



To: St. Joseph's Board of Directors  
From: Dr. Gillian Kernaghan, President and CEO  
Date: November 22, 2017

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On November 6-7, I attended HealthAchieve 2017, the signature conference and exhibition of the Ontario Hospital Association. While at the conference I met with a family physician who is spearheading an interesting initiative in patient-centred care. 'Careteam' is a care coordination platform that allows patients and their loved ones to electronically access their individual care plans and connect with family, friends, and health care providers so that all know what is planned are working together to make it happen. With this system, patients and family caregivers can request advice and practical help from friends and family, care providers or community services. Considering St. Joseph's focus on enhancing family caregiver engagement, this was an intriguing meeting.

Also this month, as Co-Chair of the Canadian Health Leadership Network (CHLNet), I led CHLNet's Partners' Reception and Roundtable in Ottawa on November 20-21. Dr. Alika Lafontaine, an anesthesiologist in northern Alberta and President of the Indigenous Physicians Association of Canada, was our featured speaker at the reception. Dr. Lafontaine is an award-winning physician speaker, and the first Indigenous physician listed by the Medical Post as one of Canada's "50 Most Powerful Doctors."

At the roundtable, meanwhile, I presented our work on St. Joseph's leadership excellence. The roundtable is an opportunity for health care leaders across the country to engage in candid conversations and knowledge exchange on current leadership challenges.

## Strategic Plan 2018-2021

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The following is an update on the engagement for, and development of, St. Joseph's new strategic plan:

- The 'pollination' sessions have now concluded. This first phase of the strategic planning process showed the powerful value of involving as many voices as possible in helping to shape the strategic priorities. We are now moving into the next phase of engagement, called Strategy Hives. Strategy Hives are three-hour sessions, in the form of creative workshops, focused on the most significant topics that have emerged from the first phase of the strategic planning process. Seven hives are being conducted between the end of November and the first week of December 2017. Details about the topics are available on the intranet. Invitations to internal and external stakeholders have been sent

and an open invitation to the hives was sent to all staff and physicians on November 15, asking people to register for their preferred session.

- The third and final 'Big Question' wrapped up on November 14. The question was: *"What is the value to you of St. Joseph's being a faith-based organization? How should this aspect of St. Joseph's grow stronger, evolve or change over the next 10 years?"*
- To date, more than 1,000 people have been engaged in the strategic planning process through the pollination sessions, one-on-one interviews with key stakeholders, and the three Big Questions that were posted on the intranet and website, social media and posters throughout each of the sites.

## Our Patients

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### **Clean hands comeback tour**

Reverend Matt Martin returned to St. Joseph's as Elvis to once again delight audiences and remind staff, patients and residents about the importance of hand hygiene. Reverend Martin is a community member of St. Joseph's Spiritual Care Advisory Committee and a rector at Holy Trinity Anglican Church in Lucan. He is also a well-known, local Elvis tribute artist.

During National Infection Control Week, Elvis serenaded patients and residents at Mount Hope Centre for Long Term Care and Parkwood Institute Main Building. Between toe-tapping songs, he explained how more than 220,000 people are impacted by health care-associated infections in Canada each year, and by cleaning our hands – and reminding others to do the same – we can limit our risk. St. Joseph's is currently at a 96.6 per cent compliance rate for hand hygiene and continues to strive for 100 per cent at all times.

### **Influenza vaccination campaign – an update**

St. Joseph's influenza vaccination campaign, which officially launched in October 2017, is off to a strong start. As of November 17, 2017, the combined staff/physician vaccination rate was 59 per cent compared to 54 per cent at the same time last year. The staff vaccination rate was 59 per cent (up from 53 per cent at this time last year) and the physician rate was 58 per cent (down from 66 per cent at this time last year.) Eight vaccination clinics were added to the clinic schedule, which has been extended to November 30, and work continues to encourage staff and physicians to get their flu shot.

### **Remembrance Day service**

The annual Remembrance Day service for the benefit of veterans and their families was held at Parkwood Institute's Main Building on November 11. As in past years, the service was televised on closed circuit TV (Channel 78) throughout the hospital for those unable to attend. Across all sites, two minutes of silence was observed at 11 am.

### **Improving safety and the patient experience**

As previously reported, Safewards is an internationally-renowned program that is being implemented at Parkwood Institute Mental Health Care Building and Southwest Centre for Forensic Mental Health Care. The program includes a series of interventions designed, tested and proven to decrease incidents of conflict and containment on mental health inpatient units by teaching staff and patients new skills and tools to strengthen relationships. Each intervention is meant to improve the patient experience, increase patient engagement, staff confidence and safety for all.

Implementation of the 10 interventions began in July 2016 is continuing through 2017. Most recently, three Safewards interventions were rolled out in October 2017:

- 'Bad News Mitigation': This intervention helps staff notice moments/behaviours that can arise from a patient receiving bad news or experiencing an unwelcome event, allowing for a rapid response in mobilizing psychological and social support before the distress turns into a conflict incident.
- 'Reassurance': This intervention attempts to reinstate calm with a patient who has been triggered by a stimulus on the unit. It provides an opportunity for the patient to reflect on the event itself as well as their response to it, and talk through what might have caused the event to occur.
- 'Soft Words': This intervention provides additional methods to avoid confrontations and ways to work more collaboratively with patients, such as through special daily messages and postcards.

There is one remaining intervention to implement. Effectiveness of each intervention is being measured throughout implementation of the Safewards program.

### **Getting a jump on Christmas**

Significant Christmas planning is underway in Food and Nutrition Services for the two weeks of the holiday season. A fresh turkey meal with all the trimmings is on the menu along with several other festive specials across our care sites. All details including ordering the food, planning delivery schedules, cooking methods and transportation of the special food items between sites, creating work flows, detailing service standards, and determining staffing are being worked on.

The many adjustments to deliveries, menu items and staffing requires a solid plan so that all initiatives go smoothly while ensuring safety and quality service is maintained. This year FNS was able to get an early start to the planning and this work will continue over the next two months. At Mount Hope Centre for Long Term Care, the Resident and Family Christmas Dinner will take place on December 7, 2017, marking the 25th anniversary of this festive meal.

### **Just-in-time information**

In response to a suggestion from Family Council at Mount Hope Centre for Long Term Care, two large TV screens have been installed to enhance communication between staff, residents and families. Referred to as communication boards, the 50-inch monitors have been placed in central locations – in the Town Square and near the Marian Villa Dining Room. The purpose is to provide residents and families with timely information on various topics, such as therapeutic recreation activities for the month, food and nutrition, infection control, spiritual care, wheelchair cleaning clinic information, and more. It's hoped that the boards will also be used to share community event photos.

Food and Nutrition Services is one program already making good use of the screens. Menu specials, Resident Food Council meetings and the Resident and Family Christmas Dinner have all been featured. One family member joined the Resident Food Council meeting in November because he saw it advertised on one of the boards.

### **Making wishes come true**

A new program has launched at Mount Hope Centre for Long Term Care in which "a person's dreams become wishes and wishes do come true." The Wishing Well program is offered to residents of Mount Hope and designed for residents to experience authentic and meaningful opportunities. Anyone can nominate a resident for a wish, which can cost up to \$250, and teams work together to make it happen.

Since launching on November 17, several wishes have been received. For example, one resident asked for new clothes and another requested a visit to St. Patrick's Cemetery in Lucan where two loved ones are buried. And one resident would like to send a basket of goodies to her daughter who opened her own business in Vancouver.

The program arose through dialogue with residents. Dreams are still an important part of living a hopeful, fulfilling and exciting life after one moves into a long term care facility and staff wanted to find a way to acknowledge this.

Generously sponsored by St. Joseph's Health Care Foundation, Wishing Well wishes will be granted monthly.

### **Recovery Through Creative Arts**

The use of creative arts in health care has long been recognized as integral for the recovery of people with significant psychosocial complexities. To enhance the opportunity for our mental health patients to participate in artistic pursuits, the "Recovery Through Creative Arts" project is being introduced at Parkwood Institute Mental Health Care Building. Supported through a grant from St. Joseph's Health Care Foundation, this project will run as a two-year pilot program in partnership with Lawson Health Research Institute and the London Arts Council, with support from clinical staff.

The purpose of the program is to connect our mental health inpatients with community artists from the London Artist in Residence program (part of the London Arts Council) and provide therapeutic opportunities for healing and recovery. The program will also help patients develop or strengthen coping strategies and relationships to support their journey of care. By accessing these opportunities, patients and their care teams can set individualized goals to aid in self-development, personal growth, and a successful transition into the community post-discharge.

Beginning the week of November 20, Recovery through Creative Arts will provide four activities each week at Parkwood Institute Mental Health Care Building, where inpatients can attend on a drop-in basis. These activities include music sessions with Belong to Song, drama, visual arts and creative writing/spoken word. Some activities will be provided directly on the units and others will be offered in the 'downtown' area of the Mental Health Care Building.

The program will be evaluated for acceptability, feasibility, effectiveness and outcomes to inform future implementation.

### **Shortage of Baxter intravenous medical mini-bags**

Healthcare Materials Management Services (HMMS) is an active participant in the South West LHIN and regional response to an ongoing shortage in Canada of intravenous medical bags (mini-bag size) used to administer some drugs. The shortage is due to the hurricane in Puerto Rico, where the supplier, Baxter, produces the bags. HMMS is coordinating a regional allocation strategy and working closely with Pharmacy Services leaders at St. Joseph's, London Health Sciences Centre (LHSC) and in the region to support their clinical direction. To date, the hospitals have been able to meet the clinical needs of patients by making use of other ways to deliver drugs safely. St. Joseph's is less impacted than LHSC by this shortage.

## Our People

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### **November is Falls Prevention Month**

Falls prevention is an important and ongoing focus in our relentless pursuit of safety across St. Joseph's. In November, to coincide with Falls Prevention Month, a refreshed corporate falls prevention intranet page was created to help staff and physicians easily access valuable falls prevention information. The page is more user-friendly, has new information that will be updated regularly such as corporate tools and metrics, more resources for interdisciplinary team members and site-specific resources.

### **Staff/Physician Experience Survey – an update**

As previously reported, the Staff/Physician Experience Survey launched on October 24, 2017 and was sent to 100 per cent of staff and physicians. The surveys provide feedback for our organization at a corporate level and in individual areas where enough staff/physicians complete the survey. This kind of feedback is also crucial in achieving our 2015-2018 strategic plan priority to lead in staff and physician engagement.

Evidence shows employee engagement is an important part of performance. High levels of employee engagement have been shown to be directly related to retention, patient-centred care, patient safety, and a positive workplace culture. To help promote the Staff/Physician Experience Survey, a video was created with staff, leaders and physicians speaking to the importance of participating.

The survey was extended to November 18 and closed with a response rate of 49 per cent for staff and 29 per cent for physicians. For staff, this is up from 41 per cent in 2015 when the last full survey was completed, and similar to the 2016 Pulse Survey (a shorter survey) rate of 48 per cent. For physicians, the response rate is up from 22 per cent in both 2015 and 2016.

## Our Finances

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### **Workplace Safety and Insurance Board Safety Group**

The Workplace Safety and Insurance Board (WSIB) has changed its rebate formula calculation for the WSIB Safety Group. This prevention initiative, which is sponsored by the Ontario Hospital Association (OHA), provides incentives for workplaces to develop sustainable health and safety programs, rewards demonstrated achievements in health and safety, and supports mentoring and networking within the group to achieve success. By participating in this program, all members in the group can be in a position to receive a financial rebate based on the improved performance of both their own organization and the entire participating group in reducing injuries and illness for that year.

St. Joseph's has participated in the WSIB Safety Group since its inception in 2002 and has received substantial rebates over the years. Last year St. Joseph's received a \$103,344 rebate. This year our rebate will be \$23,231. This outcome can be attributed to a significant increase in the severity (duration) of lost-time injury claims within the participating hospitals over the past four years.

The Lost Time Severity Rate for participating hospitals declined for the years 2014, 2015 and 2016. St. Joseph's experienced the same trend. In 2017, the severity rate for participating hospitals in Safety Groups increased. St. Joseph's has also seen an increase in severity rate

over this same period. The increase at St. Joseph's was primarily related to workplace injuries arising in 2015 and 2016 where longer term recoveries resulted in additional lost time days in 2017.

As a result of the increased severity rate, the WSIB's rebate formula calculation has lowered the final score and the resulting rebate for all participants in the OHA group to 1.07 per cent of premiums paid in 2016.

#### **Additional beds – Parkwood Institute**

As previously reported, the Ministry of Health and Long-Term Care [announced funding for 2,000](#) additional beds and spaces across the province to improve access to care, particularly during influenza season. This is one-time funding for this fiscal year.

The South West LHIN has been allocated 102 additional beds. Of those, St. Joseph's is receiving funding for six additional beds at Parkwood Institute Main Building. St. Joseph's will use these beds for patients who have completed their active rehabilitation and are waiting to be transitioned to long-term care. The beds will be located within Complex Care. Over the coming weeks patients will be moved to these six beds. We will continue to monitor system-level needs to make use of these beds to best improve patient access and flow until the funding is discontinued March 31, 2018.

## **Clinical, Education and Research Excellence**

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### **Showcasing London's brightest minds**

As reported last month, *Towards London* is a dynamic new podcast series that highlights the accomplishments of London's brightest professionals at the forefronts of their fields. Thought-provoking and entertaining, this 10-episode series explores the ideas that are shaping the future of health care, manufacturing, media, and beyond. The series launched on October 17 and each week features a new set of ideas that are informing and shaping tomorrow's world-changing innovations.

Dr. David Hill, Scientific Director of Lawson Health Research Institute, was among the experts featured in the episode [Nothing Proposed Will Be Withheld](#), which aired on October 17, 2017, and focused on medical innovation in London.

The third episode, [A Repose at the Tower](#), aired on October 31, 2017 and features Dr. Irene Hramiak, Site Chief, Medicine, and Chair/Chief, Centre for Diabetes, Endocrinology and Metabolism at St. Joseph's. In the segment, which focuses on care transformation, Dr. Hramiak talks about restructuring at St. Joseph's Hospital and how it has allowed us to focus on chronic disease management in new and innovative ways.

### **Key discovery in London's HIV epidemic**

Dr. Michael Silverman, Medical Director of the Infectious Diseases Care Program at St. Joseph's Hospital, and Dr. Sharon Koivu, palliative care specialist at London Health Sciences Centre, presented their unpublished, groundbreaking research to the London Free Press that sheds light on the rise of HIV, endocarditis and hepatitis C. A citywide group of researchers led by Dr. Silverman, who is also citywide Co-Medical Director, Infection Prevention and Control, links the rising rates of these diseases to the way Hydromorph Contin is being used. The drug mixture and filter used to absorb the drug can transfer disease, even if people are using clean

needles. The findings have great potential to impact the spread of these infectious diseases in London. Read more in the Environmental Scan and St. Joseph's in the News sections of this report.

### **Lawson Health Research Institute in the spotlight**

Lawson Health Research Institute scientist Dr. Jeff Carson (Imaging) was one of the showcase presenters at the Parliamentary Health Research Caucus Reception on October 16, 2017. Hosted by Research Canada, the event featured on biotechnology health research in Canada. Jeff was among the researchers whose work is considered to be contributing to the "Revolution in Precision Medicine: Data, Diagnostics and Personalized Care."

These Parliamentary Health Research Caucus receptions provide the opportunity for one-on-one discussions between scientists and federal ministers and staff. The goal is to educate politicians on how government-supported research and public-private partnerships are benefitting Canadians and keeping Canada at the forefront of research.

### **In the top 10 – again**

Lawson Health Research Institute is once again ranked eighth in the country according to the 2017 edition of "Canada's Top 40 Research Hospitals List" by Research Infosource. This strong position has been maintained by Lawson for the past four years. Lawson also posted the highest research intensity (spending per researcher) among large institutions (\$562,500 per researcher).

The [top 40 list](#) analyzes hospital-based research institutes from across the country on several metrics, including total research income from the previous fiscal year. The ranking looks at funds received from all sources, including both internal and external, to support research at the organization. According to the report, Lawson received \$124,304 million in research income in 2016, a 7.3 per cent increase from the previous fiscal year.

Lawson is a key part of London's life sciences sector which has a rich history of medical firsts and generates significant economic benefits. Lawson has more than 1,700 people – researchers, support staff, and trainees – working at hospital sites across London. Lawson partners on more than 600 research projects annually with approximately 8,000 clinical subjects enrolled in more than 2,500 active clinical trials.

## **Fostering our Partnerships**

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### **Partnering to care for victims of human trafficking**

A novel partnership between St. Joseph's Regional Sexual Assault and Domestic Violence Treatment Program (RSADVTP) and London Police Service is shedding new light on the toll of human trafficking on victims and how best to provide care and support for these girls and young women.

Since March 2017, the RSADVTP team has been working with London Police Service's Human Trafficking Unit, providing initial examination, testing, and medical and psychological care for victims rescued by police. In this ongoing collaboration, the RSADVTP team is the first point of care for these individuals. Located at St. Joseph's Hospital, the RSADVTP is one of the first such treatment programs in Ontario to take on this role and recently presented their experience to date at the International Conference on Forensic Nursing Science and Practice.

Care provided by the RSADVTP to victims of human trafficking has been comprehensive while respecting the wishes of the survivors. It has included: assessment and care for medical and physical needs; the collection of forensic evidence; providing reassurance and a safe place for victims to share their story; safety planning in collaboration with the police; follow-up care; facilitating contact with families; offering support and education about human trafficking to family members of victims; and more.

The team is currently working with London Police to use an interview space within the RSADVTP so that victims don't have to go to the station to give their statements.

Read more about this partnership on [St. Joseph's website](#)

### **Improving care for frail seniors – taking the lead**

The South West LHIN is working with system partners to better support patients with complex medical needs across the LHIN. Several key populations have been identified in this work, including frail seniors and seniors who require mental health care.

Given St. Joseph's expertise in providing geriatric care through Specialized Geriatric Services and Geriatric Psychiatry at Parkwood Institute, the South West LHIN has requested that St. Joseph's take the lead in the design and implementation of a more integrated system in the South West LHIN for frail seniors and geriatric psychiatry.

In partnership with the South West LHIN, community partners, care providers, patients and family caregivers, over the coming year we will be evaluating and improving services for frail seniors in the region to best meet the needs of this ever-changing population.

St. Joseph's is being provided with resources to accomplish this system-wide strategy. Dedicated roles are being created including that of 'coordinator – frail seniors', who will also serve as a project lead.

### **Sharing our expertise**

Specialized Geriatric Services (SGS) at Parkwood Institute has been working with Middlesex Health Alliance (MHA) on addressing the need for geriatrician support at Four Counties Health Services in Newbury. SGS Director Beth McCathy and geriatricians Michael Borrie and Jennie Wells have met with Steph Ouellette, Vice President of Strategic Partnerships for MHA and Site Director at Four Counties, and his team about their request for access to geriatrician support for inpatient populations. Although there are few beds at Four Counties, most of the patients admitted are quite elderly. In June 2017, a process was set up for the nurse practitioner at Four Counties to teleconference with a Parkwood Institute geriatrician for consultation when needed. In October 2017, an orientation/observership was arranged for the nurse practitioner, who will come to Parkwood Institute for six days in November to gain more experience in comprehensive geriatric assessment. The nurse practitioner will observe both inpatient and ambulatory programs of SGS.

### **Patient and family experience in the Emergency Department – an update**

As previously reported, the Behaviour Supports Ontario (BSO) teams at St. Joseph's and London Health Sciences Centre (LHSC) are partnering to focus on the experience of patients with responsive behaviours and their caregivers in the Emergency Department (ED) at Victoria Hospital. This quality improvement project had three components: five in-depth interviews with caregivers about their loved one's ED experience; environmental data collection; and a

retrospective examination of the flow of 27 patients with responsive behaviours. Among the findings are:

- Interviews with caregivers indicate there is often adequate time between recognition of the patient's illness and presentation to the ED that would allow for implementation of strategies that may delay or avoid going to the ED.
- Caregivers reported patients going without food and fluids and/or experiencing functional declines while in the ED.
- The ED environment has high noise levels and a lot of activity, which may be triggers for responsive behaviours in older adults.

Some of the investigative avenues arising from this project include exploring collaboration with long term care to develop an algorithm to maximize use of resources prior to the ED transfer, which would be informed by:

- Gaining an understanding of long term care processes involved in transferring residents to the ED – how the decision is made, by whom and when, and what resources have been accessed.
- Gaining an understanding of the experience of caregivers and patients with responsive behaviours in community hospital emergency departments.

Project results were shared in a poster presentation at the Mental Health Research and Innovation Half Day at the Parkwood Institute on November 1.

### **Code Orange exercise**

A “tabletop” Code Orange (external disaster) exercise was conducted at St. Joseph's on October 12, 2017. This exercise involved activating our Emergency Operations Centre at both Parkwood Institute and St. Joseph's Hospital. A large number of individuals and departments were involved in this exercise, which also included a Code Grey (infrastructure failure) event. The exercise allowed St. Joseph's to identify gaps and areas for improvement.

Our drill was part of the larger City of London emergency field exercise, which had been planned over the past year. St. Joseph's Chief Privacy and Risk Officer is a member of the exercise design committee for the city. The exercise included police, fire, Emergency Medical Services, London Search and Rescue, the Middlesex-London Health Unit, London Hydro, Fanshawe College, St. Joseph's and London Health Sciences Centre for a total of 15 agencies encompassing more than of 600 participants. Several organizations took the opportunity to test their emergency plans and procedures. St. Joseph's chose to incorporate a Code Grey at Parkwood Institute Main Building as part of the Code Orange to further test our processes. While most organizations were able to highlight areas for improvement, the exercise was deemed successful.

Parkwood Institute hosted the post-exercise debrief for all of the citywide services involved. To seek feedback specific to St. Joseph's, a survey was created and sent to all staff who participated in the Code Orange exercise. The findings of the survey and results from the city exercise as a whole will be presented to the Senior Leadership Team on November 28.

## Recognitions and Celebrations

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### 2017 Medical Advisory Committee Awards

On November 8, the Joint Medical Advisory Committee (MAC) recognized several individuals at St. Joseph's and London Health Sciences Centre (LHSC) with the 2017 MAC Awards. The awards honour professional staff for their commitment to the vision and mission of LHSC and St. Joseph's, their leadership, integrity and motivation each provide to their peers.

This year's recipients are:

- **Dr. Stan Van Uum** is the recipient of the 2017 Joint MAC Award presented to an individual for demonstrating qualities of leadership within the scope of their position or providing outstanding contributions to the success of initiatives aligning with the strategic directions of both LHSC and St. Joseph's. Dr. Van Uum is an endocrinologist with the Centre for Diabetes, Endocrinology and Metabolism at St. Joseph's Hospital who spearheaded the One-Stop Pituitary Clinic – a novel patient-centred model of care for patients with pituitary disease that brings together a citywide, interdisciplinary team of physicians.
- **Bill Davis**, citywide Director, Medical Affairs, is the recipient of the Joint MAC Chairs' Award presented to an individual who has actively contributed to the recent success and best practices of the MAC or its subcommittees.
- **Dr. Michael Borrie**, Medical Director of the Aging Brain and Memory Clinic at Parkwood Institute, is the recipient of the St. Joseph's MAC Award for demonstrating qualities of leadership and providing outstanding contributions to the success of initiatives aligning with the strategic directions of St. Joseph's.
- **Dr. Richard Incelet**, thoracic surgeon at LHSC, is the recipient of the LHSC MAC Award for demonstrating qualities of leadership and providing outstanding contributions to the success of initiatives aligning with the strategic directions of LHSC.

St. Joseph's congratulates the outstanding achievements and dedication of these individuals.

### New role for Dr. John Denstedt

Dr. John Denstedt has been named Secretary-elect of the American Urological Association (AUA), a position he will hold from May 2018 to May of 2019, when he becomes Secretary of the association and its official foundation, the Urology Care Foundation.

Dr. Denstedt will serve as secretary for a four-year term during which he will formally support the development of the scientific program for the AUA Annual Meeting and serve as editor of *AUANews*, the official monthly news magazine of the AUA. Additionally, Dr. Denstedt will: represent the AUA to numerous domestic and international organizations; coordinate communications with subspecialty societies; oversee policy review activities; and serve on the Board of Directors for both the AUA and the Urology Care Foundation.

An active member of the AUA since 1991, Dr. Denstedt most recently served on the board as the AUA Northeastern Section representative and has previously held positions on the Judicial and Ethics, Finance and Annual Meeting Program Planning committees. Additionally, he served in a scientific capacity as an annual meeting abstract reviewer or team leader for more than 20 years.

Being appointed as secretary to this AUA is a great honour and recognition of Dr. Denstedt as one of the world's leading urologists. He is the first Canadian to hold this position.

### **Joan Garrison Award**

Congratulations to Rebecca Vann, social worker with the Treatment and Rehabilitation Program at Parkwood Institute's Mental Health Care Building, who is this year's recipient of the Joan Garrison Award. The award, which helps support St. Joseph's employees with outstanding leadership qualities to further their development, was presented at a ceremony on November 7.

The award is named for registered nurse Joan Garrison who, throughout her 15-year career, consistently demonstrated leadership qualities that earned her the love, admiration and respect of her many colleagues. Joan began her career in the Intensive Care Unit and advanced to lead the Post Anesthesia Care Unit (PACU) and operating room in the manager role. She died suddenly in 1995 at age 36. With memorial donations from family, friends and colleagues, The Joan Garrison Award was established to provide a permanent means to sustain and perpetuate the leadership Joan exemplified. Every year, St. Joseph's Health Care Foundation makes an annual grant from the income of the fund.

### **Leaders in their field**

St. Joseph's had an impressive showing at the 20th Professional Conference and Annual Meetings of the Canadian Society of Endocrinology and Metabolism (CSEM) and Diabetes Canada held November 1-4. Four physicians affiliated with St. Joseph's Centre for Diabetes, Endocrinology and Metabolism came away with awards honouring their achievements, expertise and promising futures:

- Endocrinologist Dr. Stan Van Uum is the 2017 recipient of CSEM's Harvey Guyda Educator of the Year award, which recognizes an individual who has demonstrated excellence in teaching or who has made a significant contribution to the teaching of endocrinology through an educational activity such as editing or writing a textbook.
- Endocrinologist Dr. Kristin Clemens won Diabetes Canada's Diabetes Junior Investigator Award, which supports research and education initiatives for physicians at an early stage of their career that have the potential to improve diabetes care and/or enhance self-management and/or support patients with type 1 or type 2 diabetes mellitus.
- Endocrinologist Dr. Julia Creider, who recently completed training at the Centre for Diabetes, Endocrinology and Metabolism, also won a Diabetes Junior Investigator Award.
- Researcher Dr. Amanda Berberich won CSEM's Dr. Ferdinand Labrie Fellowship Research Grant, which is awarded to a third or fourth year physician research fellow who is pursuing additional research training in the field of endocrinology and metabolism.

St. Joseph's congratulates these physicians and is proud to have such depth of expertise and leadership in our program.

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## **Other**

### **London Health Sciences Centre appoints new CEO**

Dr. Paul Woods has been named the new President and Chief Executive Officer of London Health Sciences Centre (LHSC), effective January 15, 2018. In addition to his medical expertise, Dr. Woods brings extensive management experience and a record of successfully leading positive change in complex environments. Most recently, Dr. Woods was the Senior Vice President, Provider Network Organization for Trinity Health – a multi-institutional health

care organization with more than 120,000 people, including more than 7,000 physicians and advanced practice providers, across more than 1,700 sites in the United States. In this role, Dr. Woods had clinical, operational and financial accountability for medical practices in primary care, specialty care and hospital-based physician practices. Under his leadership, multiple system-wide service delivery redesign initiatives were successfully implemented that achieved improved health outcomes, better patient and provider experiences, and reduced care delivery costs.

Dr. Woods has held various roles in the health system including: University of Calgary, Department of Family Medicine; Alberta Health Services; and Spectrum Health Medical Group and Michigan Center for Clinical Systems Improvement, both in Grand Rapids, Michigan.

Originally from Ontario, Dr. Woods obtained his medical degree from the Schulich School of Medicine & Dentistry at Western University and his Master of Science degree from Dartmouth Institute for Health Policy and Clinical Practice in Hanover, New Hampshire.

### **New investments in long-term care**

On November 6, 2017, the Ontario government announced new investments in long-term care as part of its [Aging with Confidence: Ontario's Action Plan for Seniors](#). The plan includes:

- 5,000 new long term care beds over the next four years; 15 million more hours of nursing, personal support and therapeutic care annually for residents in long term care homes; and a plan to create more than 30,000 new beds over the next decade
- A one-stop website where seniors – about 70 per cent of whom go online every day – can find information about tax credits, drug coverage, powers of attorney, recreation programs and more. Seniors will also be able to get information over the phone in more than 150 languages.
- An annual high-dose influenza vaccine targeted to protect seniors, which will be available free of charge as part of the Ontario Universal Influenza Immunization Program, starting in the 2018-2019 flu season
- Support for "naturally occurring" retirement communities by investing more than \$15 million over two years for apartment buildings or housing developments where many seniors already live close to one another
- More volunteering opportunities connecting seniors and youth, fostering learning and mentorship while reducing older people's risk of social isolation

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

### **Patient ombudsman launches inaugural annual report**

On November 9, 2017, the Office of the Patient Ombudsman (OPO) launched its [inaugural annual report](#). The report focuses on the efforts of the OPO over the past year, its processes for receiving and resolving complaints, high-level observations about the complaints received, as well as key themes and top concerns by sector. Individual facilities were not identified but examples of resolved complaints from all sectors were featured throughout the report. Among the highlights of the report are:

- Over the past year, the OPO received nearly 2,000 complaints of which more than 1,000 were referred to other organizations and complaints bodies and services.
- Many of the complaints received by the OPO this past year were not raised with the appropriate health sector organization first. The OPO is an impartial office of last resort, providing assistance to patients and caregivers who have not been able to resolve their complaint directly through the internal complaints process with their health organization.

- About 70 per cent of written complaints concerned hospitals. The top three complaints about public hospitals were: inappropriate discharge (17 per cent); lack of communications (15 per cent); and policy and procedure (11 per cent).

A summary of key highlights from the report is available [here](#).

### **Mandatory workplace violence prevention – an update**

On November 13, 2017, Health Quality Ontario released details relating to the mandatory workplace violence prevention indicator. The indicator is the result of recommendations made in the Joint Ministry Project on Workplace Violence Prevention in Healthcare Year One Progress Report, and pursuant to a [regulation](#) filed under the Excellent Care for All Act. Hospitals will be required to include the indicator in their 2018-2019 Quality Improvement Plans (QIPs) that will be submitted April 1, 2018. For the 2018-2019 QIPs, all hospitals will be required to include:

- Number of incidents of workplace violence (relative to the size of the organization) from January to December 2017
- A mandatory narrative description of how the hospital has made workplace violence prevention a strategic priority for their organization.

## **Environmental Scan**

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### **Ontario adds 24 hospital beds for mental health in London**

London Health Sciences Centre (LHSC) is getting an additional 24 hospital beds to reduce wait times for mental health care and help ease patients' transition out of hospital. The announcement on October 26, 2017, was part of a wider provincial announcement made earlier in the week, where the Ontario government committed to providing an additional 2,000 spaces province-wide for patients transitioning out of hospital. London will receive a total of 48 hospital beds, with 24 beds for acute care and 24 for mental health care.

According to the Ministry of Health and Long-Term Care, the additional mental health beds in London will help about 100 people who need "additional short-term, mental health and addictions support and housing transition from hospital to home."

The Canadian Mental Health Association and LHSC are partnering on the project. At this point, it's not clear where the non-acute care beds will go, but the groups have started building a team and looking at potential locations.

[CBC London, October 26, 2017](#)

### **London researchers uncover potential cause for high rate of HIV and other diseases**

A team of London researchers may now has answers to why HIV, endocarditis and hepatitis C have spread through London's community of injection drug users in ways few other Canadian cities have experienced, and a way to stop the spread — nothing more than a 10-second flame from a cigarette lighter. Their research, led by Dr. Michael Silverman, medical director of the Infectious Diseases Care Program of St. Joseph's Health Care London, links the rising rates of diseases to the way a drug that swept through London, Hydromorph Contin, is being used.

After the popular opioid OxyContin was removed from the market in 2012, doctors across Canada increasingly prescribed the alternative, Hydromorph Contin. London's injection drug users began turning to what they simply call hydro or hydromorph. The researchers analyzed

data and found statistical links between the increase use of Hydromorph Contin after 2012, and the increase in HIV, endocarditis, and hepatitis C rates since then.

People crush Hydromorph Contin capsules in a bit of water in a container called a cooker, then use a small filter to draw up the soupy mixture without getting particles in the needle. The draw leaves behind a leftover of granular liquid called a wash, which contains a certain amount of the drug in the cooker and the filter. People will use the wash a second or third time, even days later, and share the wash with others. That means the mixture and the filter can transfer diseases from user to user, even if people are using clean needles.

In interviews with more than 100 people who injected drugs, the researchers found that HIV positive injection drug users were far more likely to say they shared washes, about 22 times more likely. In the lab, meanwhile, researchers mimicked what they had heard from people who use the drug on the street. They took Hydromorph Contin capsules and crushed them, then added water. They stuck a needle in the filter and drew up the mixture. Sure enough, there was hydromorphone — about 45 per cent of the original amount still left in the wash — mostly in the cooker and some in the filter. They also grew HIV in the lab and placed the virus in the container with crushed Hydromorph Contin wash. Even two days later, HIV remained in the leftover wash, which may also be keeping bacteria alive as well, including staphylococcus aureus (Staph A) and the antibiotic resistant methicillin-resistant staphylococcus aureus (MRSA), both common causes of endocarditis. Sharing a wash can be like sharing a needle, Dr. Silverman says.

The researchers also discovered that all it takes to destroy 99 per cent of the virus and bacteria is simply heating the mixture in the cooker for 10 seconds with a cigarette lighter.

[London Free Press, October 27, 2017](#)

### **City's HIV rate drops amid local battle against the disease**

Even as researchers find clues on how the disease is spreading, frontline workers in London's battle with an HIV epidemic can take heart from a small sign their effort is working. After several years of increases, the rate of people infected with HIV in London has dropped for the first six months of this year.

The rate of infected people reached 13 out of 100,000 people in 2016, but for the first months of this year has dropped to 6.9 per 100,000, according to the Middlesex-London Health Unit. The number of new diagnoses in 2016 reached 61 and so far this year has reached 33.

The increasing rates of HIV, hepatitis C and endocarditis have been linked to an increase in the use of crushed Hydromorph Contin by people who inject drugs in London. Researchers recently shared the results of work that showed how the diseases might be transferred through the filters and drug's wash, the leftover mixture in cookers that is used several times.

The research is one front in the battle; the other is a multi-agency effort to get more people tested and treated for HIV, the best way to stop the spread of the virus. This includes a partnership between the London InterCommunity Health Centre and St. Joseph's Health Care London in a program called MyCare, which is designed to reach people unlikely or unable to get to the hospital's infectious diseases treatment program.

The health unit began coordinating a community-wide attack on the epidemic last year and launched an investigation into possible factors fuelling the increased spread of the virus. The health unit does not have a mandate to provide treatment, so advocated for the health unit to

get two more nurses and created its own outreach team this year to connect with patients who struggle with daily living, says Dr. Gayane Hovhannisyian, associate medical officer of health. The health unit has its own caseload of 98 patients.

A lack of housing in London remains one of the largest challenges to making inroads in the epidemic, Dr. Hovhannisyian said. Testing of people for HIV must also be expanded.

[London Free Press, October 30, 2017](#)

### **Ontario Nurses' Association announces incoming president**

London's Vicki McKenna, registered nurse, has been acclaimed as the Ontario Nurses' Association's (ONA) incoming president for 2018-2019. A day surgery nurse at London Health Sciences Centre, she will take office in January 2018. McKenna has been an ONA member for more than 30 years and an ONA activist for more than 20 years.

[Ontario Nurses' Association, November 2, 2017](#)

### **London putting up healthy resistance**

The city is pushing back against a provincial proposal to dissolve local public health units and create mega-sized agencies instead, joining a wave of opposition across the province.

A panel of experts appointed by Health Minister Eric Hoskins is recommending the province establish 14 health units to replace the current 36. The boundaries for the units would be the same as local health integration networks, meaning London and Middlesex would become part of a massive health unit stretching from Tobermory to Long Point if the province adopts the panel's recommendations.

One of city's chief complaints is a loss of independence. The proposed regional units may leave health professionals with less control to address pressing needs in London, local leaders said. Problems unique to London, such as the city's high HIV rates, may not get the same attention when there are crises across a vast region to consider, they say.

Councillor Jesse Helmer, chair of the board of the Middlesex-London Health Unit, said the agency is already doing a good job creating "integrated" health solutions. "We've got a good track record of agencies working together. One of the reasons I think that's working so well in London is the size and geography."

He cited the HIV leadership table as an example of that collaboration, where hospitals, harm-reduction specialists, public health workers and other health professionals work closely to address the problem.

[London Free Press, November 6, 2017](#)

### **Violence against frontline hospital staff on the rise**

A poll of hospital staff in seven communities across Ontario has found that 68 per cent have experienced sexual harassment or sexual assault in the past year, according to a study by the Canadian Union of Public Employees through its hospital division, the Ontario Council of Hospital Unions (OCHU).

The poll surveyed 1,976 of OCHU's members – 1,568 of whom were women – across a range of different-sized hospitals in Toronto, Durham, Kingston, Stratford, Sudbury, Ottawa and

Hamilton between August 26 and September 14, 2017. The results, according to president Michael Hurley, are "staggering":

- 68 per cent of frontline health care staff surveyed said they were physically assaulted in the past 12 months.
- 86 per cent reported they were subjected to verbal violence in the same time period.
- 43 per cent reported experiencing sexual harassment or sexual assault in the past 12 months.
- 20 per cent reported having been physically assaulted more than nine times in the same time period.

The survey also found that health care providers were concerned about reporting such incidents, with 44 per cent saying they feared reprisal from their employer if they spoke up about violence on the job.

[Toronto Star, November 5, 2017](#)

### **New plan will see Ontario government employees deliver home care**

The Ontario government is getting into the business of providing home care directly, quietly creating a new provincial agency that could eventually serve hundreds of thousands of patients in Ontario. The move would mean personal support workers (PSWs) become provincial employees. It also has the potential to take a significant portion of the \$2.5 billion in annual publicly-funded home care away from the for-profit and not-for-profit agencies currently providing it.

The government says creating the agency would give home-care clients more choice in selecting a PSW and more control in determining their care schedule.

The move to increase public delivery of publicly-funded health services will likely be welcomed by some advocates who have been critical of Ontario relying on private-sector agencies to provide home care. But some of those agencies who currently do the job argue it's unnecessarily bureaucratic to create a government-run home care provider. They also fear the move opens the door to the province taking over delivery of all publicly-funded home care, and are urging Health Minister Eric Hoskins to reconsider.

The plan is laid out in a Ministry of Health document obtained by CBC News. The 11-page presentation dated October 2017 says the agency, called Personal Support Services Ontario, will be created this fall and will start to deliver home care in the spring. This new provincial agency will "directly recruit, screen and employ PSWs," according to the document.

The plan is to begin using the agency in three of the province's 14 local health integration networks in spring 2018, with the goal of full provincial roll-out by March 2021.

[CBC News, November 6, 2017](#)

### **Total health spending in Canada reaches \$242 billion**

New figures released by the Canadian Institute for Health Information (CIHI) show that the country's health spending is forecast to grow by nearly four per cent in 2017, to \$242 billion. This is a slight increase in the rate of health spending growth. Since 2010, the average annual increase has been 3.2 per cent.

[National Health Expenditure Trends, 1975 to 2017](#) finds that health costs are expected to represent 11.5 per cent of Canada's gross domestic product (GDP) in 2017, similar to last year.

Other key findings include:

- Total health spending is forecast to reach \$6,604 per Canadian in 2017, almost \$200 more per person than in 2016 (\$6,419).
- Total health expenditure per person is expected to vary across the country from \$7,378 in Newfoundland and Labrador and \$7,329 in Alberta to \$6,367 in Ontario and \$6,321 in British Columbia.
- Internationally, Canada's health spending per person in 2015 (CA\$5,681) was similar to spending in France (CA\$5,677), Australia (CA\$5,631) and the United Kingdom (CA\$5,170).
- Hospitals (28.3 per cent), drugs (16.4 per cent) and physician services (15.4 per cent) are expected to continue to use the largest share of health dollars in 2017. Since 1997, hospitals have accounted for the most significant share of health spending, followed by drugs and physician services. Drug spending is expected to grow the fastest, reaching an estimated 5.2 per cent in 2017. Physician spending growth is forecast at 4.4 per cent and spending on hospitals is estimated to grow by 2.9 per cent.

[Canadian Institute for Health Information, November 7, 2017](#)

### **Ontario's Patient Ombudsman eyes improvements to health care**

Many patients, their families and caregivers worry filing a complaint about their health care could lead to reprisal, says Ontario's Patient Ombudsman, and there is work to do to combat that perception.

In her first annual report, released November 9, 2017, patient ombudsman Christine Elliott says her office received approximately 2,000 complaints from patients, their families and caregivers between 2016 and 2017 – the first year of operation of the Office of the Patient Ombudsman. But many of those same people also expressed reservations about lodging the complaint.

Of the complaints received, Elliot said 70 per cent were resolved, but consistent themes have emerged in the messages from patients and their families.

The report, [Fearless: Listening, Learning, Leading](#), says that 70 per cent of the complaints fielded by the office related to Ontario's hospitals, 20 per cent to home care, and 10 per cent to long-term care. The top five issues flagged to the ombudsman were inappropriate discharge, miscommunication or lack of communication, difficulty accessing service, poor care, and understanding and improving policies and procedures. About two-thirds of complaints involve some element of a breakdown in communications.

Elliott says symptoms of the province-wide problem with alternate level of care patients are also surfacing in complaints to her office. While the province grapples with ways to make more space in long-term care homes, it could take some simple steps to avoid complaints related to discharge planning, she said.

[Toronto Star, November 9, 2017](#)

### **Ontario's NDP releases London hospital wait time data**

Overcrowding at London Health Sciences Centre (LHSC) is growing according to new numbers released November 13, 2017, by Ontario's NDP leader Andrea Horwath. Between May 1 and September 22, 2017, LHSC saw mental health bed occupancy rates of more than 130 per cent per day, said Horwath, who obtained the data through a freedom of information request.

On August 22, 2017, the occupancy rate reached 165 per cent – well over safety standards of about 85 per cent.

There were longer emergency room wait times throughout the four-month period, with a daily average of 18 to 45 people who waited for a bed at LHSC. Medicine and surgical bed occupancy rates were frequently over capacity during the same period of time, with dozens of patients waiting for a bed, according to Horwath.

Last month, the province committed to providing an additional 48 hospital beds at LHSC – with 24 beds for acute care and 24 for mental health care, but Horwath says “it's far from enough to undo the damage done. It's a crisis situation.”

[CBC London, November 13, 2017](#)

## **St. Joseph's in the News**

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[Revolutionary new breast technology](#), Hospital News, November 2017

[Province eyes St. Thomas psychiatric hospital for heritage designation](#), St. Thomas Times Journal, October 25, 2017

[London researchers may have pinpointed why rates of HIV, other diseases rising among drug users](#), London Free Press, October 27, 2017

[London doctors' simple strategy may stem a deadly toll](#), London Free Press, October 27, 2017

[City's HIV rate drops amid local battle against the disease](#), London Free Press, October 30, 2017

[Romanian native Vasile Caniuca, who built this year's two Dream Lottery home prizes, wants to 'change the lives of others'](#), London Free Press, October 27, 2017

[Business buzz: Oct. 31](#) (New job title – Sara Cameron), London Free Press, October 31, 2017

[A repose at the tower](#), Towards London (Dr. Irene Hramiak is featured in this podcast episode, Begins at the 2:50 mark) October 31, 2017

[Caring for caregivers](#), CTV London, October 31, 2017

[Trick-or-treating with food allergies? Keep your eyes peeled for teal pumpkins](#), CBC London, October 31, 2017

[American Urological Association names new secretary-elect](#), Schulich School of Medicine & Dentistry, November 1, 2017

[Police, hospital team up to help sex trafficking survivors](#), CBC London, November 8, 2017

[St. Joseph's Hospital, London police join to combat sex crimes](#), London Free Press, November 8, 2017

[Helping the hurting](#), CTV London, November 8, 2017

[Regional Sexual Assault and Domestic Violence Treatment Program highlights need for national strategy](#), London Free Press, November 9, 2017

[In Africa, rural clinics entice pregnant women with 'baby pictures'](#), New York Times, November 10, 2017

[London police, St. Joseph's Health partnership aims to help human trafficking victims](#), Global News/980 CFPL, November 13, 2017

[Lawson among top Canadian research institutes](#), Blackburn News, November 14, 2017

[Veterans Affairs says it's working to address concerns over long-term care](#), CBC News, November 14, 2017