overactive bladder lead to an increased risk of developing dementia later in life. The findings show that long-term suppression of the neurotransmitter acetylcholine – a target for anticholinergic drugs – results in dementia-like changes in the brain.

"There have been several epidemiological studies showing that people who use these drugs for a long period of time increase their risk of developing dementia," said Marco Prado, PhD, a scientist at the Robarts Research Institute and professor in the departments of Physiology and Pharmacology and Anatomy & Cell Biology at Western's Schulich School of Medicine & Dentistry. "So the question we asked is 'why?'"

For this study, published in the journal *Cerebral Cortex*, the researchers used genetically modified mouse models to block acetylcholine in order to mimic the action of the drugs in the brain. Neurons that use acetylcholine are known to be affected in Alzheimer's disease; and the researchers were able to show a causal relationship between blocking acetylcholine and Alzheimer's-like pathology in mice.

It's hoped that understanding of what is happening in the brain due to the loss of acetylcholine will lead to new ways to decrease Alzheimer's pathology.

Western University, June 22, 2016

St. Joseph's in the News

Elmwood volunteer firefighters rallying around fellow alumni, The Hanover Post, May 26, 2016

London BluesFest added to city's summer lineup, Our London, June 7, 2016

Mount Hope named as facility where numerous elder abuse incidents took place, CTV London, June 8, 2016

Ontario Health Ministry to probe St. Joseph's long-term care home a second time, London Free Press, June 8, 2016 (Also published in the Sarnia Observer, Woodstock Sentinel Review. St. Thomas Times Journal, Brantford Expositor, Chatham Daily News, Stratford Beacon Herald.)

College of Nurses of Ontario names Mount Hope in patient abuse incidents, AM980, June 8, 2016

Abuse apology, CTV London, June 8, 2016

St Joe's talks about abusive nurse, London Free Press (video), June 8, 2016

St. Joseph's apologizes for abuse by nurse, Blackburn News, June 8, 2016

'There's a real reluctance to come forward,' union says, London Free Press, June 9, 2016

'See it, label it, do something about it,' care advocate urges, London Free Press, June 9, 2016

London Police investigating elder abuse cases at Mount Hope, London Free Press, June 9, 2016

3M donation helps target medicine, London Free Press, June 10, 2016

London hospitals receive sizable donation, Blackburn News, June 10, 2016

3M Canada funds personalized medicine at London's hospitals, Montreal Gazette, June 10, 2016 (also posted by KYTX CBS19 TV and The Province)

After relenting in London case, regulator's policy of secrecy may be changing, London Free Press, June 12, 2016

Personalized medicine research gets $600,000 boost, Lab Product News, June 14, 2016

Final week for Dream Lottery tickets, Our London, June 16, 2016

Professional communicators from St. Joseph's and London Life take home top honours at Virtuoso celebration, Edmonton Journal, June 17, 2016

Women with pelvic mesh implants report painful, intractable infections, CTV News, June 19, 2016

Sources say the provincial Liberals are pulling the plug on yearly inspections at more than 500 homes, just three years after they were found violating their own inspection law, London Free Press, June 27, 2016

Beneficial bacteria may protect breasts from cancer, Science Daily, June 24, 2016