



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: September 20, 2017

This month, I hosted my September staff and physician engagement sessions – seven in total – during which I discussed “the buzz” on St. Joseph’s new strategic plan and how staff and physicians can be involved in its development, key performance indicators and achievements, civility in the workplace, protecting patient privacy and our information systems, and more.

On September 7, I attended the Annual General Meeting of the Ontario Hospital Association (OHA) where members elected three new directors to the Board of Directors: Elizabeth Buller, President and CEO, Scarborough and Rouge Hospital; Sarah Downey, President and CEO, Michael Garron Hospital; and Carol Lambie, President and CEO, Waypoint Centre for Mental Health Care. I was elected for a second, three-year term. The annual meeting is held in conjunction with OHA’s Health Care Leadership Summit, where I hosted a panel on enhancing hospital-physician relationships and took part in a debate on the value of regional health authorities in facilitating health care integration.

Then, on September 13, I was pleased to participate in the official opening of the refreshed cafeteria and new fireside lounge at St. Joseph’s Hospital. The celebration included the unveiling of a new name for the cafeteria – Café 268. The name was selected from nearly 180 suggestions submitted by staff. Diana Laviolette in the Diagnostic Imaging Centre had the winning submission and was on hand for the big reveal. Also in attendance for the opening were members of the St. Joseph’s Hospital Patient Advisory Council, who played a key role in the design of the lounge, and executives from Morrison Healthcare and Compass Group Canada – partners in the cafeteria refresh and lounge creation. Read more about this exciting milestone in this report.

And finally, I attended a national meeting on September 18-20 hosted by the Canadian Women’s Foundation and Gender Equality Network Canada for those participating in a federally-funded effort to advance gender equality across Canada. Various projects funded by Status of Women Canada have been launched by organizations across the country. Collectively, the projects are designed to contribute to the overall goal of building a strong and independent women’s movement in Canada. I’m participating in a project looking at the barriers to, and enablers for, women becoming leaders in health care.

Strategic Plan 2018-2021

'Pollination' begins

As previously reported, St. Joseph's has partnered with The Potential Group to assist in the engagement for, and development of, the next strategic plan. The Potential Group has developed a unique approach to engagement and strategy development called the Strategy Hive™ Approach. The approach involves a "bee" theme, which will create a buzz around the development of the new strategic plan.

Pre-planning engagement sessions with leadership groups and patient/resident/family representatives took place throughout August 2017, and engagement sessions – or "pollination sessions" – with broader stakeholders internally and externally began in September.

Approximately 40 sessions across all sites will be held throughout September and October to gather feedback, ideas and suggestions on the organization's areas of focus and priorities for the next three years. In other updates:

- The first meeting of the Strategy Engagement Liaison Team took place September 6. This team, made up of staff from across the organization, will be gathering feedback from peers and colleagues in their areas over the next six weeks.
- Starting September 26, one "big question" will be posted every two weeks on social media, as well as on our website and intranet, which will help to generate ideas and suggestions for our priorities and directions over the next three years. These questions will also be posted in locations across St Joseph's.

Our Patients

New mammography unit designed for women by women

St. Joseph's has become the first hospital in Canada to install the Senographe Pristina from GE Healthcare, a groundbreaking new breast imaging platform designed by women for women. The new mammography unit offers a totally different mammography experience for women. Using a remote, patients can adjust the degree of breast compression. This reduces anxiety, allowing technologists to focus on precise positioning. Poor positioning is the cause of most clinical image deficiencies that often require a re-scan. Among the unit's standout features are:

- The Pristina has ergonomic features designed to increase patient comfort. All parts in contact with the patient's breasts have gentle, rounded corners to help reduce discomfort and therefore anxiety for women.
- The unit features comfortable armrests that relax the pectoral muscles to simplify positioning, compression and image acquisition.
- Patients can enjoy a soothing room ambiance with various scenes on a screen and music available.
- Overall, the unit aims to humanize the mammography experience by increasing comfort and reducing patient anxiety to make the exam easier and faster.

An event was held on August 15, 2017, allowing media to interview some of the first patients to use the new unit and view its various features. Currently, St. Joseph's has one Senographe Pristina unit but three additional units will be installed in the coming months. Read more on [St. Joseph's website](#).

New Food Allergy Clinic

Research over the past five years into the growing prevalence and incidence of food allergies is revolutionizing the approach to prevention, diagnosis and treatment. Recognizing the need for a specialized clinic concentrating on food allergies and evidenced-based practice, the Allergy and Immunology Program at St. Joseph's Hospital has opened a new Food Allergy Clinic.

Patients with any kind of food allergy can be referred to the clinic where the allergy can be definitively diagnosed using the latest approaches. Among the therapies being offered at the clinic is oral immunotherapy for patients with a peanut allergy who fit the criteria. With oral immunotherapy, a very small amount of peanut is introduced and then gradually increased to desensitize the patient to the allergen. This is done under very strict and careful supervision of allergy specialists. St. Joseph's has the only program in Southwestern Ontario providing the therapy using a protocol that is carefully controlled and monitored. The goal is to make it safe for people to live in society where there is significant risk of accidental exposure to small amounts of peanut.

Peanut allergies impact one to two per cent of the population. Based on the research in prevention and treatment, St. Joseph's allergists believe they can play an important role in decreasing peanut allergies. Read more on [St. Joseph's website](#).

Care Partnership – an update

Much work has occurred during the summer months to advance St. Joseph's Care Partnership initiative:

- With guidance from the steering committee and leaders, the Improving Care Together project team has begun working on a Family Presence Policy and has established a Community Advisory Group to help guide the work and link community organizations and their stakeholders to the projects.
- To assist with recruitment and communication, a postcard has been designed for use in recruiting patients and families to participate in focus groups and interviews.
- A new patient, resident and family experience section on the [St. Joseph's website](#) has been launched and a fulsome social media plan was created. You can follow the project on Twitter @cc_improving.
- The project team has begun collecting information for the 'Discovery Phase' of the project. This phase includes interviews and focus groups with staff, community partners, patients/residents and family caregivers to gather feedback on how individuals want to be involved in the work of St. Joseph's.

Fireside lounge opens at St. Joseph's Hospital

The cafeteria at St. Joseph's Hospital has a new look, a new name, and a whole new allure with the official opening on September 13 of a fireside lounge. Café 268 was the name selected from nearly 180 suggestions submitted by staff. Diana Laviolette in the Diagnostic Imaging Centre had the winning submission. A 32-year employee, Diana was shocked and thrilled when her submission was unveiled at the opening. The catchy name fits well with the chic, clean look of the lounge with its turquoise walls, high top and low tables, benches, couches, accessible seating for individuals with mobility devices, contemporary fireplace, and patient tracking monitors so families, while enjoying a comfortable setting, can follow their loved one's journey of care in the hospital when they come for surgery. The lounge also has a large screen television with cable, as well as vending machines.

The final design of the lounge was crafted through consultations with members of the St. Joseph's Hospital Patient Advisory Council and others. The council also made the final selection on the new name for the cafeteria. Read more about the opening and view photos on [St. Joseph's website](#).

New device allows patient to eat first meal in five months

A new treatment tool for patients with oral motor weakness affecting speech and swallowing has been implemented by the inpatient speech-language pathologists in the Acquired Brain Injury Rehabilitation Program at Parkwood Institute. The AbilEx device, designed by Western University dysphagia scientist Dr. Ruth Martin, is a hand-held device that safely stimulates and exercises parts of the oral cavity to help strengthen the lips, tongue, jaw and mouth, and maintain flexibility and coordination of the tongue.

In January 2016, Parkwood Institute was chosen as a test site to trial the device with acquired brain injury patients and provide feedback. Two patients were trialed at that time. In July 2017, the device was ready for market and Parkwood Institute speech-language pathologists Connie Ferri and Stephanie Muir-Derbyshire were provided with sample product. The first trial period was completed with a patient who, as a result of a brain injury suffered in February 2017, could not be fed by mouth or manage his own saliva.

Exercises with the device were completed twice daily in conjunction with speech therapy. Subsequent videofluoroscopic swallowing assessment found that the patient is now able to initiate swallows, control his own secretions, and demonstrates a functional oropharyngeal swallowing pattern that was not observed in his previous X-ray study. In August 2017, the patient ate his first meal in five months.

The speech-language pathologists are pleased with their initial success and looking forward to implementing the AbilEx as a standard treatment tool for patients in speech therapy.

Sampling service excellence

The Food and Nutrition Services (FNS) team hosted a special food sampling event for staff on September 19 in Parkwood Institute Main Building as part of an effort to enhance staff engagement with patients and residents. It was the first such event held by FNS.

Food is easy to talk about and is a universal conversation topic. Staff who interact with residents on a daily basis may be having conversations with patients and residents about food. The purpose of this event was to provide frontline staff with an opportunity to taste the food and learn about the menu and services that residents experience at St. Joseph's. This experience and knowledge has the potential to enrich and inform conversations with patients and residents, and help promote nutrition.

In addition to sampling delicious food, staff learned about the residents' menu cycle, how residents are engaged and provide feedback on their meals, and the complexities of serving 3,000 meals each day taking into account food preferences, cultural and diet needs, food availability, food safety and operational requirements.

The event was well received with about 150 staff attending.

New inpatient discharge guide – medication safety

Inpatients discharged from St. Joseph's now receive a guide designed to enhance medication safety. In July 2017, as part of the Discharge Stream of the Optimization Project, changes were made to the existing patient discharge summary in the electronic patient record. Along with a new look, it was re-named the "Inpatient Guide." This guide is a printout provided to inpatients as part of their discharge process. The nurse reviews the guide with the patient, providing education on the medication list and how the medications are to be taken. The nurse also ensures the patient is aware of any follow up appointments he or she may have. The patient leaves the hospital with a paper copy designed to be put on the fridge or otherwise kept handy.

The Inpatient Guide was reviewed by the St. Joseph's Patient Advisory Council and suggestions were incorporated into the design. Since distribution of the guide began, additional feedback has been received and improvements continue to be made. Next steps include providing the ability for staff to add individualized patient notes and instructions.

The Optimization Project is looking at ways of improving the electronic health record system's functionality to help with work flow and enhance patient safety.

Our People

Workplace safety and civility

As you know, supporting staff and physician wellbeing and safety in the workplace is a key strategic priority for St. Joseph's. To support these goals and our continuous effort to create a safer environment while improving patient care, St. Joseph's has implemented the following two new policies and a new form to guide immediate response and investigation of workplace violence incidents:

- Workplace Violence Prevention Policy – focuses on workplace violence, workplace harassment and sexual harassment
- Civility in the Workplace Policy – focuses on incivility and unacceptable behaviour
- Initial Investigation Report of Workplace Occurrence For Violence/Responsive Behaviour, including hazards and near misses

These policies, effective August 30, 2017, replace the Workplace Violence Prevention – Standards for Relationships Policy. The new policies and reporting form better reflect St. Joseph's approach to workplace violence and civility, making our facilities safer and providing leaders with information they need about reporting and responding to incidents.

In addition, the Workplace Occurrence Reporting for Staff/Affiliates Policy has been updated. It now includes more specific details on leader response and investigation of injuries, including a timeline to complete investigations and documentation.

Change Day Ontario

Change Day Ontario has come to St. Joseph's. Co-sponsored by Health Quality Ontario and Associated Medical Services, Change Day is a growing global movement that began in 2013 by the National Health Service in England. It aims to make positive change in our health system by empowering people to make a pledge and take action to improve compassionate quality care. The initiative is about people connecting through their ideas and stories; sharing them through social media; engaging with one another; overcoming barriers; and ultimately, helping to

improve health care for patients and providers alike. Pledging began September 12, and culminates in a day of celebration on November 17, 2017.

At St. Joseph's, Change Day was launched with leaders on September 7 and with all staff and physicians shortly thereafter. Staff and physicians are being asked to come up with an actionable change idea – big or small – by themselves or with others, and to share their pledge with the organization via the intranet. They then put their pledge into action to see positive change take place at St. Joseph's.

Cyber security eLearning

To help all staff, physicians and students understand the important role they play in preventing a cyberattack, a required eLearning cyber security training module has been designed and developed. The purpose of the module is to increase cyber awareness, improve the hospital's security posture, and provide information that helps staff, physicians and students protect against online malware in their own home. Users will learn about:

- Increasing risks and exposures hospitals face from cyber criminals as a result of rapid advances in computer systems and internet technologies
- Different methods cyber criminals use to attack computer systems
- How to recognize potential cyber threats that may be launched from emails or via web page links
- What can be done to help prevent cyber criminals from gaining access to our environment

This course will be assigned to all staff, physicians and students in September and will require annual certification.

Electronic pay statements

As part of St. Joseph's ongoing commitment to environmental stewardship, the organization moved to electronic pay statements (ePay statements) on September 20.

Electronic access to pay statements is secure and convenient. All staff are able to access their statements from the intranet or from outside of the organization. Using their corporate identification and password (computer log-in information) staff are able to see their current pay statement and previous two statements.

The system will archive up to two years of statements.

The Working Mind

St. Joseph's aims to lead by example in supporting workplace programs that promote the understanding and de-stigmatization of mental illness, as well as support employees with strategies to support their own mental wellbeing. It's estimated that 50 per cent of Canadians will experience mental illness in their life time. At St. Joseph's, approximately 30 per cent of short-term absences are related to mental illness.

As part of disability management, leaders identified a need to learn more about supporting employees with mental illness at work and when returning to work following an absence. In addition, the Psychological Healthy Workplace Committee has recommended education and support for all staff about how to support one's own mental wellbeing.

The Working Mind is an education-based program created by the Mental Health Commission of Canada to promote mental health and reduce the stigma of mental illness in a workplace setting. It focuses on dispelling the myths of mental health problems and mental illnesses. The

training presents a continuum model of mental health to provide a common understanding of good mental health, declining mental health and mental illness.

Leaders Kathy White with Organizational Learning and Developmental Services and Wendy Reed with Occupational Health and Safety Services are certified by the Mental Health Commission to provide the training. This program is a full-day session for leaders and a half-day session for employees. Three offerings of the program were provided to two staff groups and one leader group as a pilot to assess its value within St. Joseph's. Evaluations so far have been excellent with recommendations to offer the course across the organization. More pilot sessions are planned for September. Recommendations will be provided to the Human Resources Planning Council once the pilot sessions are complete.

Brushing up on skills

For health care providers, many skills are required to do their jobs well. Some skills may be used daily or weekly, but others are used only occasionally, which means care providers don't have an opportunity to practice these skills on a regular basis. A skills fair presents the opportunity for care providers to practice a variety of skills, brush up on competencies and increase confidence and level of expertise.

In June 2017, the Neurobehavioural Rehabilitation Centre at Parkwood Institute held its first skills fair offering seven sessions, each providing hands-on opportunities in small groups for staff to practice various skills. The event was held on three separate days to accommodate all staff shifts. Participants were given a "passport" to have stamped when they completed each session.

The initiative generated much positive feedback from the 25 staff members who attended. Planning is underway to make the fair an annual event.

New Vice Chair of St. Joseph's Medical Advisory Committee

Dr. Brian Rotenberg has been appointed as the new Vice Chair and Assistant Director, Quality of Medical Care, of the St. Joseph's Medical Advisory Committee (MAC). His two-year term is effective August 1, 2017. Dr. Rotenberg is a surgeon at St. Joseph's Hospital with the Otolaryngology – Head and Neck Program.

In memoriam – Sarah Miles

St. Joseph's lost a highly-respected member of the Spinal Cord Injury (SCI) Rehabilitation Team. Sarah Miles (Payne) passed away as a result of a motor vehicle accident on August 29, 2017. She was an occupational therapist working with spinal cord injury outpatients.

A valued member of the SCI team since 2009, Sarah led by example. Through her positive energy and team spirit she promoted a fun and upbeat work environment. She was a lifelong learner, a strong mentor for the occupational therapy profession, and an exceptional role model for her students. Sarah was an advocate for her patients. She believed in partnering with patients to set realistic goals and worked tirelessly to help them achieve those goals. While always full of great ideas on how to improve care, Sarah was quick to encourage her colleagues to share their ideas and use their strengths.

Sarah's husband is Dr. Michael Payne, a psychiatrist at Parkwood Institute, and her father-in-law is Dr. Bill Payne, who recently retired as Family Medicine Site Chief at Parkwood Institute Main Building. Sarah and Michael's young daughter also died in the accident. Our thoughts are with the family as they deal with this terrible tragedy.

In memoriam – Dr. Mark Landis

London has lost an outstanding physician with the death of Dr. Mark Landis, who passed away on August 11, 2017, following a tragic motor vehicle accident. Dr. Landis had been a thoracic radiologist at Victoria Hospital since July 2012. Prior to his fellowship at University Health Network, he was a Western University radiology resident. He is remembered as being brilliant, reflective, warm, witty, and at the beginning of a distinguished career in patient care. He was a highly respected diagnostic radiologist, teacher, mentor and friend of many colleagues.

Dr. Landis was the father of three young sons and husband to Beth. His legacy will be carried on through the Gift of Life Organ Donation program. He will be greatly missed by his family, many colleagues and friends. Our thoughts are with the family, friends and colleagues of Dr. Landis.

Our Finances

Nothing to report at this time.

Clinical, Education and Research Excellence

Competence by Design

On July 1, 2017, Anesthesiology and Otolaryngology – Head and Neck Surgery became the first two disciplines at St. Joseph's and London Health Sciences Centre to launch residency training under a new competency-based approach.

Competency-based medical education (CBME) is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using a framework of competencies. In a CBME system, a curriculum is organized around the outcomes expected of a resident, and that resident's advancement is dependent on having achieved those outcomes. This is the largest change in residency educational design in decades.

Many countries are implementing CBME, but each one is doing it somewhat differently. The Royal College of Physicians and Surgeons of Canada is using a version of CBME called "Competence by Design" (CBD). Among the main characteristics of CBD are:

- It focuses on expected outcomes. Competencies required of a clinician are now the organizing principle of postgraduate curricula. CBD moves away from the assumption that time is a surrogate for competency. Competence is no longer assumed and promotion is no longer guaranteed on the basis of time spent. Residents must now demonstrate competencies and abilities to progress through their training. In practice, this means that residency education is no longer a defined time period. This has implications for training numbers and resources and, over time, may alter the number of trainees working at St Joseph's.
- It organizes residency training into four developmental stages and clearly lays out markers for teaching and learning at each stage. Each stage of training, and each learning experience, focuses on the identified outcomes for that stage.
- It promotes greater accountability, flexibility and learner-centered education. Residents will be taking greater ownership of their own educational planning, learning and the tracking of their progress, which will promote development of lifelong learning skills.

- CBD is heavily information technology dependent. All observations and evaluations take place on a new platform called ePortfolio, designed and implemented by the Royal College. ePortfolio will, over time, grow to be used not only on desktop computers, but also on tablets and smartphones via specially-designed apps.

Lessons learned from the experience of Anesthesiology and Otolaryngology – Head and Neck Surgery in launching CBD will be applied as other disciplines adopt the approach in London. CBD is gaining momentum in Canada with all disciplines expected to have transitioned to this type of training by 2022.

Resident orientation to the electronic health record – new eLearning model

Providers in the London and regional hospitals have been using the electronic health record in a limited capacity since 2009. Upon hire, providers would receive training in Basic Powerchart to educate them in the layout of the system and how to access information.

In 2014 the London and regional hospitals implemented Computerized Provider Order Entry (CPOE), Closed Loop Medication Administration, Electronic Medication Reconciliation and an Electronic Medication Administration Record. As a result of this implementation, providers are now using the electronic health record in a much greater capacity and it is a requirement for daily patient care.

Post CPOE implementation, the education for new incoming residents was a four-hour instructor-led classroom session using the Cerner Train Domain. A large amount of information was provided in a short time frame and residents found it very challenging to follow along with the instructor. As well, there was no allowance for residents who had completed an elective and had experience with the system.

In 2016, a new model of training was implemented that had students complete a comprehensive eLearning course followed by a classroom session using a scenario-based workbook in a simulated environment with fictitious patients. At the end of the eLearning, participants were asked to complete a confidence assessment rating their ability to complete the tasks covered in the eLearning.

The new model of eLearning and a workbook allowed residents to work at their own pace and take time to absorb the information, with more opportunities to practice and apply their knowledge. It also allowed residents to stream themselves into different paths if they had previous experience with our system. Feedback from residents was very positive and many requested copies of the workbooks for future reference. However, we still did not have a formal way of assessing their competence in using the electronic health record.

As of June 1, 2017, the orientation was further enhanced to include discipline-specific workbooks (Internal Medicine, Surgery, Psychiatry, Obstetrics and Pediatrics) and an online competency assessment. Using discipline specific workbooks better prepares residents for their first rotation. The addition of a competency assessment gives residents an opportunity to evaluate their knowledge and application of the skills that are necessary to work effectively in the electronic health record. As follow up to the orientation, residents are directed to the LearnNow website where there are quick guides and videos outlining the processes for using the electronic health record.

To evaluate the success of our education program with the new components added, a research study has been designed in collaboration with the Faculty of Education at Western University. As well, work continues to refine and develop workbooks and tools to support rotation turnover.

Patients as research advocates

As previously reported, St. Joseph's is one of seven Canadian sites participating in the landmark REMIT study, which aims to induce remission of type 2 diabetes. The trial challenges traditional type 2 diabetes treatment by testing an aggressive approach in recently diagnosed patients. Wayne Kristoff is one of the patients taking part and has had life-changing results. Since May 2016, Wayne has been off all medication, his blood sugar levels are good, and he has more energy and feels better than he has in years. His story has been featured on St. Joseph's and Lawson Health Research Institute websites, and he has spoken at various events.

Most recently, Wayne agreed to share his research journey with the Council of Academic Hospitals of Ontario (CAHO) in a [blog post](#). A key focus of CAHO is to encourage patient participation in research. Wayne has been an outstanding ambassador for making a difference through in research. St. Joseph's appreciates his generosity in sharing his patient experience so broadly.

Achieving quality health services for all

Dr. David Hill, Scientific Director, Lawson Health Research Institute, and Dr. Robin Walker, Integrated Vice President, Medical Affairs and Medical Education, will be participants on the Academic Health Centres and Clinical Research Technical Committee of the Health Standards Organization (HSO). The HSO is forming the technical committee to develop standards and assess leading practices related to the delivery of highly specialized care and services within an academic health sciences setting that has a formal contract with universities. The impact of academic programs and clinical research on organizational structure, processes and delivery of patient care will be addressed.

HSO, which formed in early 2017, is an off-shoot from Accreditation Canada. Its purpose is to spearhead a global movement to improve and save lives using the best standards, innovative tools, and leading expertise from around the world. Several technical committees are being formed, each with a different health care focus.

Lawson Link has launched

Lawson Health Research Institute has launched [Lawson Link](#) magazine. The publication showcases the quality and impact of Lawson research, the breadth of areas where scientists are making a difference in patient care, and the contributions being made to London's knowledge economy.

Save the date – Café Scientifique

At the upcoming Café Scientific, learn about advances in surgery made possible through research. Talks will include:

- Computer-assisted gastrointestinal surgery by Dr. Christopher Schlachta
- Transplant organ preservation: The best option may be “Stinky”, by Dr. Alp Sener
- Hand surgery: How small advances turn into complex surgical achievements, by Dr. Bing Siang Gan

The event will take place on October 5, 2017, from 7:00 pm to 9:00 pm at Windermere Manor, 200 Collip Circle in London.

Fostering our Partnerships

Taking the lead

On September 11, the Ministry of Health and Long-Term Care announced that St. Joseph's, along with our partners, will be the lead organization for the modernization of Homes for Special Care (HSC) in the province.

The HSC program provides housing and services to people with serious mental health issues. The program was established in 1964 under the Homes for Special Care Act and was one of the first to provide supportive housing in the community. The program is now more than 50 years old and needs to be updated to meet the changing needs of tenants. It is currently based on legislation, regulations and rigid rules that homes must comply with, and services it must provide, rather than services that are tailored to meet individual needs.

The goal of modernization is to integrate the HSC program into the community mental health and addictions supportive housing sector and become part of the continuum of housing services. The shift will align with a number of key government priorities: Ontario's Long-Term Affordable Housing Strategy; Mental Health Addictions Strategy; Patients First Action Plan and the Poverty Reduction Strategy.

St. Joseph's will be working with the Ministry of Health, the South West LHIN and community partners to evolve the hospital role in HSC, and design the implementation and evaluation framework. This is an opportunity to create the road map for modernization that will roll out across the province.

No fixed address

St. Joseph's has partnered with the Canadian Mental Health Association (CMHA) Middlesex, Ontario Works and the Housing Stability Bank to launch the No Fixed Address (NFA) project, a housing stability initiative at Parkwood Institute Mental Health Care. The NFA project aims to break the cycle of homelessness by providing individuals with assistance in finding stable housing and financial supports as they leave the hospital. The program will provide on-site support within the Mental Health Care Building, where NFA staff are available to assist our clinical teams and patients to find or keep housing. The same program is also being offered to patients of London Health Science's mental health care program. The main goals of the project are to provide:

- housing advocacy and referrals to landlords and financial supports to help individuals keep and maintain current housing
- housing resources, such as a list of current vacancies, assistance with applications, and connections with community service providers such as Ontario Works and the Housing Stability Bank
- housing searches and community viewings for inpatients that do not have assigned community support staff, including transportation for inpatients to view housing.

NFA staff will be located next to the Family Resource Centre in the Mental Health Care Building during set drop-in times so that patients can access the service directly. Appointments may also be booked in advance. When applicable, clinical staff are asked to assist patients with the referral process for housing and forms have been made readily available on the intranet.

Addressing London's HIV rates

St. Joseph's was among several organizations that took part in a day-long community forum hosted by the Middlesex London Health Unit (MLHU) and the Regional HIV/AIDS Connection to brainstorm strategies to address the HIV outbreak in London. Other participants included the London InterCommunity Health Centre, London Health Sciences Centre, Addiction Services of Thames Valley, St. Leonard's Community Services, London CAREs, and the AIDS Bureau of the Ministry of Health and Long-Term Care.

The purpose of the community forum was to develop an integrated response to the issue. Several gaps and challenges were identified that are contributing to the high HIV rates, and multiple, far-reaching strategies were suggested to address these problems. Among them are:

- Improved care pathways across the health care system in London
- Sensitivity training of health care providers to improve understanding of the harm reduction approach, barriers to accessing care, the need for a spiritual/holistic care, and to decrease stigma
- Improved access to primary care
- New service models to improve access to clinics in the community and at St. Joseph's
- Provincial review of the harm reduction distribution regulations to assess possible expansion of harm reduction supply distribution
- Exploring the expansion of medical services in a mobile capacity
- Creativity and flexibility in the use of existing resources
- Improvements to discharge planning

Each organization will play a role in implementing strategies with oversight provided by the HIV Leadership Committee of the MLHU, of which St. Joseph's is a member. Work is ongoing to finalize the strategies and the role of each organization.

Recognitions and Celebrations

High honours in patient care

St. Joseph's has been awarded a 2017 Excellence in Patient Care Award for employee engagement achievement. Presented by Studer Group, the award honours health care organizations that sustain high employee engagement scores or demonstrate significant improvements in the area of employee engagement. These scores matter because employee engagement – along with leader, physician, and patient engagement – is linked to clinical quality, the patient experience, and various aspects of organizational performance.

In 2016, the employee engagement score, which reflects how staff feel about working at St. Joseph's, was 75.9 per cent while the score for physicians was 75.1 per cent. Both scores are among the highest in the province and have shown dramatic increases since 2013.

The Excellence in Patient Care Awards are presented annually to a select group of organizations from Studer Group's partner base of hospitals, health systems, and physician organizations. The awards were announced at Studer's 15th annual What's Right in Health Care® best practices conference, which took place August 1-3, 2017, in Chicago.

Other

Patient experiences survey results available to hospitals

The Canadian Institute for Health Information (CIHI) launched the Canadian Patient Experiences Survey – Inpatient Care (CPES-IC) Comparative Results Tool to participating organizations on August 17, 2017. With this secure tool, participating hospitals will be able to compare facility-level results with peers within their health region, province, and nationally.

Developed in collaboration with stakeholders from across the country as well as members of the national and international research community, the CPES-IC is a standardized survey that allows patients to provide feedback about their recent stay in a Canadian acute care hospital.

More information about the survey is available [here](#). The Ontario Hospital Association (OHA) backgrounder is available [here](#). Hospitals participating in the OHA-managed Patient Reported Performance Measurement services contract can request that NRC Health submit data to CIHI.

Ontario Hospital Association urges “rapid and aggressive” investment in health care

On September 11, the Ontario Hospital Association (OHA) issued a news release calling for rapid and aggressive new investment in hospital services, and services across the continuum, to avoid a possible capacity crisis within Ontario’s health care system this winter. The [release](#) addresses the unusual and worrying surge in occupancy rates over the summer months and the urgent need for further investments with flu season weeks away and patient volumes expected to increase in the coming winter months.

The OHA is recommending that the province provide new in-year investment to stabilize and build new capacity in hospitals and across other health providers in order to ensure the health care system is better prepared to meet the needs of patients this winter.

Environmental Scan

First pan-provincial report measures mental health and addictions care in five provinces

Canadian youth have poor access to mental health and addictions care according to the first report to measure mental health and addictions performance across the country. The report, published August 30, 2017 by a team of mental health and addictions scientists from Alberta, British Columbia, Manitoba, Ontario and Québec, developed and generated the indicators using data already available from each of the five provincial health care systems.

The study, [Toward Quality Mental Health Services in Canada](#), looked at six performance indicators:

- Access to a family physician for people diagnosed with a mental disorder or addiction
- First treatment contact for a mental disorder or addiction
- Physician follow-up after hospital discharge for a mental disorder or addiction
- Suicide rates among people diagnosed with a mental disorder or addiction
- Mortality of people diagnosed with a mental disorder or addiction

[Institute for Clinical Evaluative Sciences, August 30, 2017](#)

Ontario invests in harm reduction services for those affected by opioid crisis

The provincial government will invest \$222 million over three years to improve access to harm reduction services and addiction treatment amid an opioid crisis in the province. The funding builds on previous commitments by the Ministry of Health and Long-Term Care and will help ensure people with opioid addictions have access to holistic supports that address the full spectrum of needs. The funding will support:

- Adding more front-line harm-reduction workers across the province
- Expanding the supply of naloxone, including more access for at-risk individuals by distributing the overdose reversal drug through emergency departments and exploring more opportunities to make nasal spray naloxone available to people in Ontario
- Expanding rapid access addiction medicine clinics across the province that provide people with immediate and ongoing addiction treatment, counselling and other mental health supports, and boosting access to community-based withdrawal management services and addictions programs
- Expanding proven harm-reduction services, such as needle exchange programs and supervised injection sites.
- Partnering with the Centre for Addiction and Mental Health to expand addictions treatment and care provided in family health teams across the province
- Collaborating with the Ontario College of Family Physicians to mentor health care providers on appropriate prescribing of opioids for pain management and treating patients with addiction
- Working with Indigenous communities to enhance culturally appropriate mental health and wellness programs and funding for new or expanded Indigenous mental health and addictions treatment and healing centres
- Developing addictions treatment and services targeted to the unique needs of youth
- Improving data collection and monitoring to support early warning activities.

[Ministry of Health and Long-Term Care, August 29, 2017](#)

Opioid prescribing guidelines okay despite conflict of interest, review finds

The Canadian Institutes for Health Research (CIHR) has concluded that new national guidelines for prescribing opioids were based on sound scientific evidence despite a conflict of interest between one of the doctors who created them and pharmaceutical companies that make the addictive drugs.

The new guidelines were officially published in May 2017 to replace an outdated 2010 version as Canada grapples with the second-highest opioid prescription rate in the world and an opioid-related epidemic that killed nearly 2,500 people last year. After the publication it was revealed one of the 15 doctors who voted on the guidelines had been paid to do speaking engagements by at least one pharmaceutical company which produces opioid medications, despite the fact the guideline steering committee had pledged there would be no such conflicts.

Former health minister Jane Philpott asked the CIHR to review how the guidelines were developed to ensure the conflict hadn't affected the results. The review included looking at the development and publication of the guidelines as well as comparing them to those produced by the U.S. Centers for Disease Control to see if they varied widely. The CIHR report concludes the conflict did violate the rules the committee set for itself, but there was no evidence the conflict affected the results, which mostly did not favour the pharmaceutical industry and recommended significant reductions in how often opioids are prescribed.

[CBC News, September 7, 2017](#)

Big Pharma marketing scheme banned by Ontario

Ontario is banning a new Big Pharma marketing scheme that uses electronic medical records to sell drugs. The prohibition comes after a Toronto Star investigation found Telus Health has been inserting electronic vouchers for brand name drugs into its popular medical record software.

“Ontario patients must have confidence that (prescribing) decisions are not influenced by marketing programs or electronic vouchers,” Health Minister Dr. Eric Hoskins said in a statement. “This practice is particularly concerning given its powerful influence on the brands of drugs that Ontarians receive, often without patients even being aware that this practice is happening.”

The electronic vouchers steer patients to brand name drugs over their less expensive generic equivalents, and have raised concerns that patients' health records are being used to sell pricier drugs that can pile unnecessary costs onto private insurance plans.

The voucher feature, found in medical record software owned by Telus Health and other companies, will be disabled over the coming weeks, said Hoskins. The minister is working on the prohibition in collaboration with OntarioMD, which oversees and certifies electronic medical record software.

[Toronto Star, September 14, 2017](#)

London second only to Kelowna for opioid poisoning

London is second in the country to only Kelowna, B.C., when it comes to the rate of hospital admissions for opioid poisonings. The numbers from the Canadian Institute for Health Information (CIHI) [report](#) show that London had 30.4 hospital admissions for opioid poisoning per 100,000 people last year. That's higher than Ottawa (13.4), Toronto (7.9) and Windsor (18.2).

The only Canadian city to have a higher rate was Kelowna, B.C. at 36.3 per 100,000 people. Other Canadian cities with high opioid-related hospital admission rates per 100,000 people included Regina (28.3) Thunder Bay (28.2) and Vancouver (20.5)

Also included in the data from CIHI is the fact that in 2016, an average of five people a day were hospitalized in Ontario due to opioid poisonings.

Nationwide, Canadians are being sent to hospital for opioid poisonings at a rate 53 per cent higher than a decade ago, according to the study. Nearly half that spike has come over the past three years.

[CBC London, September 14, 2017](#)

Canada has a 'big blind spot' on medical device safety: study

A new study has found more than 7,200 medical devices were recalled in Canada between 2005 and 2014, ranging from hospital beds to major joint implants to hernia mesh.

“A lot of us think this is actually quite urgent and a big blind spot in health products that are used every day on millions of Canadians,” said study co-author Dr. David Urbach, senior scientist at Women's College Hospital in Toronto.

Published in the *International Journal of Technology Assessment in Health Care*, researchers in Toronto, Montreal and Calgary reviewed medical device records filed with Health Canada. They found more than 24,000 medical devices were approved for sale in Canada over 10 years. As for the recalls, most issues were minor. But 300 recalls, or five per cent, were considered severe enough to cause “serious adverse health consequences” or death.

Unlike medications, which undergo rigid pre-market testing, medical devices are often approved with little or no clinical testing in Canada.

[CTV News, September 18, 2017](#)

St. Joseph's in the News

[Health and Community Leaders Talk: David Hill](#), Council of Academic Hospitals of Ontario (blog), August 22, 2017

[How science found a way to help coma patients communicate](#), The Guardian, September 5, 2017

[Mother-daughter Hwy. 401 crash victims remembered for 'flare of a Broadway star'](#), Global News/AM980, September 7, 2017

[New immunization treatment tackles peanut allergies](#), CBC London, September 8, 2017

[Peanut allergy treatment](#), AM980, Craig Needles Show (56:30 mark), September 8, 2017

[Nutty approach successful](#), CTV London, September 8, 2017

[Peanut a day to keep the allergy away](#), London Free Press, September 8, 2017

[Treating allergies with allergens: St. Joseph's Hospital program praised for changing lives](#), Global News/AM980, September 8, 2017

[London peanut allergy clinic combats symptoms with immunotherapy](#), Western Gazette, September 9, 2017

[Former OHA linesman Kevin Brown 'moving on with his life' after suffering a stroke almost eight years ago](#), Stratford Beacon Herald, September 14, 2017 (also published in the London Free Press and Chatham Daily News)

[Remarkable recovery](#), CTV London, September 15, 2017

[Referee rebounds from life-altering stroke](#), Our London, September 18, 2017