



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: May 24, 2017

It's been a very busy month which led off with yet another outstanding Breakfast of Champions event hosted on April 26 by Joseph's Health Care Foundation in partnership with the Canadian Mental Health Association Middlesex. I was captivated by keynote speaker Sue Klebold, who candidly shared her journey as a mother coming to terms with the incomprehensible knowledge of her son's role in the Columbine High School shooting, and the realization of his struggle with mental illness. Sue talked about her life after the tragedy and how it has led her to become a passionate mental health advocate. She also provided invaluable insights on how to recognize when a child is in distress. It was a powerful morning with more than 1,200 local community leaders and mental health advocates in attendance.

After the breakfast, I met with representatives from the Mental Health Commission of Canada (MHCC) and London mental health leaders at Youth Opportunities Unlimited. This was an opportunity for the MHCC to learn more about exemplar practices in mental health and wellness for youth and their families, including collaboration of programs and initiatives. I shared our role and partnerships in adolescent mental health care. The MHCC recognized the tremendous work being carried out in London and made notable mention of the impressive and unique culture of collaboration.

On May 1, 2 and 4, I hosted seven quarterly staff and physician engagement sessions across all sites. At the engagement sessions I discussed: St. Joseph's new Care Partnership Framework; key Q4 performance indicators and achievements; new performance metrics; staff psychological health and safety; the new South West LHIN governance structure; and more.

On May 3, meanwhile, I attended the Operating Room Nurses Association of Canada National Conference where I gave two presentations. In my talk "Speaking up is Hard to Do", I focused on the need for each member of the team to take accountability for the quality, safety and the work environment. My second presentation, "Getting to Always", highlighted the importance of striving for 'never' events, which requires 'always' behaviour and the commitment of leaders and staff.

Also this month, I attended the Catholic Health Alliance of Canada Conference. To coincide with Canada's 150th anniversary, the theme of this year's conference was "Diversity and Disparity: In the people we serve and the people who serve".

Then, on May 17, I participated in Studer Group's Leadership and Improvement Conference where I presented "10 Minutes that Count" focusing on our performance review system. Also at the conference, the 2017 Fire Starter Hall of Fame winners were recognized. This is the highest award of excellence given by Studer Group. A "fire starter" refers to an individual "who ignites the flames of passion for health care excellence." I am most honoured to be a recipient this year and to be inducted into Fire Starter Hall of Fame, which will take place in Chicago in August.

Finally, on May 19, I was invited to speak at the Rotary Club of London South where I presented “What’s Old is New Again”, reflecting on the quality of our presence in health care and its importance in today’s leadership and business thinking.

Our Patients

Expanding care for individuals with operational stress injuries

Additions to the services and facilities of the Operational Stress Injury (OSI) Clinic at Parkwood Institute are enhancing care for clients:

- \$1 million in renovations to the OSI Clinic took place over the winter and spring and are now mostly complete. This work has doubled the size of the clinic and the design is based on best practices to support military personnel who seek treatment for operational stress injuries and their families. The new clinic will include enhanced treatment using technology such as a virtual reality suite, as well as an examination room and a Family Visiting Suite. Clinics resumed in the space on May 15. The team and clients are thrilled with the renovations. A formal ribbon cutting will take place in September 2017. In addition, work is underway to enhance the services at the satellite clinics in the Greater Toronto Area and Hamilton.
- As of February 2017, clients of the OSI Clinic can take part in a Veterans Arts pilot project at Parkwood Institute. Each client will be able to attend up to 12 sessions with three afternoon offerings weekly. Clients will create individual projects in the studios at the same time as resident veterans, which allows for intergenerational engagement opportunities. Participants will complete a number of pre and post surveys as part of a program evaluation component. There are currently 10 OSI Clinic clients participating. The idea for this project came from participants of the MySELF group who, upon completion of this program, expressed interest in attending the studio to complete projects as well as to support transition to community art opportunities.
- Dedicated geriatric psychiatry clinics for the OSI Clinic have been initiated in partnership with psychiatrist Dr. Karin Kerfoot and the mental health Geriatric Psychiatry Program at Parkwood Institute. This partnership was initiated when Dr. David Harris, geriatric psychiatrist who provided services to the OSI Clinic, retired. In review of the services and in discussions between the OSI Clinic team and mental health colleagues and leaders, it was felt there was an opportunity to access existing resources within the organization and develop partnerships to create dedicated OSI geriatric psychiatry clinics. This partnership also minimizes duplication of hard-to-recruit clinicians, leverages expertise and strengthens collaboration between programs. A dedicated geriatric psychiatry clinic is now offered three half-days per month. The OSI Clinic will continue to review demand for these services and work with mental health colleagues to determine if additional clinics are required in the future.

In other OSI Clinic news, Dr. Ken Lee, family physician with the OSI Clinic, took part on April 5, 2017, in a discussion/presentation to the Standing Committee of the House of Commons on suicide among veterans, extending care beyond post-traumatic stress disorder, and increasing access to and availability of services.

One Tube, One Label – a patient safety initiative

The Urgent Care Centre (UCC) at St. Joseph’s Hospital is the first care area to begin implementation of ‘One Tube, One Label’ following a trial of the technology in the Cardiac Care Unit at London Health Sciences Centre.

One Tube, One Label aims at reducing blood collection errors associated with incorrect ordering practice, label printing behavior and incorrect or inconsistent collection process. These errors lead to an increase in labeling errors, wrong blood in tube, confusing patient order screens and time spent in the lab deciphering and correcting orders prior to specimen processing. For example, a consistent problem for labs is loose labels that are included in the transport bag along with labelled specimens. The ordered tests are spread across the labels – some on the specimen, some loose in the bag. Every loose label is for one or more tests, each of which needs to be manually processed by lab assistants.

One Tube, One Label involves the use of a Cerner module that utilizes bar code scanning during the specimen collection process to ensure positive patient identification and matching of specimen labels to the patient post collection. With this module, Cerner will no longer automatically print the specimen labels according to system rules; rather, nurses will access the system and choose which labels, as well as which printer they wish to print to. It also allows for the electronic capture of the date and time of the collection as well as who completed the task.

The One tube One Label project team has been working with the UCC to streamline specimen collection and collaborate on potential solutions with the goal to decrease patient risk. Mapping of current state was completed and five priority solutions were identified. The next phase is the drafting of future state, creating implementation plans for accountability and education, and drafting recommendations for all areas to follow as implementation expands to other programs and sites.

Medication safety - fentanyl patch disposal

In an effort to combat the abuse, misuse, and diversion of prescription fentanyl patches, the provincial government passed legislation requiring patients who receive a prescription for fentanyl to return their used patches to a pharmacy before receiving new ones. The College of Physicians and Surgeons of Ontario and the Ontario College of Pharmacists strongly supported this legislation, as well as the government's approach to delineate specific roles and responsibilities for physicians and pharmacists when prescribing and dispensing fentanyl patches in the community. This legislation focused on community practice for outpatient prescriptions only. Inpatient and long term care prescriptions are exempt, however, hospitals must have policies and procedures in place to ensure fentanyl patches are accounted for, are not diverted, and that there is an auditing process.

St Joseph's is implementing policies to align our practices ensuring safe management of fentanyl patches for our inpatients and clients, and enhancing security for our staff handling fentanyl patches through witnessed disposal or return cards. A new process would tie the order, patient, nurse and the witness directly to each patch and provide auditability for the order and the drug.

Breaking down the silos – an update on integrated chronic disease management

In Medicine Services at St. Joseph's Hospital, efforts continue to transcend traditional disease silos and achieve health care system redesign. As previously reported, work is underway on a collaborative, evidence-based model that considers commonalities of risk factors and pathophysiology to provide integrated care and data pathways between chronic illness programs. The initial focus was in cardiovascular disease and diabetes. By applying a scalable, systems approach, Medicine Services is now in a position to extend newly tested care designs to another high-risk population – patients with chronic obstructive pulmonary disease (COPD).

Pulmonary rehabilitation is recognized as a core component in the management of patients with COPD. Integrated into individualized treatment of patients, pulmonary rehabilitation is designed to reduce symptoms, readmissions and costs, and to optimize functional status and quality of life.

The recently established COPD Program at St. Joseph's Hospital (an update from the previous Chronic Obstructive Lung Disease Program) has been receiving referrals from the urgent respirology clinics and the inpatient hospital COPD navigator at London Health Sciences Centre, and respirology outpatient clinics at St. Joseph's. These patients have rapid access to follow-up COPD care and will soon be able to benefit from evolving chronic disease prevention and management service delivery. The goal is to optimize health behaviours such as regular exercise, smoking cessation, coping with depression and long-term adherence to health-enhancing behaviours.

Members of a newly formed pulmonary rehabilitation planning group are in the process of operationalizing key quality improvement change concepts which were used in the cardiovascular/diabetes integrated strategy. In a prototype phase, exercise screening and programming is planned.

Looking ahead, team development and further integration of interdisciplinary services and medical specialties, including those beyond our walls, is anticipated. By the end of this first quarter, opportunities to further enhance our care for people living with complex chronic disease will be identified and recommended for future planning and alignment.

Patient experience in the Cataract Suite

In the most recent patient experience survey, 100 per cent of patients rated the overall quality of care in the Cataract Suite as positive, which means excellent, very good or good. This is an outstanding achievement. When looking at the top box (excellent) only, 72.7 per cent rated their care experience as "excellent". Congratulations to the Cataract Suite team on these scores.

Celebration of Life

Two Celebration of Life services hosted by Spiritual Care were recently held to honour the lives of those in our care as well as care providers:

- At Parkwood Institute Main Building more than 100 people turned out on April 26, 2017, to celebrate the lives of patients and veterans who passed away in the six months between September 2016 and February 2017 at that site. This service is held twice a year – in spring and fall – at Parkwood Institute Main Building.
- At Mount Hope Centre for Long Term Care, a service was held on April 27, 2017, to honour 71 residents and one staff member who had died in the past six months. The Mount Hope service, also held twice a year in spring and fall, honours residents, their family members and staff who have passed away.

Commemorating the battle of Vimy Ridge

A meaningful and touching event was held at Parkwood Institute to commemorate and honour the soldiers who fought in the battle of Vimy Ridge 100 years ago. Poppies decorated the walls and stories of the war were demonstrated and shared by the Upper Thames Military Re-enactment Society Tableau Program, which featured actors in WWI attire who held poses to reflect moments in the war.

Blacksmiths Jeff Werkmeister and Scott McKay presented a metal wreath to the Parkwood Institute veterans. Last year, the pair handcrafted wreath pieces and sent them to Belgium to

contribute to a large wreath laid at the cenotaph. Wanting to do something local, they created a full wreath for the Parkwood Institute veterans.

Lt. Colonel David Fearon, Chief of Staff – 31 Canada Brigade Group Headquarters, attended this special event.

Also to mark the historic battle, 11 Parkwood Institute veterans and clients of the Occupational Stress Injury Clinic, along with five staff members, were among the 1,000 guests who attended the 100th Anniversary Battle of Vimy Ridge Commemorative Gala Dinner at the London Convention Centre. The veterans and clients thoroughly enjoyed their evening, viewing displays, artwork, WWI equipment, historical re-enactors dressed in period dress, and a variety of silent auction items. The “Task At Hand” group on 4 Bruce Elgin in Western Counties Wing created a Muskoka chair painted with a Vimy theme for the silent auction. The chair raised \$200 for the Royal Canadian Legion Poppy Fund.

Residents and patients shape new menu

The automation team in Food and Nutrition Services (FNS) worked hard to prepare for the May 22 launch of the revised menu at Parkwood Institute and Southwest Centre for Forensic Mental Health Care, and for the upcoming menu change in September at Mount Hope Centre for Long Term Care. FNS representatives engage with residents and patients all year long with the goal of gathering suggestions related to the menu. Suggestions are made in a variety of ways – through comment cards, one-on-one conversations, ‘Thumbs Up/Thumb Down’ cards, patient/resident survey results, and Resident Council and Food Council discussions.

FNS takes all feedback into consideration when deciding what items to take off the menu and what items to add. Mini surveys (Thumbs Up/Down) were also conducted between March 20 and April 9, 2017 to validate previous feedback on items that were considered for removal. As well, the team trialed some potentially new menu items prior to adding them to the new menu rotation.

When implementing menu changes, consideration is given to food availability, food costs, labour costs, nutritional content, and preparation requirements. Not every menu suggestion may be implemented but an endeavor is made to make it happen.

Look for the compass rose

A new wayfinding tool is being installed at St. Joseph’s Hospital to help patients and visitors find their way. A large, bold compass rose is being incorporated into the floor at the main intersections in Zone B on levels 0-5. The purpose of the compass rose, with the long arm pointing north, is to provide a visual marker for patients and visitors receiving directions to clinics and services. They can now be told to look for the compass rose and turn right or left when they reach it. The markers are helpful to patients/visitors as well as staff and volunteers providing the directions. Several of the markers are currently in place, with the final install on Level 5 occurring mid-June.

For volunteers directing patients/visitors to their destination, a tool will be developed to help them become better acquainted with the various wayfinding initiatives at St. Joseph’s Hospital, such as the compass rose, zone colour bands on the walls, and maps and directories at the main entrances and at all public elevators. The overall goal is to enhance the patient and visitor experience.

Our People

New employee performance tool

A new employee performance tool has replaced the current Performance Development System as of May 1. Available through LearningEdge, the streamlined tool will enable staff and leaders to focus on 18 competencies using a one-to-five rating scale. Easy to understand job aids are in place to help support staff with the new process. Among the benefits of the new tool are:

- There is a stronger focus on performance.
- It is a straight forward tool with a one-to-five scale system.
- Review of staff is on the same 18 standard competencies.
- A comment section is available for each standard.
- Staff review themselves on the scale as well as their direct leader.
- Development conversations stem from review process.
- It helps to measure and track success.
- It is fully online - no hard copy option.

Performance reviews at St. Joseph's help to encourage a high level of performance and identify areas of growth. Staff are reviewed every two years and suggestions for continued development take place during the process.

Women surgeons proudly in the spotlight

Female surgeons and residents from Western University's Schulich School of Medicine & Dentistry, London Health Sciences Centre and St. Joseph's gathered in operating rooms across the city to add their voices to a global rallying cry for women surgeons. They did so by taking a photo and sharing it for the world to see.

New Yorker posted an illustration on its cover on April 3, 2017, depicting four female surgeons peering down below an operating light. Since then, female surgeons around the globe have been replicating the magazine cover and sharing their photos on social media using the hashtag #ILookLikeASurgeon. The hope is to shed light on the growing number of women entering this once male-dominated profession. At Schulich Medicine & Dentistry, 18 per cent of surgeons in the department and 37 per cent of the residents are female.

From St. Joseph's, the surgeons who took part in the photos were Dr. Marie-Eve LeBel, Dr. Muriel Brackstone, Dr. Leslie Scott and Dr. Eman Khayat (resident). The photos represent the pride these women take in the work that they do for patients in London. Read more and view the photos on [St. Joseph's website](#)

National Nursing Week,

Nursing across St. Joseph's takes place in diverse settings and specialties – in clinics, at the bedside, and through outreach in the community. We have more than 1,300 nurses working across our sites in various roles from leadership to registered practical nurses and registered nurses, to nurse educators and advanced practice nurses. National Nursing Week, which took place May 7-13, is a time for celebration and recognition of contributions made by nurses every day throughout the organization.

This year's theme was #YESThisIsNursing, which speaks to the expanding traditional and non-traditional roles, settings and sectors nurses work in, as well as the unique opportunities for the nursing profession presented by social media and emerging tech trends. During the week 'selfie stations' allowed nurses across the organization snap and share photos of themselves using the hash tag.

A week of various activities and presentations also took place across St. Joseph's to celebrate our nurses.

Health and Safety Week

During Health and Safety Week, which took place May 8-12, personal protective equipment (PPE) became high fashion at St. Joseph's Hospital. The Joint Health and Safety Committee planned several events during the week, including the first annual PPE Fashion Show. All staff and physicians were invited to watch 'models' strut their stuff in colorful yet practical PPE outfits. The event attracted an audience on May 9 in the Zone C (Cheapside Street) lobby. For those who couldn't attend, a "roaming" PPE fashion show visited various areas during the week to bring personal protection items and lessons directly to staff.

Also during the week, staff and physicians visited displays where they could try on sample PPE and learn important safety information.

Use of Employee and Family Assistance Program

St. Joseph's Employee and Family Assistance Program (EFAP) annual utilization in the last fiscal year was 16.1 per cent representing 646.67 cases, up from 13.3 per cent representing 535 cases last year. This is in comparison to the benchmark of 10.4 per cent (all hospitals served by the provider). St. Joseph's contracted utilization is 12 per cent, which is considered to be a healthy rate. Counseling is the primary contracted service used at 75 per cent, and Life Smart Services account for the remainder. Of those using the EFAP services, 81 per cent were St. Joseph's employees and 19 per cent their family members.

Our Finances

Budget update

Recently the provincial government released the 2017 budget with a focus on [strengthening health care](#) through an investment of \$518 million to Ontario hospitals. (Additional details are in the "Other" section of this report.) St. Joseph's has since assessed the impact of the budget announcement on our initial budget planning assumptions. In our 2017-2018 budget, we estimated total funding increases of \$5.5 million, including \$3.5 million of base and Health Based Allocation Model (HBAM) funding, and \$2.0 million of post-construction operating plan (PCOP) funding which is contingent on growing clinical volumes in our new mental health care buildings and redeveloped space at St. Joseph's Hospital.

The Ministry of Health's funding announcement aligns with the funding increases we expected; however of the \$5.5 million of total announced funding, \$1.8 million is considered as a one-time sustainability investment and cannot be counted on to continue in 2018-2019.

Although no further budget work is needed for 2017-2018, the one-time sustainability investment funding included in the 2017-2018 funding announcement will make budget planning for 2018-2019 challenging as this will place additional pressure on our existing budget deficit of \$5.5 million. Throughout the year our teams, along with the Ontario Hospital Association, continue to advocate for further funding increases.

Clinical, Education and Research Excellence ---

Walking and talking an early predictor of dementia

Researchers at Lawson Health Research Institute and Western University are demonstrating that gait, or motion testing, while simultaneously performing a cognitively demanding task can be an effective predictor of progression to dementia and eventually help with earlier diagnosis. To date, there is no definitive way for health care professionals to forecast the onset of dementia in a patient with memory complaints.

Dr. Manuel Montero-Odasso, a Lawson scientist, geriatrician at Parkwood Institute, and associate professor in the Division of Geriatric Medicine at Western University's Schulich School of Medicine & Dentistry, is leading the "Gait and Brain Study." His team is assessing up to 150 seniors with mild cognitive impairment (MCI), considered a pre-dementia syndrome, in order to detect an early predictor of cognitive and mobility decline and progression to dementia.

The study followed participants for six years and included bi-annual visits. Researchers asked participants to walk while simultaneously performing a cognitively demanding task, such as counting backwards or naming animals. Those individuals with MCI that slow down more than 20 per cent while performing a cognitively demanding task are at a higher risk of progressing to dementia.

The results reveal a 'motor signature' of cognitive impairment that can be used to predict dementia and possibly diagnose Alzheimer's disease and other dementias before significant memory loss becomes apparent. Read more on [Lawson's website](#).

A first for Haiti thanks to St. Joseph's

Lack of equipment, mid-surgery power outages and highly complex cases didn't stop Dr. John Denstedt, urologist at St. Joseph's Hospital, from imparting his wisdom to a clinical team in Haiti while performing the country's first non-invasive kidney stone removal. Invited by Project Haiti, a non-profit organization dedicated to medical care and education, Dr. Denstedt spent seven days at St. Francis de Sales Hospital in the center of Port-au-Prince, one of several hospitals impacted by the magnitude seven earthquake in 2010. Teaching enthusiastic Haitian physicians non-invasive techniques, Dr. Denstedt operated on 16 people in need of care. His efforts inspired and motivated the Haitian physicians, one remarking that Dr. Denstedt's teachings "have revived us and created between us Haitian urologists a spirit of togetherness and team work that will help us get better faster."

Dr. Denstedt performed four ureteroscopies with lithotripsy (kidney stone fragmentation) and 12 percutaneous nephrolithotomies – the removal of a kidney stone through a keyhole incision. Included in the 12 was the country's first kidney stone removal using a minimally-invasive method. The full story is available on [St. Joseph's Website](#).

Geriatric Medicine Refresher Day

The 2017 Geriatric Medicine Refresher Day held on May 3 featured the documentary *Monster in the Mind*, which investigates the untold truth behind Alzheimer's disease. The showing was followed by a panel discussion with leading geriatricians Dr. Jennie Wells and Dr. David F. Tang-Wai, moderated by London Free Press editor Ian Gillespie. The conference also featured CBC Radio host Dr. Peter Lin who presented on how the brain works and how it's affected by dementia. Presentations on various senior-focused health care topics such as infectious diseases in older adults and how to support family caregivers rounded out the day. The event attracted a record 550 attendees and 22 exhibitors.

The conference is hosted annually by Specialized Geriatric Services at Parkwood Institute in collaboration with the Division of Geriatric Medicine at Western University's Schulich School of Medicine & Dentistry.

The 'magic' of ultrasound

A collaborative study from Lawson Health Research Institute, Western University, Bridge to Health Medical and Dental, and Kigezi Healthcare Foundation (KIHEFO) has found that radio advertising for free ultrasounds in rural Uganda increased the number of pregnant women who attended modern medical care by 490 per cent.

The study was conducted to address the low number of women in rural Uganda who attend free antenatal care – modern health care for expecting mothers. In Uganda, approximately 6,000 women die annually from pregnancy-related complications and up to one third of women deliver their babies at home.

Dr. Michael Silverman, a scientist at Lawson and Western, and citywide Chair/Chief of Infectious Diseases, is the senior author on the study. The hypothesis was, if women were offered free ultrasounds so they could see their unborn baby, more women would come forward and attend the antenatal clinic. Dr. Silverman, who is also Medical Director of St. Joseph's Infectious Diseases Care Program, conducted this study alongside Dr. William Cherniak, Executive Director at Bridge to Health, and Dr. Geoffrey Anguyo, Executive Director at KIHEFO.

In the developing world, women do not present for antenatal care for a variety of reasons. As a result, many women are unaware of pregnancy complications and deliver at home without a trained health care professional. Common pregnancy complications include the baby being turned the wrong way, the placenta being in the wrong place or even expecting twins. Another complication is the transmission of infectious diseases from the mother to child. In Africa, the biggest risk is the transmission of HIV, hepatitis B or syphilis which can be transmitted from the mother to the baby and cause chronic infection of the baby, birth defects or death. Undiagnosed maternal malaria can also lead to severe complications.

When women present to the clinic for an ultrasound they can also be screened for infections that can lead to severe complications and offered treatments. [Read more on Lawson's website.](#)

Electronic documentation – the next step

Under the new ePractice governance model, clinical teams have a voice to ensure our technology is evolving to serve the needs of our patients. In the summer of 2016 the Emergency Department at London Health Sciences Centre (LHSC) identified a need for electronic nursing documentation to improve the communication around the patient's conditions and health needs. The Urgent Care Centre (UCC) at St. Joseph's has been documenting electronically since 2006, but the documentation was based on older Cerner functionality. Both organizations partnered to review current documentation and move to the latest Cerner functionality and practice standards. LHSC's Emergency Departments went live for the first time with electronic documentation in April 2017 and the UCC updated its Cerner documentation functionality on May 2. Both organizations now have the same standardized documentation. There are several key benefits from this project, including:

- Information transfer across the Emergency Departments and UCC is more efficient and streamlined as the receiving department can view what has happened to the patient before the patient even arrives.
- Efficiencies and the alignment of documentation practices have improved.

- Information presented to clinicians is now consistent between sites.

The project is another key step in the journey to fully digital patient information, allowing for more predictive and proactive care.

Café Scientific

On May 23, Lawson Health Research Institute hosted another popular Café Scientifique, a free community event providing an informal opportunity to get involved with science. In celebration of Canada's 150th anniversary as a nation, this event was the first of a two-part series focusing on the future vision for health care in our country and the legacy our research will leave. The focus of the Café Scientifique panel discussion was "An Image of the Future: Innovations in Imaging Research." Lawson has long been a leader in biomedical imaging. The first MRI images in Canada were captured at St. Joseph's Hospital, which was also the first hospital in the country to install PET/CT and PET/MRI scanners. The Café Scientifique highlighted new developments in imaging research that continue to enhance the diagnosis, prevention and treatment of a wide range of diseases, from cancer to post-traumatic stress disorder.

Lawson Impact Awards

With nearly 300 guests in attendance, health research was celebrated at the fourth annual Lawson Impact Awards on April 19, 2017 at the London Convention Centre. A highlight of the event was a keynote presentation from record-breaking Canadian astronaut, aquanaut and researcher, Dr. Dave Williams, titled "The Art of the Possible: Innovation Transforming Healthcare". Dr. Williams provided an inspiring talk that used examples from his space shuttle missions and health research to illustrate how the impossible can be made possible. [Lawson's website](#) features an event recap, photos, winner profiles and links to videos about each winner.

The importance of "Choosing Wisely"

On May 12, the SouthWestern Academic Health Network (SWAHN) hosted "Choosing Wisely in Southwestern Ontario: A Knowledge Exchange Forum", which focused on various implementation projects aimed at identifying and reducing unnecessary care.

Choosing Wisely Canada is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care. Across Canada, there is currently a groundswell of local Choosing Wisely implementation projects with many demonstrating dramatic reductions in the volume of unnecessary tests and treatments.

Within SWAHN, a Choosing Wisely Working Group is developing a strategy to advance the knowledge translation in Southwestern Ontario of recommendations highlighted by Choosing Wisely Canada. The purpose of the forum was to increase awareness and support for the adoption of Choosing Wisely Canada's recommendations as well as similar initiatives that lead to improved patient care and financial savings in health care. Two keynote presentations spoke to best practices in the implementation of Choosing Wisely initiatives. The speakers were: Deepak Sharma, Director, Health Information, Business Intelligence and Patient Flow at North York General Hospital; and Dr. Lisa Hicks, Choosing Wisely Lead, and Patrick O'Brien, Quality Improvement Specialist and Choosing Wisely Project Manager, St. Michael's Hospital.

SWAHN brings together professionals, educators and researchers across all health disciplines, including partners in universities, colleges, hospitals, research organizations, health care delivery organizations, clinicians, educators and Local Health Integrated Networks to achieve extensive, sustainable and evidence-based health outcomes for communities and residents of

Southwestern Ontario. It seeks to transform health in Southwestern Ontario through integrated excellence in research, education and clinical practice.

Fostering our Partnerships

Satellite hemodialysis unit at Parkwood Institute Main Building

Each week, inpatients from Parkwood Institute Main Building are transported to London Health Sciences Centre for hemodialysis (HD) treatments. These treatments affect patients' energy levels and their ability to fully participate in rehabilitative therapies. Travelling back and forth between hospital sites for HD further adds to patient fatigue making it difficult for them to achieve their rehabilitation and recovery goals. To improve the patient experience and decrease transportation costs, a satellite HD unit will be established on-site at Parkwood Institute Main Building in partnership with LHSC. The unit will serve medically stable patients who meet specific criteria to ensure their HD needs can be met safely in the satellite setting.

The unit will be staffed with LHSC Renal Program nurses supported by LHSC nephrologists, nurse practitioners and allied health members, and will be located on 5B West. Stakeholders will be engaged including staff, physicians and patients regarding patient flow and scheduling, room lay-out, equipment, furniture and supplies. St. Joseph's Health Care Foundation will assist in providing funds to establish the unit and the Ontario Renal Network will provide operational funding through existing dollars. The plan is to have the unit operational within the 2017-2018 fiscal year.

Making connections

The Community Resource Fair was hosted in the Parkwood Institute Main Building Auditorium on April 11, 2017. This event was an excellent opportunity for staff to form new connections with community partners and to enhance their knowledge of local not-for-profit organizations and programs. In all, 30 vendors shared their program information with more than 150 staff from multiple disciplines and many programs across St. Joseph's. Several social workers from London Health Sciences Centre were also in attendance. A pizza fundraiser raised funds and awareness for the Possibilities Project, a charitable program benefiting patients on the Regional Rehabilitation Unit who are in need of costly equipment.

The event, which was well received by vendors and staff alike, was created with the understanding that having increased awareness of community resources helps us to be creative and resourceful, attend to the wholeness of each person and provide the best possible care to those we serve.

Brain Health Fair

The Community Stroke Rehabilitation Team and the Comprehensive Outpatient Rehabilitation Program will be among vendors from more than 15 sectors participating in the annual Brain Health Fair on May 31 at Goodwill Industries in London. This year's theme is "Research and Technology: Paving our Future." The two Parkwood Institute programs will share a booth where they will offer stroke education, a blood pressure clinic and share information about the programs. Free to the public, the event is organized by the Brain Health Network encompassing 16 partner organizations representing individuals with brain diseases, disorders, and injuries. St. Joseph's is part of the network, which supports the development of shared programs as well as the identification of common needs and gaps in current services.

Recognitions and Celebrations

Excellence in communications

Communication and Public Affairs has won two Virtuoso Awards from the International Association of Business Communicators (IABC) London. The annual Virtuoso Awards recognize excellence in communications and the best in creative strategy and design in Southwestern Ontario.

Two entries from Amanda Jackman won as follows: Award of Merit in the category of internal communications for St. Joseph's hand hygiene campaign; and an Award of Excellence in the category of marketing, advertising and brand communication for the Diabetes Vision Screening campaign. The awards will be presented on June 1, 2017, at the Virtuoso Awards celebration.

Recognizing our volunteers

National Volunteer Week April 10-16, 2017, was celebrated across St. Joseph's with appreciation luncheons for those who generously give of their time and expertise to our organization. Positive feedback was received from the volunteers at all sites who said they felt recognized and appreciated.

Volunteers are valued members of the St. Joseph's team who play an essential role in assisting staff to provide high quality service to patients, residents, clients and their families. A diverse group of more 1,000 volunteers support many clinical and non-clinical areas at our four care sites. In the fiscal year ending March 31, 2017, volunteers contributed more than 110,000 hours of time. We are very grateful to our volunteers for their tremendous contributions to enhancing the patient experience at St. Joseph's.

Other

South West LHIN welcomes new board chair

The South West LHIN has [announced](#) the appointment of Lori Van Opstal as Board Chair of the South West LHIN Board of Directors. The appointment is for three years.

Lori joined the South West LHIN Board of Directors in November 2013, was appointed Vice-Chair in December 2015, and Interim Chair on February 6, 2017. In addition to sitting on the LHIN's Board for the last four years, Lori brings a wealth of governance experience having served with nine different organizations. These organizations include the Tillsonburg District Hospital Foundation, Making Room Inc. (now the Cambridge Shelter Corporation), Cambridge Kiwanis Village Non-Profit Housing, the Economic Development Advisory Committee (Cambridge), Canada's Technology Triangle's Ambassador Task Force, and Fleet Safety Council Conference.

Lori lives in Tillsonburg and is a recently retired business owner who was featured 12 consecutive times on Profit Magazine's list of Top 100 Canadian Women Business Owners.

Government of Canada releases first Interim report on medical assistance in dying

On April 26, 2017, the federal government released the first [interim update](#) on medical assistance in dying to help Canadians understand how it is being implemented nationwide. Between June 17 and December 31, 2016, the initial six months that assisted dying has been

available throughout Canada (excluding Quebec), there were 803 medically assisted deaths. These deaths account for approximately 0.6 per cent of all deaths nationwide.

Roughly an equal number of men and women, with an average age of about 72, took advantage of the new law. The report does not specify how many requests for assisted death were rejected.

The most common underlying medical conditions which prompted individuals to receive assistance to end their lives were cancer (56.8 per cent), neuro-degenerative diseases like amyotrophic lateral sclerosis (23.2 per cent) and circulatory-respiratory conditions (10.5 per cent).

Two more interim reports covering the periods of January to June 2017 and July to December 2017 are expected before regulations for the permanent monitoring system are finalized in 2018. In addition to reporting on the number of Canadians accessing the service, and in what circumstances, the permanent monitoring system will also report on how effectively the eligibility requirements and safeguards are operating.

The government's media release is available [here](#).

Ontario passes legislation on medical assistance in dying

On May 9, the provincial government passed the Medical Assistance in Dying Statute Law Amendment Act that will support the implementation of medical assistance in dying in the province by providing more protection and greater clarity for patients, their families, health care providers and health care institutions. This legislation will ensure:

- Benefits, such as insurance payments and workplace safety and insurance benefits, are not denied only because of a medically assisted death.
- Physicians and nurse practitioners, those who assist them, and care provider institutions are protected from civil liability when lawfully providing medical assistance in dying, except in cases of negligence.
- Identifiable information about individuals and facilities that provide medical assistance in dying are protected from disclosure under access to information requests.
- Effective ongoing reporting and monitoring by the Chief Coroner of Ontario for cases of medical assistance in dying.

The Ministry of Health and Long Term Care will also be establishing a care coordination service to assist patients and caregivers in accessing additional information and services for medical assistance in dying and other end-of-life options.

The full release is available [here](#). The Ontario Hospital Association's backgrounder can be read [here](#).

2017 Ontario Budget

On April 27, 2017, Ontario's Minister of Finance Charles Sousa released the [2017 Ontario Budget](#) in which he acknowledged the leadership efforts by Ontario hospitals to transform the province's health system. Among the budget's key health care highlights are:

Overall health budget

- The total health budget is \$53.8 billion – a three per cent increase over last year.

Hospitals

- An investment of \$518 million will provide a three per cent increase to the hospital sector to support vital hospital services, address wait times, and maintain access to elective surgeries. All hospitals will receive a minimum two per cent increase.
- Over the next 20 years, the province plans to provide more than \$20 billion in capital grants to hospitals. This includes \$9 billion for new major hospital projects.

Wait Times

- In 2017, \$24 million in additional funding will be invested in new innovative models to ensure patients are receiving care in the most appropriate care settings possible – at home or in the community.
- Investment of \$890 million over three years for key surgical services, such as foot, knee, hip and cataract surgeries, and other priority procedures. This will include more than 28,000 additional MRIs, about 2,100 more cataract surgeries, and more than 2,800 hip or knee replacements.
- Investment of \$245 million over three years in enhanced referral pathways for treatment of back pain and other bone and joint conditions, including using new digital tools like eReferrals and the expansion of a central intake system for each LHIN.

Pharmacare

- Ontario is launching a new drug benefit program, OHIP+: Children and Youth Pharmacare, in January 2018, which will provide free prescription medications for everyone aged 24 and under regardless of family income. This program is the first of its kind in Canada.

Primary Care

- In 2017, Ontario will invest an additional \$15 million in team-based primary care to create new or expand existing inter-professional care teams so that all 76 sub-regions across the province have a team.
- Ontario will invest \$145 million over the next three years to effectively recruit and retain nurses, nurse practitioners, dietitians, social workers, pharmacists, reception staff, and other care providers.

Home and community care

- A continued investment of \$250 million will be made in 2017-2018 for community and personal support services.
- Starting in the fall of 2017, Ontario will also support more education and training programs for caregivers.

Mental health care

- In February 2017, the province announced an additional \$140 million over three years to advance the expansion of evidence-based mental health initiatives.
- \$73 million has been allocated over three years to provide greater access to a publicly-funded structured psychotherapy for anxiety and depression. Ontario is the first province in Canada to commit to a publicly-funded psychotherapy program.
- More than \$45 million will be invested over three years to provide up to 1,550 additional supportive housing units for those with serious mental illness or addictions.
- \$100 million will be invested over three years to launch Ontario's Dementia Strategy.

Digital health care

- In 2017, Ontario will release a 10-point plan for Digital Health in Ontario, investing \$15 million focused on opening up new ways for patients and families to access health information and services digitally.

Backgrounder on Bill 127: Ontario Budget 2017 legislation

The government has introduced Bill 127, Stronger, Healthier Ontario Act (Budget Measures), 2017, which would implement its budget commitments. Bill 127 would amend a number of different pieces of legislation, including: the Nursing Act to permit registered nurses to prescribe drugs; the Freedom of Information and Protection of Privacy Act to provide an additional exemption for records related to indigenous communities; and the Workplace Safety and Insurance Act to permit claims for chronic and mental stress, among other items. The Ontario Hospital Association has prepared a [backgrounder on Bill 127](#), which provides an overview of these proposed amendments.

Global cyber security attacks

On the morning of May 12, Information Technology Services (ITS) learned of a ransomware attack on the National Health Service (NHS) trust in the United Kingdom (UK) where cybercriminals held information technology systems hostage and demanded a ransom payment to release information held in their custody. Health care services across the UK were crippled as a result of this attack. The scale of this cyber-attack was unprecedented and variants of the malware continue to escalate rapidly across multiple industries and services across the world.

Proactive measures implemented by ITS at St. Joseph's and London Health Sciences Centre included the deployment of security patches and solutions. The ITS team has taken proactive steps to continue to ensure our systems are not affected. Our systems are currently stable and not affected by the recent global cyber security attacks. All staff and physicians were notified of the cyber attack and provided with a list of precautions to ensure the safety of our system, such as being vigilant about the type of websites visited, being aware of suspicious emails and scams, not opening attachments from unknown sources, and protecting usernames and passwords.

A memo issued by the Ministry of Health and Long Term Care about this incident is available [here](#).

Prevention of workplace violence in health care – progress report

On May 15, the government released the year one progress report developed by the Workplace Violence in Health Care Leadership Table. The leadership table was established in 2015 to bring together key stakeholders and experts, including patient advocates, to provide advice on how to reduce and prevent workplace violence for health care professionals. The work of the leadership table spans three years with the focus of year one being nurses in hospitals; year two, all hospital workers; and year three, all health care workers in Ontario.

The report outlines 23 census-based recommendations for both the Ministry of Health and Long-Term Care and the Ministry of Labour. Additionally, a number of tools to assist workplaces with their efforts to mitigate the risk of workplace violence were also developed. The report and associated resources is available [here](#).

New model proposed for health care supply chain

On May 15, the Healthcare Sector Supply Chain Strategy Expert Panel submitted its final report, [Advancing Healthcare in Ontario: Optimizing the Healthcare Supply Chain – A New Model](#), to the Ontario government. Jointly commissioned by the Ministry of Health and Long-Term Care and the Ministry of Government and Consumer Services, the panel's task was to review the supply chain and procurement practices of Ontario's health provider organizations and make recommendations for a province-wide strategy. Following a year of study and stakeholder consultations, the panel made 12 recommendations. Highlights include:

- Consolidation of all shared service organizations into a single entity to serve all public health providers.
- Mandatory participation for all hospitals and other publicly funded health organizations.
- A shift to value-based procurement and better enablement of innovation adoption.
- Implementation of sophisticated business analytics to track product use and performance, and enhance patient safety.

The resulting organization would be responsible for procurement, logistics and data management of more than \$12 billion in health-related goods and services.

The government will be reviewing the recommendations. In addition, Assistant Deputy Minister and Chief Administrative Officer Justine Jackson has been asked to lead further consultation on the report's recommendations.

The government's open letter is available [here](#).

Environmental Scan

London to become North American leader in 3D printing for medical solutions

A \$6.8 million partnership between Western University and UK-based [Renishaw PLC](#) will establish a new research, development and commercialization centre that will focus on the creation of medical instruments and surgical solutions through additive manufacturing, also known as "3D printing." The announcement was made April 21, 2017, by the London Medical Network (LMN), which aims to make London a global leader in medical research and innovation. (St. Joseph's Health Care London is part of this network.)

The establishment of the Additive Design in Surgical Solutions (ADEISS) Centre is the second material investment by the LMN following its formal launch last year which included a \$10 million investment from the City of London. ADEISS will focus on developing proprietary solutions, sharing knowledge between partners, and will create direct employment for approximately 20 knowledge workers. Located at Western University's Discovery Park, the centre will create innovative instruments and products that can be marketed to the dental, orthopedic and medical device sector throughout North America and around the world. The technology will allow for the creation and commercialization of personalized 3D printed tools and implants like hip and knee joints, for example.

The ADEISS Centre is a unique partnership that brings together research, technical and business development teams from Western, Robarts Research Institute, Lawson Health Research Institute and Renishaw PLC. Renishaw is an Additive Manufacturing company that creates high-precision products across a wide range of market sectors.

[Western University, April 21, 2017](#)

Nurse practitioners can now prescribe controlled substances

Nurse practitioners in Ontario can now provide medical assistance in death after the provincial government expanded their authorities, allowing them to prescribe controlled drugs and substances. The long-requested changes will allow Ontario nurse practitioners to be primary providers of medically-assisted death, putting them on par with their counterparts in other provinces.

Changes to the prescribing authority of nurse practitioners were [announced](#) by the provincial government on April 19, 2017. The changes took effect after the province amended the College of Nurses of Ontario (CNO) regulations. In order to prescribe controlled drugs and substances, nurse practitioners will be required to complete additional education.

New oversight measures are also being put in place by the CNO. Federal legislation was already in place that authorized nurse practitioners as the only medical professional other than physicians who can provide medical assistance in dying services.

The changes should result in better access to medically assisted death, especially in remote and rural parts of the province that are under-served by doctors, said Theresa Agnew, chief executive officer of the Nurse Practitioners' Association of Ontario.

[Ottawa Sun, April 20, 2017](#)

Woodstock hospital first to implement electronic health records with bedside monitors

Woodstock General Hospital has become the first regional hospital in Canada to integrate electronic health records on bedside monitors. This new interface collects patient data from the vital signs monitor and sends it to the Cerner electronic health record (EHR). The new technology was introduced to the hospital on March 30, 2017, and it has cut down on the amount of work nurses have to do.

The hospital's post anesthesia care unit was the first to implement the new system, allowing nurses to view vital signs data from patient monitors on the Cerner application. This visibility allows nurses to validate vital sign information before sending it to the EHR.

Clinical informatics specialist Julie Housworth said the system takes away the need for nurses to manually document vital sign information and lays the foundation for future rollouts and devices such as IV pumps and other vitals machines where that information will automatically flow into the (EHR).

The system is expected to go live in other hospitals in the region by the end of the summer.

[Woodstock Sentinel Review, April 20, 2017](#)

Ontario set to begin shifting home care responsibilities

Ontario begins dissolving its 14 community care access centres (CCACs) on May 3, 2017, but critics insist the move won't cut red tape, free up money or improve home care for patients.

Every year more than 700,000 people in Ontario count on the personal support workers, nurses and therapists who are funded by CCACs. But the CCACs have been the subject of damning audits, and last December the government passed its Patients First Act, which handed the responsibility of home care to the local health integration networks in each region. The Ministry of Health and Long-Term Care claims the merger will streamline administration of the health care system and lead to better home care.

But home care advocates aren't convinced, saying little will change. They also question the cost savings laid out by the health ministry. Natalie Mehra, executive director of the Ontario Health Coalition, says a truly public system is needed instead of continuing to contract private sector agencies to provide care.

In the South West, the shift of CCAC services to the LHIN will take place May 24, 2017.

[CBC News, April 25, 2017](#)

Ontario budget promises free prescription drugs for kids, more cash for hospitals

The Wynne government is lifting some of the financial pressure off Ontario's beleaguered health-care system with a budget that promises the largest health-spending boost in five years and free prescription drugs for all children and youth.

The increase to the province's health budget includes a 3.1 per cent hike to operating funding for hospitals, which falls short of the 4.9 per cent increase the sector was seeking to alleviate overcrowding and emergency room waiting times, but counts as a thaw after the province froze hospital budgets in four of the past five years.

The government is vowing to inject an additional \$7 billion in new spending into health care over the next three years, plus billions more over the next decade for erecting new hospitals and rebuilding old ones, including five newly announced projects in the Niagara area, Windsor, Hamilton, Mississauga and Northern Ontario.

The centrepiece of the nearly \$53.8 billion health budget is a \$465 million program that will provide free prescription medicine to everyone 24 and under, regardless of their household income or whether they have access to private health insurance through their parents. It's the first program of its kind in Canada. There will be no co-pays or deductibles under the program, which takes effect January 1, 2018.

Overall health spending is projected to grow by 3.3 per cent this year, about a percentage point more than the average annual increases in the lean years between 2011 and 2016. However, this year's increase is still well below the amount health care costs are expected to grow. The Financial Accountability Office of Ontario, which published a sobering report on the province's health funding challenges in January 2017, says inflation, population growth and population aging will drive health sector expenses to grow by 5.3 per cent a year until 2020.

Ontario's long-term care homes are slated to receive a two per cent increase in operating funding, plus more for fresh meals, but there is no plan to add new nursing home beds.

[Globe and Mail, April 27, 2017](#)

Millennials women and people with low incomes most susceptible to mental illness

More than one in four Canadians are at "high risk" of mental health issues, but millennials, women and people with low incomes are the most susceptible, a new Ipsos report warns. It's the third year the pollsters zeroed in on their Mental Health Risk Index. Based on Canadians' levels of stress and feelings of hopelessness and depression, the report classifies a whopping 41 per cent of Canadians as being at "high risk" for mental illness, an increase from 35 per cent in 2016.

"We saw that the proportion of Canadians at high risk increased overall, but really, there's this chunk of millennials feeling the weight on their shoulders," said Jennifer McLeod Macey, vice president of the polling firm's Health Research Institute.

Across the board, Canadians are encountering more stress, depression and suicidal thoughts, the report warned:

- 36 per cent of Canadians admitted that, several times throughout the year, they felt stressed to the point where it impacted their daily lives.
- Another 24 per cent said there were several instances in which they felt stressed to the point where they couldn't cope.
- 19 per cent said they felt depressed to the point where they felt sad or hopeless almost every day for a couple of weeks or more.
- Seven per cent said they seriously considered suicide or self-harm more than once in the past year.

[Global News, May 1, 2017](#)

Stroke prevention among older Ontarians may also reduce risk of some dementias

Ontario's stroke prevention strategy appears to be having an unexpected, beneficial side effect – a reduction also in the incidence of dementia among older seniors. A new paper by researchers at Western University, Lawson Health Research Institute and the Institute for Clinical Evaluative Sciences (ICES) shows there's been a decade-long drop in new diagnoses of both stroke and dementia in the most at-risk group – those age 80 or older. The data suggests that by successfully fighting off the risks of stroke with a healthy diet, exercise, a tobacco-free life and high blood-pressure medication where needed the incidence of some dementias can be curtailed.

Published in the journal *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*, this is the first study that has looked at the demographics of both stroke and dementia across Ontario since the province pioneered Canada's first stroke prevention strategy in 2000. That strategy includes more health centres able to manage stroke, more community and physician supports, better use of hypertensive medication and well-promoted lifestyle changes to reduce risks. Five provinces have stroke strategies and five do not.

"With lifestyle changes, we can reduce our risks of both stroke and some dementias. That's a pretty powerful one-two punch," said world-renown stroke research pioneer Dr. Vladimir Hachinski, a clinical neuroscientist at Western's Schulich School of Medicine and Dentistry, a Lawson scientist, and neurologist at London Health Sciences Centre. "It's a good-news story for Ontario and it could be a good-news story elsewhere."

[Western University, May 1, 2017](#)

OxyContin maker agrees to \$20 million settlement in Canadian class-action case

OxyContin maker Purdue Pharma has agreed to pay \$20 million to settle a class-action lawsuit involving allegations about how the pain pills were marketed. The allegations concerned "over marketing" of the drug, said Halifax lawyer Ray Wagner, whose firm launched the class action in 2007 in Atlantic Canada. The suit was expanded to include every province, Wagner said.

"Information in our allegation was basically that they were underreporting the addictiveness of the medication," Wagner said.

The settlement totals \$20 million with \$2 million allocated to provincial health providers, Wagner said. It is provisional on the court ensuring it is in the best interests of absent class members.

Wagner said his clients were typically prescribed OxyContin by a family physician for short-term injuries such as a sprained ankle.

[CBC News, May 1, 2017](#)

Ontario to test retirement home stays to ease hospital overcrowding

Offering recuperating seniors free stays in retirement homes is one of the measures the Ontario government will be testing as it tries to tackle the issue of overcrowded hospitals.

The province announced in its budget it would test a program that gives seniors vouchers for stays in retirement homes in an effort to free up hospital beds, but it has not specified how long the stays will be or which communities the measure will be tested in.

Health Minister Eric Hoskins said the program aims to help alternative-level-of-care (ALC) patients who are well enough to leave a hospital but don't because they're not able to live independently and don't yet have a spot in a long-term care home or a home-care arrangement.

In the budget, the government announced \$24 million for "innovative" ways of dealing with patients in alternative-level-of-care hospital beds. Those funds will go toward "demonstration projects," one of which will be the voucher program, the health ministry said. The government will test the program, which is expected to be running this year, and use the results to inform future policies. The voucher would cover the cost of recuperating in a private-pay retirement home until a senior is ready to move back home or into government-funded long-term care. Hoskins said the stays provided through the vouchers would be transitional.

A similar program has been running in the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN) since October 2014, giving seniors temporary stays in retirement homes at a fraction of the cost of keeping them in hospital beds, according to the LHIN.

[Toronto Star, May 2, 2017](#)

Nursing at top of best job prospect list in Ontario

Those hunting for a career in Ontario with strong prospects for employment in the next few years should take a serious look at nursing, according to an analysis of top job trends in the province by Emsi, a labour market analytics firm.

Joshua Wright, Emsi director of marketing, workforce & economic development, said the numbers show that health fields in general – and nursing in particular – are expected to see the biggest jobs gains between 2017 and 2022 in Ontario. A nine per cent increase in nursing positions is projected by 2022.

"In the 2015 report, registered nurses (were not) in the top five," Wright said. "But they're at the top of the list here. And nurses aides, which ranked fifth among all occupations two years ago with 5,400 projected new jobs, are expected to add even more jobs."

[Toronto Sun, May 6, 2017](#)

Is Canada's health care system ready for our rapidly greying population?

The [2016 census](#) from Statistics Canada, released May 3, 2017, showed there were 5.9 million people aged 65 and older in the country – slightly more than the country's 5.8 million children 14 and younger. It's the largest increase for that age group in 70 years.

The data found there were 770,780 Canadians over the age of 85 in 2016. This cohort increased nearly four times as fast as the entire population between 2011 and 2016.

A [2015 report](#) from the Conference Board of Canada (CBC) estimates that 2.4 million Canadians over 65 will require continuing care support, both paid and unpaid, by 2026. By 2046, that number will reach nearly 3.3 million. To meet this increase a [2017 CBC](#) report found that the overall demand for nurses to provide continuing care to seniors in home, community, and facility living settings is projected to increase from just under 64,000 full-time jobs to 142,000 full-time jobs by 2035 –an annual growth rate of 3.4 per cent.

[Global News, May 5, 2017](#)

Ontario Medical Association elects critics of Liberals as leaders

Ontario's doctors have chosen as their new leaders a pair of outspoken critics of the provincial government, both of whom say they will endorse job action if the Wynne Liberals fail to grant their profession binding arbitration.

On May 7, 2017, the Ontario Medical Association (OMA) elected Shawn Whatley, family doctor, former emergency department boss and prolific blogger, as the group's new president, effective immediately. They also selected Nadia Alam as president-elect, meaning the anesthesiologist who has been the public face of opposition to both the Liberals and the old guard at the OMA will be in charge next year when Ontarians head to the polls.

Both Dr. Whatley and Dr. Alam said a potential labour disruption could begin with paperwork strikes and escalate to "emergency-services only" days, during which some doctors would close their offices and direct ill patients to the emergency room.

The election of Dr. Whatley, who practises in Mount Albert north of Toronto, and of Dr. Alam, who works out of Georgetown, marks a changing of the guard at the OMA. Dr. Whatley was a member of the OMA board that endorsed last summer's tentative agreement, but he privately urged his colleagues to rebuff the offer. He quit the board in protest midway through his term last November. Dr. Alam was among the loudest opponents of the proposed deal, and of the OMA leaders who endorsed it. She was one of 25 physicians who, in January 2017, signed a letter calling for a vote of no-confidence in former president Virginia Walley and five other OMA executives, all of whom eventually stepped down even though the vote on their ouster fell short of the necessary two-thirds majority.

[Globe and Mail, May 7, 2017](#)

HealthCareCAN welcomes new president and CEO

The Board of HealthCareCAN has appointed Paul-Émile Cloutier as its new President and CEO, effective June 12, 2017.

HealthCareCAN is the national voice of health care organizations and hospitals across Canada. It fosters informed and continuous, results-oriented discovery and innovation across the continuum of health care and has become a key player in health and research advocacy and policy, and in the development of health professionals.

Before coming to HealthCareCAN, Paul-Émile Cloutier was Vice-President of Advocacy and External Relations of Genome Canada, where he was responsible for managing government and stakeholder relations, communications, events and sponsorships. Prior to that, he spent 11 years at the Canadian Medical Association, initially as Assistant Secretary General, and then as CEO and Secretary General responsible for strategic planning, stakeholder relations and

alliances, as well as overseeing the policy direction. Cloutier also worked as a senior executive at VIA Rail Canada and for the Ontario Minister of Intergovernmental Affairs. He has held a number of policy and strategic direction positions in the federal departments of Immigration Canada, External Relations and International Development, and Indigenous and Northern Affairs, where he honed an excellent understanding of the federal-provincial dynamic.

[HealthCareCAN, May 8, 2017](#)

Study finds half of all seniors prescribed unnecessary antibiotics

Nearly one in two seniors in Ontario who visited a family doctor for a non-bacterial infection received an unnecessary antibiotic prescription, according to a new study from the Institute for Clinical Evaluative Sciences (ICES) Western in London and Lawson Health Research Institute.

The study, published in *Annals of Internal Medicine*, examined the rate of antibiotic prescribing for seniors who presented to a primary care physician in 2012 and the characteristics of the physicians prescribing the antibiotics.

“Our study shows that antibiotics are being prescribed too often for conditions that they cannot help despite published professional guidelines that discourage this practice. Unnecessary antibiotics can cause serious harm,” says Dr. Michael Silverman, author of the study, Lawson scientist and Chair/Chief of Infectious Diseases for London Health Sciences Centre and St. Joseph’s Health Care London.

The study looked at 185,014 low-risk Ontarian seniors (65 years and older) for whom antibiotics would not be clinically appropriate; who visited 8,990 primary-care physicians for a non-bacterial upper respiratory infection such as the common cold (53 per cent), acute bronchitis (31 per cent), acute sinusitis (14 per cent) or acute laryngitis (two per cent) and found:

- Nearly one in two (85,538; or 46 per cent) were prescribed an antibiotic.
- The majority of prescriptions were for broad-spectrum antibiotics (70 per cent), which are associated with a greater risk of adverse patient outcomes (such as *Clostridium difficile*, diarrhea, heart problems, tendon ruptures, allergic reactions, etc.) and the development of antibiotic resistance.

[Lawson Health Research Institute, May 9, 2017](#)

Ontario nursing homes can add fresher, better food to menu thanks to budget boost

Residents of Ontario nursing homes will get better, fresher food thanks to a funding boost from the province. The 67-cent increase – from \$8.33 to \$9 a day starting July 1, 2017 – is double the amount requested by long-term care associations. It comes after advocate lobbying detailed the types of cheap, processed food that seniors in nursing homes were served.

“This new funding will enable homes to buy local produce, fresh fruits and vegetables more often,” said Cathy Gapp, CEO of AdvantAge Ontario, the recently renamed association that represents not-for-profit and municipal homes.

The tight food budget meant many homes gave Ontario’s 77,000 nursing home residents processed meats, frozen vegetables and canned fruit. Critics say the cheap food shortchanges residents. Gapp argues that nutritious and culturally familiar food can help many residents – particularly those with dementia – feel calm and satisfied.

[Toronto Star, May 10, 2017](#)

Neurofeedback brain training may help reduce symptoms of psychiatric illness

In a new study at Lawson Health Research Institute and the University of Geneva, researchers showed that a technique called brain training can be used to restore patterns of brain activity and reduce symptoms of hyperarousal in patients with post-traumatic stress disorder (PTSD).

Individuals with PTSD often experience more random patterns of brain activity. A leading symptom of PTSD is hyperarousal, which is associated with defensive responses to stress or triggers. A technique to restore patterns of brain activity to a more balanced order and reduce hyperarousal therefore holds promise as a potential treatment.

With the brain training technique, also called neurofeedback, patients exercise their own brain activity through a circular neurofeedback loop, which acts as a mirror to display brain activity. This is done through a brain-computer interface that records brain signals through sensors on the scalp. Since brain activity is displayed on screen, users can complete brain training exercises in ways similar to a gym workout.

In this study, led by Lawson's Dr. Ruth Lanius, the goal was for patients with PTSD to reduce the intensity of the brain's dominant brain wave – the alpha rhythm. Patients used neurofeedback to visualize their brain activity as they played a simple video training game. The 30-minute game consisted of a space ship displayed on a starry background. When patients were successful in reducing their alpha rhythm, the space ship moved forward.

The researchers were surprised to find the reduction in alpha rhythm resulted in lasting changes. After the initial reduction, the alpha rhythm rebounded, or increased, to levels matching those found in healthy individuals. Patterns of brain activity were restored to a more proportional balance that is associated with healthy brain function.

Following these sessions, patients experienced a decrease in hyperarousal, indicating that neurofeedback may give patients the power to restore their patterns of brain activity and improve symptoms of psychiatric illness.

[Lawson Health Research Institute, May 10, 2017](#)

Strident opponent of assisted dying in Canada won't chair advance request review

A Toronto doctor who once likened assisted dying to the Holocaust is no longer in charge of a federally mandated process to determine whether Canadians should be able to make advance requests for medical help to end their lives. Harvey Schipper has stepped aside as chair of a working group of experts who will examine the issue, although he will continue as an active member of the group.

The council's appointment of Schipper as chair in late April 2017 had raised doubts about the impartiality of the process and the seriousness of the federal government's commitment to consider expanding its restrictive law on assisted dying.

The issue of advance requests was one of three major issues left unresolved last year when the government passed legislation that restricted medical assistance in dying to those who are already near death. As part of the legislation, the government promised to conduct independent reviews to determine whether the legislation should eventually be expanded to include advance requests, mature minors and those suffering strictly from mental illnesses.

In December 2017, the government engaged the Council of Canadian Academies to conduct the reviews of the three issues and report back by late 2018. The council created a 43-member expert panel on assisted dying, chaired by former Supreme Court of Canada justice Marie Deschamps, and subdivided it into working groups on the three outstanding issues. Schipper, a University of Toronto professor of medicine, was put in charge of the advance request working group despite having been a strident opponent of assisted dying.

[Global News, May 11, 2017](#)

Bad hospital discharges among top complaints, Ontario watchdog finds

Complaints about inappropriate or poorly planned discharges from Ontario hospitals are among the top areas of concern the province's new patient ombudsman is monitoring, according to preliminary figures her office compiled for The Globe and Mail.

Ombudsman Christine Elliott said that about 60 per cent of the more than 1,500 complaints her office has received since opening last July revolve around allegedly sub-par communication from officials in the hospital, long-term care and home-care sectors.

But miscommunication is a problem that permeates complaints of all kinds, she added, including those about discharges from hospital, which are in the office's top five categories of complaint, alongside objections about waiting times, overcrowded hospitals and access to care in remote parts of the province.

"We have heard of situations where people do feel pressured to make decisions [about leaving hospital] and really don't feel that they're being treated as an individual or a human being – that they're just a number and a bed blocker and they need to be moving out," Elliott said.

[Globe and Mail, May 11, 2017](#)

Ontario health ministry on high alert amid global cyber attack

Ontario's health ministry is on high alert to ensure that computer systems at the province's 145 hospitals remain secure following an unprecedented global cyber attack that hit Lakeridge Health in Oshawa.

Believed to be the biggest attack of its kind, the malware targeted vulnerabilities in computer systems in almost 100 countries. Britain's National Health Service was affected, forcing hospitals to close wards and emergency rooms, and to turn away patients.

According to a provincial government source, the emergency management branch of the Ministry of Health and Long-Term Care opened a command centre at its downtown Toronto offices the afternoon of May 12, 2017, to provide technical assistance to any hospitals experiencing trouble. As well, the office of the ministry's chief information officer established a call centre to aid the sector.

The ministry has pointed all hospitals to a "patch," or software update, which must be installed to protect against ransomware infections, said the source.

[Toronto Star, May 13, 2017](#)

Opioid prescriptions increasing in Ontario, despite crisis

Despite widespread attention paid to the opioid crisis, the number of prescriptions filled for the powerful painkillers and the number of people taking them have continued to rise in Ontario, a new report says. More than 9.1 million opioid prescriptions were filled in the province in 2015-2016, a jump of about five per cent from three years earlier. The study also found that approximately 12,000 more individuals were prescribed the potentially addictive morphine-like medications in 2015-2016 than in 2012-2013.

The report, [9 Million Prescriptions: What we know about the growing use of prescription opioids in Ontario](#), was released May 17, 2017 by Health Quality Ontario (HQO). Drawing on statistics from the province's narcotics monitoring system, HQO analyzed all the opioid prescriptions in Ontario over three years, except for those filled in hospitals and prisons. (The study excluded opioids used to treat addiction, such as methadone.)

One in seven Ontarians filled an opioid prescription in 2015-2016. That figure covers everyone from dental patients who received a one-time codeine prescription after a wisdom-teeth removal to people with chronic pain who refilled their hydromorphone prescriptions again and again over the course of the year.

The results revealed significant increases in the number of people prescribed two kinds of opioids: hydromorphone (up 29 per cent) and tramadol (up 12 per cent), a pair of drugs that grew in popularity after the maker of the blockbuster drug OxyContin pulled it from the Canadian market in 2012.

Of the 14 Local Health Integration Network geographic areas, the Windsor-Chatham-Sarnia area ranked No. 1 in the report for opioid use, with 18 per cent of the population taking the prescribed drugs.

[Globe and Mail, May 17, 2017](#)

Doctors, Ontario government agree to binding arbitration

Ontario's doctors and the provincial government have reached a tentative deal on binding arbitration that would keep physicians from taking any strike action as the two sides work toward a new contract.

The Ontario Medical Association (OMA) said the tentative deal means the two sides will negotiate future physician services agreements and if they can't reach a deal they will go to mediation, then binding arbitration to impose terms of an agreement.

The OMA has for months been exploring the possibility of withdrawing some services for patients if the government refused to agree to arbitration. That option will be off the table if doctors endorse the tentative deal, which says the OMA will not "threaten, condone or encourage" strike action.

OMA members will vote on the tentative agreement on June 17, 2017. If they ratify it, the parties will begin negotiating a new physician services agreement.

[Globe and Mail, May 18, 2017](#)

Hospital overcrowding has become the norm in Ontario, figures show

Provincial statistics show that six hospitals in Ontario had their acute-care beds – which includes all inpatient beds except mental health and chronic care – average occupancy rates over 100 per cent in the last five years, and 89 were on average above 85 per cent, the threshold many experts describe as the ideal for preventing the spread of infection and accommodating unexpected surges of patients.

Most of those hospitals saw at least one-quarter of the year in which occupancy topped 100 per cent. When the rate tops 100 per cent that often means the facility must accommodate patients in places such as hallways, TV rooms, family lounges and physiotherapy gyms.

The figures show that – despite all the attention hospital overcrowding and hallway medicine received during a difficult flu season this winter – jam-packed emergency rooms and medical and surgical floors are nothing new. They have become a daily reality for doctors, nurses and patients at many urban and suburban hospitals in Ontario.

Community hospitals are feeling the pressure, too. Some of the most crowded hospitals in the province are in smaller centres.

Among the hospitals that averaged more than 100 per cent occupancy in their acute care beds was London Health Sciences Centre (LHSC), which has been at or above 100 per cent capacity for both its acute care and mental health beds in every quarter since the beginning of the 2012-2013 year.

Doctors and health policy experts attribute the problem to many factors: lack of coordination between primary care, hospitals, home care and long-term care; a rising tide of seniors which is filling hospital beds with elderly patients who no longer need acute care but have nowhere else to go; and fewer hospital beds per capita in Canada than most other developed countries.

[Globe and Mail, May 21, 2017](#)

London pharmacies to supply clean needles to drug users

In the face of an HIV and hepatitis C crisis, London public health officials are turning to pharmacies across the city to supply clean needles.

Despite the handing out of three million clean needles last year, the diseases may be spreading through the sharing of needles, research suggests. Research also found that unsafe injection likely occurs across the city and is not clustered in specific neighbourhoods.

With board of health approval last week, the health unit will begin contacting pharmacies that might be suitable for dispensing clean needles.

More than 70 pharmacies in London currently distribute naloxone — a drug that halts opioid overdoses – and medications such as methadone aimed at easing people off opioids. These pharmacies are most likely to have a non-judgmental attitude toward people who inject drugs and to be receptive to have a needle syringe program on-site, a health unit report says. Only a few will be selected at first, covering different areas of the city, with perhaps up to 10 eventually offering clean syringes.

[London Free Press, May 22, 2017](#)

St. Joseph's in the News

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[Another dimension](#), CTV London, April 20, 2017

[Renishaw partners with Western University for \\$5 million medical 3D printing centre in Ontario](#), 3D Printing Industry, April 25, 2017

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[Breakfast of Champions](#), CTV London, April 26, 2017

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[I look like a surgeon – interview with Dr. Marie-Eve LeBel with the Roth McFarlane Hand and Upper Limb Centre](#), CBC Radio, Ontario Morning, podcast (at the 34 minute mark) May 2, 2017

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[Pictures from the past: May 10](#), London Free Press, May 10, 2017

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[Londoners abroad: John Denstedt](#), The Londoner, May 11, 2017

[Parkwood Institute holds 8th annual Trooper Mark Wilson Ride](#), Global News, May 13, 2017

[Western University study shows promise for earlier dementia diagnoses](#), AM980, May 23, 2017

[Research helping to predict dementia](#), Blackburn News, May 23, 2017