



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: October 26, 2016

At the Catholic Health Association of Ontario conference on September 29, clinical ethicist Marleen VanLaethem and I presented a workshop focusing on medical assistance in dying in acute and ambulatory care. There was good discussion regarding the care focus and challenges.

In a trophy presentation on October 11, I was pleased to accept, on behalf of St. Joseph's, the Hospital Challenge trophy from Canadian Blood Services, which we won by donating the most blood per capita (hospital employee population) during the summer months. Staff, physicians, volunteers, family and friends deserve much credit for earning St. Joseph's top honours among 29 Ontario hospitals. Details are in this report.

Also this month, I had the pleasure, along with Board Chair Phil Griffin, of hosting our annual Service Recognition Program. Once again, this consisted of two celebrations at the Best Western Lamplighter Inn. The Evening of Celebration, which recognizes those with years of service in five year increments, was held October 19, and the 25-Year-Dinner recognizing those specifically with 25 years of service will be held on October 26. Always a highlight, this year's celebrations recognize more than 700 staff, physicians and volunteers.

On October 17, I took part in a visit by the Mental Health Commission of Canada to Parkwood Institute Mental Health Care Building. The purpose of the visit was to introduce the commission to our organization's mental health care programs, the community and regional perspectives, and areas of collaboration.

Then, on October 18, I participated in Tribute Dinner hosted by St. Joseph's Health Care Foundation, which was another outstanding event. The sold out evening, with about 1,200 people in attendance, featured Canadian icon William Shatner, who performed his successful one-man Broadway show "Shatner's World: We Just Live In It." The evening celebrated the achievements and future potential of St. Joseph's-based researchers "to boldly go where no one has gone before" in their mission of innovation and discovery. Also recognized was a substantial gift from London X-Ray Associates of \$750,000 to advance imaging research at St. Joseph's. I congratulate the foundation on an extraordinary event.

Finally, I would like to congratulate Gary West, who was awarded the Dr. Ivan Smith Award by Western University's Alumni Association. This award is Alumni Western's highest tribute, recognizing significant and sustained contributions to the Alumni Association, Western

University and society. At Western, Gary has served as a director on the Alumni Association Board from 2007-2014 and previously sat on the Western Foundation Board, Ivey Alumni Network and the Western Senate. He is currently on the Senate Honorary Degrees Committee and the Alumni Legacy Committee. At Ivey, he has been a member of the Governance and Recognition Committee and has been a regular presenter and witness at Ivey's Pledge and Ring Ceremonies since 2004. We are very fortunate that Gary has brought his skills and giving spirit to our board.

Our Patients

Patient parking

In January 2016, the Ministry of Health and Long Term Care issued a directive regarding hospital parking rates. As part of this directive, hospitals must offer passes for patients and visitors that are 50 per cent or less than the daily maximum rate. To comply with this directive, which came into effect on October 1, St. Joseph's has updated its parking pass options to include a 14-day pass at St. Joseph's Hospital and provide refunds at all sites for any unused parking pass days within the calendar year of the purchase. This 14-day pass at St. Joseph's Hospital is now in addition to our existing daily, weekly and monthly passes at St. Joseph's Hospital. Changes to parking passes at Parkwood Institute or Southwest Centre for Forensic Mental Health Care were not necessary because the directive is for hospitals that charge more than \$10 a day for parking. Visitor parking at Parkwood Institute and Southwest Centre is \$4 day.

Support for families appreciated

The family liaison at Parkwood Institute Mental Health Care Building has been supporting a growing number of families who have asked to be accompanied at treatment team meetings. The feedback has been positive with many families saying they would not know what to ask clinicians. Many say they feel relief in knowing they have support both during the meeting and afterward if they require clarification. Requests for such support have been increasing with greater awareness of the Family Advisory Council, Family Resource Centre, the focus on family inclusion in the care of those with mental illness, and the role of the family liaison.

The family liaison helps families navigate the mental health care system, assists families in connecting with the treatment team, facilitates the Family Support Group and Family Education Course, and helps guide advocacy efforts of the Family Advisory Council members. The family liaison also maintains a library of current mental health information and will make recommendations for families according to their interests and needs.

Medical assistance in dying – an update

Work is ongoing to stay abreast of national and provincial developments regarding medical assistance in dying to help guide St. Joseph's physicians and staff. We continue to gather information, refine our processes and develop resources for staff, physicians and our patients. This has involved liaising with ethicists in other health care organizations, both Catholic and secular, and guidance from various regulatory colleges. Most recently, we have:

- Updated our end-of-life brochure for patients and families, which has been posted to the intranet for staff and physicians to access when needed if questions arise about medical assistance in dying from patients and families.
- Developed a frequently-asked-questions document for patients and families, which has been posted to the intranet.
- Continued to augment helpful resources and links available to staff on the intranet.

- Revised the draft policy – Responding to a Request for Intentional Termination of Life – and have continued to solicit feedback from multiple internal stakeholder groups.
- Completed our work with the Catholic Health Association of Ontario (CHAO) to develop principles and a flowchart document that supports how we respond to requests for medical assistance in dying. The purpose of this document is to ensure a standard framework for Catholic health care within Ontario. St. Joseph’s took on a leadership role among Catholic hospitals in this work.
- Facilitated an Ontario Hospital Association webinar on medical assistance and dying to ensure it was made available to St. Joseph’s physicians and staff.
- Led a CHAO workshop on medical assistance and dying in acute and ambulatory hospitals.
- Created a presence on our external website indicating our role as a Catholic health care facility. The site links readers to our end-of-life care and advanced care planning webpages as well as external resources.

Pituitary information evening proves popular

Drawn by an opportunity to hear from the best, nearly 200 patients with pituitary disease and their family members turned out for an information evening that brought together London specialists from various disciplines considered leaders in their collaborative approach to pituitary disease treatment. Shuttleworth Auditorium at St. Joseph’s Hospital was filled to capacity for the session, called Understanding Pituitary Disease, held on October 4. The information night was an opportunity for patients with pituitary issues and their family members to learn directly from various specialists, hear from patients, and have their questions answered.

Patients from across the region and beyond attended the information evening, some travelling a long distance to do so. Many expressed appreciation for the learning opportunity. Read more on [St. Joseph’s website](#).

BRA Day

Shuttleworth Auditorium was again at capacity with more than 200 attendees at Breast Reconstruction Awareness (BRA) Day on October 19. Presented jointly by St. Joseph’s and London Health Sciences Centre, BRA Day is a national campaign to promote education, awareness and access for women wanting to know if breast reconstruction after a mastectomy is right for them. The often-emotional evening session allows women and their loved ones to learn about the options directly from leading plastic surgeons, hear from women who have undergone the surgery, view real results first hand in the women’s only ‘show-and-tell lounge’, and discover St. Joseph’s Circle of Sharing support group.

As always, the show-and-tell lounge was highlight. More than 20 women who have had breast reconstruction graciously volunteered to show their results, easing fears and answering questions of those considering the surgery. Read more on [St. Joseph’s website](#).

Influenza vaccination campaign

St. Joseph’s influenza vaccination campaign officially launched on October 4 with an email to all staff and physicians encouraging them to be a “flu fighter.” Influenza vaccination is an important part of our infection prevention responsibility, which is to protect the patients we serve and their families, and keep staff, physicians and their families safe. All staff and physicians are being asked to be informed about the risks of influenza and to read our corporate staff vaccination policy.

Influenza vaccination clinics began across St. Joseph's on October 11. In the first week, 758 staff and physicians were vaccinated. This equates to a 19 per cent staff vaccination rate for week one, which is similar to the first week last year.

Accessible Vehicle Show

Parkwood Institute's "Living Well with Spinal Cord Injury" patient and family education program hosted the 10th annual Accessible Vehicle Show on September 14, 2016, in one of the Parkwood Institute parking lots. The evening event, which used to only feature full size conversion vans, has become a showcase for minivans, pick-up trucks and even converted classic cars (e.g., a Bentley and a 60's station wagon) demonstrating a range of styles, entry lifts and seating arrangements. Exhibitors traveled from London, Windsor, Cambridge and Dresden to feature a total of 19 accessible vans and trucks.

Among the exhibitors were 10 Parkwood Institute rehabilitation alumni. A unique opportunity to view an all-terrain modified wheelchair was provided by an outpatient of the rehabilitation program.

About 60 people attended, including several spinal cord injury inpatients and their families, and members of Parkwood Institute's Fitness Centre, a program available to people with physical disabilities living in the community.

Operational Stress Injury Clinic expansion – an update

On October 20, the public was informed of the work underway to expand Parkwood Institute's Operational Stress Injury Clinic (OSIC). The OSIC will nearly double in size from 2400 square feet to 4200 square feet with construction taking place between the fall of 2016 and spring of 2017. This expansion will not only allow for more clinical staff to care for more clients but will also enhance our research capability in the area of military-related posttraumatic stress disorder (PTSD.)

The number of Canadian veterans diagnosed with PTSD has almost tripled since 2007 increasing the need for mental health services to aid their recovery. In the past two years, the number of new referrals to the OSIC has grown by 46 per cent. The clinic's large scale expansion will allow St. Joseph's to meet the increased demand for services,

Our People

Share the Spirit

St. Joseph's annual Share the Spirit campaign kicked off across all sites on October 4 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.

Monies donated to the foundation will assist in supporting the highest priority care needs essential to the lives of patients and residents across St. Joseph's. Dollars contributed to United Way will be invested in 88 programs proven to get positive results and create lasting change for individuals.

This year St. Joseph's has set a goal of \$140,000 in employee donations and a total of 150 new donors or increases to bi-weekly donations. Among the incentives up for grabs for new donors and those who increase their donations are a free year of paid parking at any St. Joseph's site, an Apple iPad mini, \$250 in gift cards for Morrison foods (on-site Tim Hortons and cafeterias) and more. Many leaders are setting team goals and offering to be dunked in a dunk tank if they are reached. If both corporate goals are reached the CEO has pledged to appear in the dunk tank.

Zero Suicide Initiative— an update

As previously reported, Joseph's is embarking on the leadership of Canada's first Zero Suicide Initiative. This project aims to improve care and outcomes for individuals at risk of suicide and relies on a system-wide approach to close gaps in care rather than on the heroic efforts of individual mental health professionals. The initiative has transformed suicide rates in health systems in the United States and United Kingdom by wrapping care differently around the individual.

Phase one of this program is currently being piloted within the Adult Ambulatory Mental Health Care Program at Parkwood Institute. As this important work begins, a resource page has been created on the intranet to share information about the program model with staff and answer frequently asked questions. The site will continually be updated with additional resources and information for staff as the initiative progresses.

Also launched is a staff survey about suicide and suicide prevention. The goal is to gain a baseline understanding of our Adult Ambulatory staff's confidence in addressing issues related to suicide, and then to repeat this survey after implementation of the Zero Suicide model. The survey is designed to provide feedback that will guide staff training and patient services.

Department chief leadership announcements

Medical Affairs has announced that Dr. Subrata Chakrabarti has been appointed Chief of the Department of Pathology and Laboratory Medicine for a second five-year term commencing October 1, 2016. In addition, Medical Affairs announces the continuation of the appointment of Dr. Michael Motolko as the interim Chief of Ophthalmology effective October 1, 2016. Extension of the appointment will allow for the continued recruitment of a permanent citywide chief.

Workplace Violence Prevention - Standards for Relationship Policy

Due to legislative changes, St. Joseph's Workplace Violence Prevention – Standards for Relationship Policy has recently been updated. The Ontario government introduced new legislation under Bill 132, which expands the earlier definition of workplace harassment to also include workplace sexual harassment. Effective September 8, 2016, the changes will also strengthen leader accountability and the reporting back to the complainant. St. Joseph's updated policy includes all required changes.

Spiritual Care Awareness Week

Spiritual Care Awareness Week at St. Joseph's is a time to reflect and celebrate the importance of spiritual care within a variety of settings. This year, the theme for the week (October 7-13) was "spiritual resiliency", which describes a person's inner strength and ability to cope in the midst of struggles by drawing on their personal beliefs and value systems. During the week, staff were encouraged to dialogue with Spiritual Care staff on the importance of fostering resiliency within their lives – both professionally and personally. As well, all were invited to visit displays and take part in activities at all sites.

Hand Hygiene High Achievers Club

Hand hygiene efforts are being reinvigorated in creative ways by programs across the organization to maintain the momentum on excellent progress. In Q2, corporate hand hygiene rates reached 96 per cent, surpassing the 95 per cent target. This is an outstanding achievement. As part of the effort to keep the focus strong, 'Elvis' serenaded some of our sites during Infection Control Week October 17-21 to raise awareness and encourage hand hygiene. Another new initiative is the Hand Hygiene High Achievers Club. Any area that attains St. Joseph's goal of 95 per cent or higher will receive a certificate and be added to the Hand Hygiene High Achievers Club on the intranet.

Our Finances

Furthering advocacy efforts for ambulatory hospitals

On September 27, 2016, St. Joseph's was represented at a meeting of the Ministry of Health/Ontario Hospital Association Formula and Tools Sub-Group by Chief Financial Officer Lori Higgs and Health System Funding Reform (HSFR) Coordinator, Patti Riquinha. Lori and Patti presented St. Joseph's analysis of the impact of HSFR on ambulatory hospitals. This was an excellent opportunity to further our advocacy efforts relating to the applicability of the acute inpatient and day surgery module for the specific composition of patients in ambulatory hospitals. The presentation outlined the issues and resultant negative funding impact for all ambulatory hospitals. The sub-group agreed to further analyze the approach used to calculate "weighting" of day surgery cases. This analysis, however, may not be completed prior to 2017-2018 funding allocations. Further follow-up is in process with the South West LHIN and the sub-group co-chairs to understand next steps and explore whether there may be an interim solution for St. Joseph's.

Clinical, Education and Research Excellence

Mental Health Research Half Day

From falls prevention to depression therapies, Lawson scientists are conducting important mental health studies. The [17th Annual Mental Health Research Half Day](#) on September 15, 2016, at the Parkwood Institute Mental Health Building was a chance to share and celebrate this research. The day featured poster and oral presentations, as well as the 12th Annual Tony Cerenzia Research Lecture by Dr. Nathan Herrmann, associate scientist, Evaluative Clinical Sciences, Hurvitz Brain Sciences Research Program, at Sunnybrook Research Institute. Dr. Herrmann delivered an engaging lecture titled "Managing Neuropsychiatric Symptoms in Dementia: An Evidence-Based Approach".

The Best Poster Award was given to the Geriatric Psychiatry Program for their project "Fall Prevention Initiative in Geriatric Psychiatry", which aimed at reducing the rate of falls with injury among patients with dementia in a behavioural health unit. Within an 18-bed unit, the team was able to significantly reduce falls with injury with zero incidences in the last two months of their data collection period. Authors of the poster are occupational therapist Erin Finley, advanced practice nurse Sukhi Brar, and psychologist Dr. Ed Black.

Best in Breast Care Conference

About 230 clinicians, researcher and members of the public turned out for St. Joseph's first annual Best in Breast Care Conference held October 15 to coincide with Breast Cancer Awareness Month. The full-day conference, held at the Lamplighter Inn, featured leading experts in all aspects of breast health – breast screening, diagnosis, treatment, reconstructive

surgery, research, support and survivorship. With significant changes in the last five years in the treatment of breast cancer, there is a need to provide educational opportunities for primary care physicians and others who are responsible for follow-up care of patients after breast surgery and cancer treatment. The goal is to enhance care in the community and ensure all patients receive the same opportunity for excellence in care. The conference was also open to the public recognizing that breast care patients greatly benefit from the latest facts and knowledge to take control of their health. The conference was well received. Read more on [St. Joseph's website](#).

Food, fun, safety and learning

Food and Nutrition Services recently hosted a Food Fair at Parkwood Institute Main Building, which also involved speech language pathologists and staff from Infection Prevention and Control who offered their food safety expertise. The fair reinforced crucial food safety practices while providing a one-of-a-kind interactive experience that combined safety, fun and learning. For example, a hygiene swab test was performed for those willing to test personal cell phones or water bottles for the presence of lurking microorganisms. About 60 staff attended the fair, which was set up like a carnival with a popcorn machine, games and prizes to be won. While this first-of-a-kind fair brought a mix of learning and laughs, the critical message of safety was top of mind.

Fostering our Partnerships

St. Joseph's wins Ontario hospital blood drive

Staff, physicians, volunteers, family and friends helped earn St. Joseph first place in Canadian Blood Service's (CBS) Hospital challenge. With 84 blood donations during June, July and August, St. Joseph's came out on top among 29 Ontario hospitals in donations per capita (hospital employee population). The purpose of the summer challenge is to boost collections and increase CBS reserves during a critical time in the need for blood. On October 11, 2016, CBS presented St. Joseph's with a large trophy for winning the challenge.

The challenge is an extension of CBS' Partners for Life program – a nationwide program that engages corporate companies and community organizations in donating blood on a larger scale. St. Joseph's has been a Partners for Life member since 2012 as yet another way to live our mission and minimize the effects of injury, disease and disability. As a member, the organization sets an annual blood donation target, plays an important role in increasing awareness of the need for blood, and rallies to make a strong and lasting commitment to blood donation. Taking part in the annual summer Hospital Challenge is part of that effort.

'Have a go' at wheelchair sports

Therapeutic recreation specialists with the Spinal Cord Injury Rehabilitation Program at Parkwood Institute recently coordinated a "Have a Go" session with the Ontario Wheelchair Sports Association (OWSA) to allow people to try out wheelchair tennis and wheelchair basketball. The OWSA supplied all the sport wheelchairs for people to try and provided an overview of the sports and the rules around them. Thirteen people attended this evening event, which included a skills session and pick-up game. It was a great experience for participants, all of whom provided positive feedback. Interest was expressed by participants in creating a regular wheelchair tennis group as there is no such group in London. Staff are currently working with the OWSA to look into the possibility.

Recognitions and Celebrations

Thought-provoking work

Stroke expert Dr. Robert Teasell presented the 2016 Ramon J. Hnatyshyn Lecture at the Canadian Stroke Congress September 15, 2016 in Quebec City. In his presentation, “Stroke Rehabilitation at a Crossroads”, Dr. Teasell highlighted recent advances in stroke rehabilitation and the challenges in stroke rehabilitation research and its application to clinical practice. His thought-provoking presentation was very well received by conference attendees and referred to throughout the entire conference at various lectures. A renowned researcher, publisher and presenter Dr. Teasell, is a scientist with Lawson Health Research Institute and Medical Director of the Stroke Rehabilitation Unit at Parkwood Institute.

Other

New resource on communicating personal health information by email

The Information and Privacy Commissioner (IPC) recently released a new [fact sheet](#) on communicating personal health information by email. This fact sheet describes the risks of using email in light of health information custodians’ (HIC) obligations under the Personal Health Information Protection Act. Addressing both HIC-to-HIC and HIC-to-patient communications, it outlines some of the technical, physical and administrative safeguards needed in order to protect personal health information when communicating by email. It also sets out guidance on the policies, procedures and training measures that HICs should have in place with respect to email communications.

Quality and Patient Safety Governance Toolkit - second edition

A new quality-related resource is now available for board members. The Governance Centre of Excellence (GCE) Quality and Patient Safety Governance Toolkit (second edition) provides boards with guidance on the role of the board and the quality committee with respect to the quality and patient safety journey through the health care system. There are five chapters contained within the toolkit:

- Quality, Safety and Patient-Centred Care as a Strategic Priority
- Overview of Legislation/Regulation for Quality and Patient Safety
- Hospital Board and Board Quality Committee Roles and Relationships
- Governance Functions for Quality, Patient Safety and Patient-Centred Care
- Aligning Priorities, Measurement and Reporting

The toolkit, available in both hard copy and as an electronic PDF version, is available for purchase. Both versions direct readers to the GCE website that houses a section dedicated to the toolkit, accompanying appendices and further reading components.

Patients First legislation re-introduced with hospital sector amendments

On October 6, the Ontario government re-introduced the province’s health system restructuring legislation, the Patients First Act, formerly known as Bill 210. The proposed legislation includes significant amendments that address the various concerns raised by the hospital sector over the last few months. An Ontario Hospital Association (OHA) summary of the legislative changes impacting the hospital sector is available [here](#). The OHA and its membership have been continuously advocating for changes to the bill since June 2016. In addition to extensive OHA engagement with senior government officials and political staff, many hospital CEOs and board chairs met with their local members of provincial parliament and cabinet ministers to share the sector’s concerns.

Environmental Scan

Dementia health care must adapt to tackle global dementia crisis

A new report from Alzheimer's Disease International, authored by researchers at King's College in the UK and the London School of Economics and Political Science, reveals that most people with dementia have yet to receive a diagnosis let alone comprehensive and continuing health care.

[The World Alzheimer Report 2016: Improving healthcare for people living with dementia](#) calls for concerted action to increase the coverage of health care for people with dementia worldwide.

Dementia affects 47 million people worldwide and this number will treble by 2050. Currently, only around half of those in high income countries, and one in 10 or less in low and middle income countries have received a diagnosis. Expanding coverage of services for increasing numbers of people with dementia can only be achieved – and a crisis averted – by boosting capacity and the efficiency with which care is delivered.

The report highlights that dementia care being provided mainly by specialist doctors is a key barrier to progress. It calls for a radical change in the way health care is delivered to people living with dementia, with a rebalancing toward non-specialist primary care and planned and coordinated inputs from all levels of the health and social care sectors. Affordability of new treatments is critical to ensuring equity and social justice for the two-thirds of people with dementia living in low-resourced countries.

[Alzheimer Disease International, September 20, 2016](#)

Ontario launching consultations to improve dementia care

Ontario has launched consultations across the province to help develop a new dementia strategy aimed at improving access to quality care for people living with dementia and boost support for those who care for them.

As of September 21, 2016 – World Alzheimer's Day – the province is inviting Ontarians to share their views on the new strategy through an online survey and will hold in-person consultations this fall. Public input is being sought on key issues, including:

- Providing supports to help people with dementia live well
- Ensuring access to the right information and services at the right time
- Coordinating care between health care and other service providers
- Supporting care partners with their caregiving responsibilities
- Having a well-trained workforce to provide dementia care
- Raising awareness and reducing stigma about brain health and dementia.

To support the consultations, the province has released [Developing Ontario's Dementia Strategy: A Discussion Paper](#), which is based on feedback from health care providers, people living with dementia and care partners from across Ontario.

[Ministry of Health and Long Term Care, September 21, 2016](#)

Research reveals brain mechanisms behind posttraumatic stress syndrome

Posttraumatic stress disorder (PTSD) involves defensive responses to stress or triggers. This commonly includes active responses like irritability and aggression. However, it can also include passive responses like out-of-body experiences. In a new study, Lawson Health Research Institute's Dr. Ruth Lanius and her team have uncovered brain mechanisms behind these responses, suggesting that patients with PTSD are poised for defense even when they are at rest.

Past research has shown that the periaqueductal gray (PAG) is one region of the brain that plays a key role in these different types of responses. One part, the dorsolateral PAG, is believed to control active defensive responses while another, the ventrolateral PAG, is believed to control passive defensive responses.

To better understand the brain mechanisms, Dr. Lanius and her team conducted a seven year study with three groups of participants: PTSD patients without the dissociative subtype, PTSD patients with the dissociative subtype and those without PTSD. Using fMRI (functional magnetic resonance imaging) to scan participants' brains, the team examined the PAG and its connections to other parts of the brain (functional brain connectivity) while participants were in a resting state.

Results showed that, even at rest, patients with PTSD have extensive connections between the PAG and other areas of the brain associated with defensive action. All PTSD patients had extensive connections between the dorsolateral PAG and areas of the brain linked to hyperarousal symptoms. However, only patients with the dissociative subtype demonstrated greater connections between the ventrolateral PAG and brain regions associated with passive coping strategies like increased levels of out-of-body experiences.

[Schulich School of Medicine and Dentistry, September 28, 2016](#)

Alzheimer summit gives Ontarians a voice in policy change

On September 29-30, 2016, the Alzheimer Society of Ontario hosted its first-ever Alzheimer Society Action Summit for Ontarians living with dementia, care partners and advocates to have their say in how to influence government policy. This two-day symposium came on the heels of the release of the Ministry of Health and Long-Term Care's Developing Ontario's Dementia Strategy: A Discussion Paper.

The Action Summit covered a range of topics, from identifying research priorities, to increasing community support and building the capacity of the dementia workforce. While this summit is the first-of-its-kind in Ontario, it is part of a growing worldwide movement of people with dementia who are advocating for political change and standing up for their needs and rights.

[Alzheimer Society of Ontario, September 28, 2016](#)

Western Research Parks wins prestigious award

Western Research Parks has been named the winner of the 2016 Outstanding Research Park Award by the Association of University Research Parks (AURP), an international professional association of university related research and science parks. The award is presented to universities and research parks that are operating effectively and making a quantifiable contribution to their respective communities.

Western is only the third research park in Canada, and the first in Ontario, to receive this award. The community of three research park campuses includes the original park now named Western Discovery Park, the Western Advanced Manufacturing Park and the Western-Sarnia-Lambton Research Park. AURP's [media release](#) provides more information on the research park and the award.

[Western News, September 29, 2016](#)

Improved supply chain in Canadian health system can save lives

A ground breaking study released by the World Health Innovation Network has found that supply chain processes, based on global standards, can save lives. According to the study, adoption of these processes by Canadian hospitals and health organizations will significantly reduce injuries and deaths caused by preventable medical error such as medication error, surgery on the wrong patient, allergic responses, missed diagnoses, or use of the wrong product which causes harm, among others.

"The quality of health care is not only influenced by the world class expertise of our Canadian doctors, nurses and equipment," explains Dr. Anne Snowdon, Strategy Professor at the University of Windsor's Odette School of Business. Providing the right tools in clinical settings, she says, helps alert doctors, nurses and pharmacists to ensure the safest patient care and the use of the right medical products, in the right location at the right time.

The report, [Visibility: The New Value Proposition for Healthcare Systems](#), recommends that senior hospital administrators and government policy makers adopt supply chain systems, based on GS1 global standards long used by industry to eliminate preventable medical errors.

With these standards, medication could be scanned upon receipt by the hospital, tracked across movement to a department and then recorded when used for a specific patient. This system can drastically reduce medical errors and waste.

[World Health Innovation Network, October 3, 2016](#)

'Tangled web' of mental health services requires consolidation, collaboration: report

A new report from the London Community Foundation says London-Middlesex has 183 programs and agencies to help people with mental health or addictions. But it's often too difficult for people to navigate through the maze of services to get the help they need, the foundation says in its biennial Vital Signs report.

The foundation is calling on various mental health agencies to forge a better way. For the next two years, it plans to coordinate talks that may help draw together the disparate groups aiming to solve the same issues. This will start with a series of public discussions with patients, families, health providers and agencies beginning on November 3, 2016.

Steven Harrison, CEO of Canadian Mental Health Association Middlesex, said the health system has evolved so that niche organizations have sprung up. Those striving to help people with mental illness and addiction include workplaces, schools, hospital staff and doctors, counsellors, community agencies and police. That means, for someone in crisis, "there are 180

doors to knock on” before finding one that might fit, he said. “We’ve created a real tangled web of services and agencies. The goal now is to start bringing these loose tentacles together.”

[London Free Press, October 5, 2016](#)

More drugs mean seniors more likely to land in hospital, says study

The long and growing list of prescription drugs consumed by Canada’s elderly is actually making them more likely to end up in hospital, not less so, suggests a striking new study. Rather than keeping senior citizens healthier, use of multiple medications increases their chances of ending up in the emergency department or being admitted to hospital, according to the analysis of Ontario health data.

The risk of having to visit a hospital climbs with each additional medication prescribed, the average being seven different drugs a year, the University of Toronto researchers concluded.

The study underscores mounting concern about “polypharmacy,” whose perils include side effects from powerful sedatives, anti-psychotics or opioids, and reactions between incompatible drugs. Writing in the journal *Health Services Research*, the authors recommend increased monitoring of doctors’ prescribing habits and more awareness by patients of the issue.

“When about two-thirds of doctor visits ... lead to a prescription, it really becomes a patient expectation,” said Sara Allin, a professor with University of Toronto’s Institute of Health Policy, Management and Evaluation and the study’s lead author. “More is not always better, but that seems to be the assumption behind a lot of what we do in health care.”

[National Post, October 11, 2016](#)

Study finds more than 45,000 Canadians sought treatment abroad in 2015

In 2015, an estimated 45,619 Canadians received non-emergency medical treatment outside Canada. This figure is slightly lower when compared with the 52,513 who went abroad for medical treatments in 2014, but higher than the 41,838 in 2013.

Physicians in British Columbia reported the highest proportion of patients in a province receiving treatment abroad (1.5 per cent) in 2015. The largest number of patients estimated to have left the country for treatment was from Ontario (22,352). Across Canada, urologists reported the highest proportion of patients in a specialty travelling abroad for treatment (1.6 per cent). Urology also accounted for the largest number of patients in a specialty travelling abroad for procedures (4,974).

One explanation for patients travelling abroad may relate to the long wait times in Canada’s health care system. In 2015, patients could expect to wait 9.8 weeks for medically necessary treatment after seeing a specialist – almost three weeks longer than the time physicians consider to be clinically “reasonable” (7.1 weeks).

[Fraser Institute, October 12, 2016](#)

Ontario taking action to prevent opioid abuse

Ontario is implementing its first comprehensive opioid strategy to prevent opioid addiction and overdose by enhancing data collection, modernizing prescribing and dispensing practices, and connecting patients with high quality addiction treatment services. The strategy includes:

- Designating Dr. David Williams, Ontario's Chief Medical Officer of Health, as Ontario's first-ever Provincial Overdose Coordinator to launch a new surveillance and reporting system to better respond to opioid overdoses in a timely manner and inform how best to direct care.
- Developing evidence-based standards for health care providers on appropriate opioid prescribing that will be released by end of 2017-2018 to help prevent unnecessary dispensing and over-prescribing of pain killers.
- Delisting high-strength formulations of long-acting opioids from the Ontario Drug Benefit Formulary starting January 1, 2017, to help prevent addiction and support appropriate prescribing.
- Investing \$17 million annually in Ontario's Chronic Pain Network to create or enhance 17 chronic pain clinics across the province, ensuring that patients receive timely and appropriate care.
- Expanding access to naloxone overdose medication, which is available free of charge for patients and their families through pharmacies and eligible organizations to prevent overdose deaths.
- Increasing access to Suboxone addiction treatment and improving patient outcomes and integration of care for those using this treatment.
- Beginning October 1, 2016, stricter controls on the prescribing and dispensing of fentanyl patches took effect. Patients are now required to return used fentanyl patches to their pharmacy before more patches can be dispensed.

[Ministry of Health and Long Term Care, October 12, 2016](#)

International 15-year study shows most dominant HIV subtype is also 'wimpiest'

An international study 15 years in the making has shown that it's 'survival of the wimpiest' among subtypes and strains when it comes to understanding the spread of HIV/AIDS around the world, a virus that has killed an estimated 35 million people since the 1970s.

Dating back to the early 2000s, Eric Arts, Chair of the Department of Microbiology & Immunology at Western University's Schulich School of Medicine & Dentistry, co-led a research team that monitored about 300 women in Uganda and Zimbabwe newly infected with HIV and examined their physical and mental health, as well as their social and behavioural patterns, for nearly a decade in some cases. Arts and his collaborators discovered that a group of infected women progressed very slowly to AIDS and discovered that nearly all were infected with a specific HIV-1 strain, called subtype C. This HIV-1 strain replicates very poorly and very slowly in patients making it the "wimpiest" subtype of the deadly virus despite also being the most dominant form of HIV in the world. These findings, published by the journal *EBioMedicine*, appear counterintuitive to Darwinian evolutionary theory, which promotes the fittest not the wimpiest as the standard for reproductive success.

Arts believes knowing the virulence of the different HIV subtypes could have a major impact on how the virus is treated with drugs throughout the world.

[Western University, October 13, 2016](#)

Majority of Canada's clinicians using electronic health records

Growth in the use of interoperable electronic health records (iEHR) by Canadian doctors, nurses, pharmacists and other health care professionals is fueling benefits for patients and providers, including improved quality of patient care, according to two articles published this year in the peer-reviewed journal *BMC Medical Informatics and Decision Making*.

According to the article [Measuring interoperable EHR adoption and maturity: a Canadian example](#), 91,235 health care providers in Canada were active users of at least two iEHR components (e.g., access to diagnostic images and drug information outside of their organization) as of March 31, 2015. Twelve months later, that figure jumped by an additional 50 per cent, bringing the number to approximately 139,000. More than 250,000 clinicians from across Canada use at least one component of the iEHR.

A second article, [The value of connected health information: perceptions of electronic health users in Canada](#), reveals that iEHR users are reporting improved quality of care and improved access to patient information.

[Canada Health Infoway, October 13, 2016](#)

Report finds 'significant' gaps in Ontario health care

In its report [Measure Up 2016](#), Health Quality Ontario (HQP) paints the picture of a province divided by geography and class, noting "significant gaps" in coverage for low income families, new Canadians and those living in poor and remote areas.

Released on October 13, 2016, the report looks at a range of complex points-of-access and the performance of the province's public health care system.

"Income matters," said Dr. Joshua Tepper, president and CEO of the provincial advisory group, who is also a family doctor. It affects suicide rates, infant mortality, smoking, mental health issues and addiction. When Ontarians are facing income challenges, the data shows they simply can't access care, said Tepper, leaving people sick and contributing to higher costs down the road.

The report noted that economic barriers to accessing health care are an important aspect of health spending and overall system performance.

[Toronto Star, October 13, 2016](#)

Canadian Medical Association releases platform for new Canadian Health Accord

The Canadian Medical Association (CMA) has released its plan for a new Health Accord to give the nation's health care system a much-needed reboot. The CMA believes that a new accord is urgently needed so that Canada's publicly funded health care system can better meet Canadians' health needs while providing greater value for money and remaining sustainable.

In releasing [Improving the health of all Canadians: A vision for the future](#), the CMA has provided a platform of six actionable recommendations that should be part of the 2017 Health Accord:

- Targeted extra funding as a "top-up" to the Canada Health Transfer for provinces and territories with more seniors.
- Coverage for highly expensive medication so that Canadians do not experience undue financial hardship if they are sick.
- More financial support for family caregivers by making tax credits refundable;
- A national strategy for palliative and end-of-life care.
- A coordinated home care plan so that healthy seniors can continue to live in their homes and get the support they need.
- Key infrastructure investments to improve and provide more long-term care for Canadians who need it.

[Canadian Medical Association, October 17, 2016](#)

Canadian hospitals struggle to cut wait times for breast reconstruction surgery

Across Canada, hospitals are struggling to reduce waiting times and to increase the quality of care for women who want to have their breasts reconstructed after a mastectomy. The procedure is growing in popularity as doctors and breast cancer advocacy groups make a concerted effort to tell cancer survivors that they have publicly-funded plastic surgery options after their treatment is finished, and as more women who test positive for a gene mutation that increases their cancer risk ask doctors to remove and rebuild their breasts in a single operation.

The wait times for breast reconstruction in Canada range from as few as six weeks to as long as five years depending on the hospital and the complexity of the operation, say plastic surgeons and provincial health ministries that try to measure the queues.

[Globe and Mail, October 18, 2016](#)

Doctor takes stand against Catholic hospital's assisted dying policy

A Vancouver Island doctor is resigning from the ethics committee at a local Catholic hospital because it refuses to offer assisted dying on site, a stand he says is unnecessarily causing critically ill patients more suffering as they are transferred to facilities dozens of kilometres away.

Jonathan Reggler, a general physician who makes daily patient visits to St. Joseph's Hospital in Comox, said he knew the facility, like other faith-based hospitals across the country, had developed a policy of transferring patients asking for assisted deaths. But it wasn't until recently, he says, that such patients began streaming into St. Joseph's – and transferring out – after a federal law came into force June 17 that legalized medically assisted dying for patients whose suffering is intolerable and whose deaths are reasonably foreseeable.

"We're talking about very sick patients having to be transferred – people who are close to death – and it's wrong," Dr. Reggler said, adding that patients at St. Joseph's seeking this treatment must be driven 45 minutes north to Campbell River or an hour and a half south to Nanaimo.

In his resignation letter he referred the hospital's policy as the "cruellest" he has ever encountered in more than 30 years of medical practice and that St. Joseph's motto of 'care with compassion' now "rings hollow."

Jane Murphy, president and chief executive of the hospital, released a statement praising Dr. Reggler as a respected and long-standing member of the committee but said her institution will continue to refuse to offer assisted dying.

[Globe and Mail, October 18, 2016](#)

Ontario's bishops rally behind doctors fighting assisted suicide policy

Ontario's bishops are putting their weight behind doctors who are going to court to defend their religious and conscience rights to refuse to refer patients for assisted suicide. Five doctors are involved in a legal challenge against the College of Physicians and Surgeons of Ontario (CPSO).

The doctors and the three organizations — the Christian Medical and Dental Society of Canada, the Canadian Federation of Catholic Physicians' Societies, and Canadian Physicians for Life — are facing soaring legal costs in their challenge against a CPSO policy that requires doctors who refuse to participate in assisted suicide and abortion to refer those patients to other doctors.

The Coalition for HealthCARE and Conscience is a new national organization that comprises the three groups involved in the lawsuit, plus the Archdioceses of Toronto and Vancouver, the Catholic Organization for Life and Family, the Canadian Catholic Bioethics Institute, the Catholic Health Alliance of Canada and the Evangelical Fellowship of Canada. The group has issued an appeal for funds and for political action on behalf of the litigants.

Ontario's bishops agreed at their annual plenary earlier this month to support the coalition and make conscience protection a "top priority," said Bishop Ronald Fabbro of London, president of the Assembly of Catholic Bishops of Ontario.

The bishops' primary goal will be to build awareness in parishes about the threat to conscience rights for not only health care providers but also Catholic hospitals, which must be allowed to "continue to operate according to their mission as Catholic hospitals without threats of defunding," Fabbro said. The bishops will also become active in promoting the expansion of palliative care.

[The Catholic Register, October 18, 2016](#)

Why some doctors may seem to know very little about assisted death

In this article, Paul Taylor, a patient navigation advisor at Sunnybrook Health Sciences Centre, looks at access to medical assistance in dying (MAID) in Canada and why the service has been inconsistent since the federal government passed the law in June that established the criteria for its use.

Among the many challenges of rolling out MAID is that doctors in the community are in need of more guidance to carry out what amounts to a new and demanding responsibility, he writes.

In the article, Taylor explores some of difficulties faced by family physicians by highlighting the experiences of Dr. Eliseo Orrantia, a family physician who practises in the Northern Ontario town of Marathon, on the shores of Lake Superior.

[Globe and Mail, October 21, 2016](#)

Faith-based hospitals' right to refuse assisted death will be challenged, senator warns

It is only a matter of time before the right of faith-based hospitals to refuse medical assistance in dying is challenged in court, said Sen. Serge Joyal. And provinces should take the lead, he said, rather than leaving such an important policy question to individuals.

Joyal, who sat on the special joint committee that studied the issue, said Ontario or another province should submit a reference question to the Supreme Court of Canada to clarify the issue of whether institutions can claim to be conscientious objectors to assisted dying, as faith-based hospitals are doing in Ontario and elsewhere.

A spokesman for Ontario's Ministry of the Attorney General said the province is not proposing to commence a constitutional reference on the issue.

Joyal said the question will need to be clarified, but he believes the Supreme Court of Canada has already addressed the issue in a 2015 ruling against prayers at municipal council meetings. In the case involving the Quebec town of Saguenay, the court ruled that reciting prayer before meetings infringed on religious freedom rights by professing one religion to the exclusion of all others. The court also said at the time that a neutral public space must be "free from coercion ... and is intended to protect every person's freedom and dignity." The concept of institutional neutrality would also apply to publicly funded hospitals, said Joyal.

The organization Dying with Dignity Canada has called on provinces to ensure there is access to medical assistance in dying in all publicly funded hospitals, hospices and long-term care facilities that care for the dying. Spokesperson Cory Ruf said the organization has no formal plans to launch a constitutional challenge on the issue, but added: "We would likely be very supportive of — and may consider participating in — a legal action challenging the status quo."

Ontario has not yet released policy or regulations around medical assistance in death. Many hospitals have their own policies in place.

[Ottawa Citizen, October 22, 2016](#)

Dozens of community organizations lose federal HIV funding

People across Canada living with HIV feel abandoned by the federal government because of changes to the way the Public Health Agency of Canada (PHAC) funds the response to the virus, according to several organizations providing support services.

More than 40 AIDS service organizations across Canada that previously received funding from PHAC for program delivery will have to search for new sources of revenue in order to keep operating. The full picture of which organizations and services have lost their funding as a result of the changes is still developing.

This year, the agency spent \$24.6 million on community-based programs through its HIV and Hepatitis C Community Action Fund. Citing a shift in focus from treatment support to prevention, the health agency said funding of the programs will end in March 2017, which advocates say will leave those with HIV without culturally specific peer support and access to services.

"It's catastrophic for Canada's ability to respond to the needs of people living with HIV and hepatitis C," said Gary Lacasse, executive director of the Canadian AIDS Society, which will also have between 30 and 50 per cent of its government funding cut.

Lacasse says the changes amount to a cut in social support services that ultimately help HIV-positive people access treatment, and they will have a cascading effect on the country's ability to contain the epidemic. About 75,000 Canadians were living with HIV at the end of 2014.

[CBC News, October 24, 2016](#)

More physician assistants would lower health care spending, report finds

Hiring more physician assistants (PAs) and effectively integrating them into health care teams could save the Canadian health care system up to \$1 billion by 2030 in efficiency gains, according to a new report released by The Conference Board of Canada.

Canada's health care system cost Canadians \$219 billion in 2015, and hospital, drugs and physician services accounted for 60 per cent of this spending. PAs could help lower Canada's health care spending by completing more routine tasks and freeing up physicians' time for tasks that are more aligned with their specialized skills.

[Gaining Efficiency: Increasing the Use of Physician Assistants in Canada](#) is the second report in a series of briefings that aims to better understand the role and financial impact of PAs on Canada's health care system

[The Conference Board of Canada, October 24, 2016](#)

St. Joseph's in the News

[Action needed on youth suicide](#), Sault Star, September 20, 2016

[Brain and Mind Matters tournament ends successful three-year run](#), Stratford Beacon Herald, September 22, 2016

[Regional money juggling means no fast fix to long waits for area patients with complex needs](#), London Free Press, September 23, 2016

[Windsor man among a dozen others honoured for service to veterans](#), CTV News, September 24, 2016

[Province's cost guidelines flex to match hospital's spending](#), London Free Press, September 27, 2016

[Do chronic pain and RA incite the same degree of psychological distress?](#), Psychiatry Advisor, September 27, 2016

[The Dream Lottery: London hospital lottery dreams bigger](#), London Free Press, October 6, 2016

[Dream Lottery unveils \\$1.3-million home as top prize](#), AM980, October 5, 2016

[\\$1.3 million home up for grabs for Dream Lottery](#), Blackburn News, October 5, 2016

[Dream Home is Knights inspired, Holmes approved](#), Our London, October 6, 2016

[I can see clearly now, London Free Press](#), October 6, 2016

[Facebook bans London, Ont. woman who tattoos nipples, areolas](#), London Free Press, October 7, 2016 (Also posted by CBC News and Toronto Sun)

[London News – Paying it forward for BRA Day](#), My Local News, October 11, 2016

[BRA Day](#), CTV London, October 12, 2016

[Hormone may be key to relief for patients, caregivers](#), Western News, October 12, 2016

[Holmes to visit dream home](#), Blackburn News, October 13, 2016

[Best in Breast Care Conference](#), CTV London, October 15, 2016

[Breast reconstruction awareness brings women with cancer together](#), London Free Press, October 16, 2016

[William Shatner to perform at St. Joseph's fundraiser](#), October 18, 2016

[London's Parkwood PTSD clinic for veterans, soldiers and RCMP officers expanding](#), London Free Press, October 20, 2016

[Expansion to help veterans with PTSD](#), Blackburn News, October 20, 2016

[St. Joseph's wins Ontario hospital blood drive](#), Healthscape (e-newsletter of the Ontario Hospital Association), October 20, 2016

[Rise in PTSD among Canadian veterans prompts Parkwood expansion](#), Londoner, October 21, 2016

[Inspiring steps: Windsor lawyer, former Spits goalie McRae back on feet after spinal cord injury](#), Windsor Star, October 22, 2016

[Breast cancer survivors share their breast reconstruction stories](#), London Free Press, October 24, 2016