

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

Although the board does not meet this month, I am providing you with a full report for your reading enjoyment over the holidays, perhaps by the fire.

Between November 23 and December 4, I attended all seven Strategic Hives, which focused on key topics that have emerged to date from the strategic planning process. It was fascinating to listen to the various voices participating and I was impressed by the emerging consensus despite the broad range of roles and perspectives at the table in these creative workshops.

On December 7, the South West LHIN's London Middlesex Sub-Region Integration Table met to set priorities for the coming year. I am the hospital representative at this table, which is mandated to enable, enhance and champion seamless, consistent high-quality care and integrated planning and delivery for London Middlesex.

Then, on December 8, I participated in the Catholic Health Association of Ontario's Strategic Foresighting Workshop. The purpose of the workshop was to explore the future landscape of Catholic health care in Ontario, looking at possible scenarios to understand the strategic implications for the association and actions it may take to prepare.

Also this month, I hosted my December staff and physician engagement sessions – seven in total – during which I discussed: next steps in the engagement for, and development of, the 2018-2021 Strategic Plan; key performance indicators showing what's green and on the way to green; participation in the Staff/Physician Experience Survey and where we go from here; what's coming down the pipe when it comes to province's Patients First action plan; and more.

It's a nice time of year to share with you one question I received during the forums. I was asked what I'm most proud of about St. Joseph's. I have many answers to this question but, overall, I'm most proud that, collectively, staff, physicians and volunteers understand the importance of listening well to our patients and striving hard to meet their needs. There's a true sense of being committed to our vision of earning complete confidence, and that it takes all of us to make it happen. Across our organization, people know why they are here every day and are always saying "we can do better" for those we serve.

I include you, our board members, in this collective dedication to our patients and their families, of which I am immensely proud. At this time, I would like to wish you a very Merry Christmas and thank you for all you bring to St. Joseph's as board members throughout the year. I also thank you for the support and encouragement you give to me in my role and to the other members of the Senior Leadership Team. Please enjoy this year's [Christmas card](#) from St. Joseph's.

May your holidays be restful and joyful and the New Year one of peace and good health.

Strategic Plan 2018-2021

Strategic Plan 2018-2021 – an update

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

- Seven 'Strategy Hives' were completed between November 23 and December 4, 2017. The hives were 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. Details about the topics covered were available on the intranet. Invitations were sent to internal and external stakeholders, and all staff and physicians were invited to register. Turnout was excellent with 20 to 40 people participating in each hive and digging deep into what's important to them. Participants included staff, physicians, leaders, patient and family council representatives, members of the Board of Directors, representatives from Lawson Health Research Institute and St. Joseph's Health Care Foundation, and key community partners/stakeholders.
- The Potential Group will share an emerging framework and directions with the Senior Leadership Team in December, and will present to the Board of Directors in January 2018.
- Work is now underway to organize a strategic planning session at the Leadership Development Institute on January 9, 2018, which will include both leaders and physician leaders.
- Also on January 9, 2018, a final hive is scheduled. This session invites participants to consider what it will take to bring the aspirations and goals generated in the first seven hives to life, and what is needed to support our staff and physicians as agents of change.

Our Patients

Influenza vaccination campaign – an update

As of December 15 the combined staff and physician vaccination rate was 65.3 per cent, in comparison to 62.1 per cent at the same time last year. The staff only rate was 65.2 (up from 61.4 per cent at this time last year) and the physician rate was 67.7 per cent (down from 75.9 per cent at this time last year). Due to low influenza activity in our community the requirement for non-vaccinated staff to wear a mask as of December 1 was delayed. However, masking is expected to be implemented in early January.

As of December 13, there have been seven laboratory-confirmed influenza A cases and 14 influenza B cases reported by the Middlesex-London Health Unit since September 1, 2017. Also since that date, there have been two institutional influenza B outbreaks in the London area, including one at Parkwood Institute Main Building in the Veterans Care Program.

2017 Diabetes Half Century Awards

Every year, St. Joseph's and Novo Nordisk Canada Inc. present the Diabetes Half Century Awards to patients with insulin-dependent diabetes who reach 50 years since their diagnosis. The patients, who are nominated for the award by their endocrinologist, are honoured for their personal commitment and diligence in looking after their health, and for acting as a role model to all those living with the condition.

This year, 24 individuals received St. Joseph's Diabetes Half Century Awards, the largest group since St. Joseph's began hosting the awards 14 years ago. Twenty-one of the recipients were on hand for the awards ceremony on November 29, 2017, which is always a poignant and emotional ceremony for these diabetes warriors.

To commemorate their achievement, each recipient receives a print of London's Banting House compliments of Novo Nordisk, and a special medal sponsored by Sanofi Canada. For the past two years, recipients have also taken home a statuette provided by Eli Lilly Canada. These three companies are producers of insulin. Read more on [St. Joseph's website](#).

I Remember – Veterans' Memoirs

Powerful themes of life, love, and loss emerge in the new book *I Remember – Veterans' Memoirs*. The book highlights the lives of 27 veterans who currently reside in the Veterans Care Program at Parkwood Institute. Told in their own words, these veterans share their stories with sincerity, openness and humour. A book launch took place on December 6, during which veterans were on hand to sign copies. The books, which cost \$20 each, are now available at the Veterans Arts' Textiles Studio, General Store and Corner Store at Parkwood Institute Main Building.

Extended hours to be trialed at Café 268

Beginning January 2, 2017, extended hours will be trialed at Café 268 at St. Joseph's Hospital. The current hours of 6:30 am to 2:00 pm Monday to Friday (excluding statutory holidays) will change to 6:30 am to 4:00 pm. As well, Saturday service will be added from 9:00 am to 2:00 pm. These new hours, which will be trialed for three months, are a result of feedback from both patients and staff.

In another change, staff, physicians, patients and visitors now have access to Café 268's fireside lounge 24/7. After hours, the lounge is accessible through the atrium dining area, which is reached by entering the door to the vending machine area.

World AIDS Day

While the rest of the province has seen a decline in HIV rates, alarm bells have been ringing in London as the prevalence of HIV among intravenous drug users has surged. In the past 10 years, a staggering increase has been seen in HIV, and hepatitis C rates have remained high.

The Infectious Diseases Care Program at St. Joseph's Hospital currently provides care to more than 600 individuals with HIV, either through partnership outreach initiatives or at St. Joseph's Hospital. Of those, nearly 200 are injection drug users, many of whom struggle day-to-day to look after themselves, with double the stigma of addiction and HIV, and with a profound sense that they don't matter.

St. Joseph's recently put a face to this issue. For World AIDS Day on December 1, Communication and Public Affairs reached out to find someone who is struggling with both addiction and HIV, and was willing to share their story. Those on the frontlines see the challenges up close every day, but for most Londoners, these individuals remain faceless. Andy, 60, a St. Joseph's patient, agreed to tell Londoners his story. The story was posted on [St. Joseph's website](#) and shared through social media by St. Joseph's, Western University and Lawson Health Research Institute.

Improving safety and the patient experience – Safewards

As previously reported, Safewards is an internationally-renowned program 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, and continued through 2017. The last board report highlighted three interventions that were rolled out in October 2017. In December the tenth and final Safewards intervention was introduced, called Positive Rounds.

Positive Rounds will help to create a more constructive atmosphere during the staff-to-staff report at shift change. Through this intervention, staff members will identify a positive attribute or action for each of the patients they have cared for during the shift, or identify a psychological understanding of the behaviour displayed by their patient(s).

In other Safewards news, the Patient Council has become involved in the Mutual Help Meeting intervention as part of a focus on embracing, in a more robust way, the role of the Patient Council in the inpatient setting. The Mutual Help Meeting intervention is a voluntary, regularly-held meeting of all patients and staff on a unit. It follows a structured agenda and determines how everyone can help each other during their stay on the unit. The Patient Council facilitator and a Patient Council member have been making efforts to attend Mutual Help meetings to support the process. In a recent meeting, the Patient Council member shared some insight on the importance of embracing the small victories as they are often the most important. This was well received by the patients on the unit involved. Patient Council members and their facilitator will attempt to attend the Mutual Help meetings on each unit.

Suicide prevention training

St. Joseph's Mental Health Leadership Council has endorsed Applied Suicide Intervention Skills Training (ASIST) for all mental health clinical staff at Parkwood Institute and Southwest Centre for Forensic Mental Health Care. ASIST is a two-day interactive workshop in suicide prevention. During the workshop, ASIST participants learn to:

- Provide guidance to an at-risk individual in ways that meet their safety needs
- Identify the key elements of an effective suicide safety plan and the actions required to implement it
- Recognize other important aspects of suicide prevention including self-care

This training has many benefits including alignment with Accreditation Canada standards and promotion of a healthy workplace. It also helps staff recognize early warning sign and encourages the vital behaviours of speaking up, holding each other accountable, asking for help and recognizing crucial moments that may save a life, both with patients and among colleagues. Any staff member who interacts with patients on a clinical level, as well as leaders and any administrative staff who have regular patient contact, are required to complete the mandatory training.

This broad implementation of ASIST supports the anticipated expansion of the Zero Suicide initiative at St. Joseph's, making us best practice leaders in suicide risk assessment and management.

Our People

Ici on parle français

St. Joseph's is a French-identified health care service provider. Under the guidelines of the Ministry of Health and Long-Term Care and the South West LHIN, the organization is expected to implement policies and procedures to service the Francophone population as listed in the French Language Services Act (FLSA). It is the intention of St. Joseph's to offer services in French when it is practical.

Earlier this year, a survey was distributed to all staff and physicians, which asked them to respond only if they had French language skills and identify their level of French language proficiency. There were 330 respondents to the survey. Lists were then been compiled to identify staff with various French capabilities. Of the 330 respondents, 42 people identified their level as being advanced or superior. These 42 have been asked to wear buttons and/or lanyards identifying them as French speaking and place small signs in their areas so patients, residents and families will know that French services are available in that area.

In addition, new hires currently receive a self-assessment survey regarding their level of oral and written French. Going forward, these employees, if they are proficient and comfortable with French, will receive a button/lanyard and small sign.

As well, interpretation services are in place at St. Joseph's for all languages, including French. Some materials, where possible, are produced in French and posted online, such as the patient handbooks for Parkwood Institute.

Most recently, a St. Joseph's staff member has joined the South West LHIN's French Mental Health and Addictions System Network Table, which will be meeting in early January 2018.

St. Joseph's first French Language Services Plan has just been developed and submitted to the LHIN. It is a work in progress and will adapt and evolve as the organization continues to navigate the needs of its Francophone patients and community. This plan will serve to increase our compliance with the FLSA as we continue to work closely and proactively with the South West LHIN to further develop and implement the plan.

Share the Spirit – watch the highlights

Share the Spirit officially wrapped up on November 4, 2017. A [wrap up video](#) was created to highlight all the exciting events that took place during this year's campaign. Among the results from Share the Spirit 2017 are:

- There were 185 new/increased donors. This surpasses the 150 goal and was reached by the end of launch day on October 5, 2017.
- At the start of this year's campaign, 10.7 per cent of staff were regular donors through payroll to Share the Spirit. By the end of the campaign, participation was 13.1 per cent – a significant increase.

The total amount raised during the campaign will be announced in January

Security Services as part of the care team

Security Services is now participating in the daily, weekly and monthly care planning of our patients at Parkwood Institute and Southwest Centre for Forensic Mental Health Care. This work has been occurring over the last 18 months whereby security staff is included in clinical

unit meetings and care planning for our patients and residents with significant care needs that are likely to require the engagement of multiple frontline care and service providers to ensure a safe patient/resident experience. This change is part of a refreshed model implemented by Security Services underpinned by a compliance philosophy which is being achieved through modeling our values of respect, excellence, compassion in the care experience and in striving to earn complete confidence.

Security Services continues to work hard to partner with clinical and support services across St. Joseph's to ensure the team is providing the best possible service and integration into the care teams.

Building resiliency

As part of a staff resiliency plan, Complex Care Program staff attended a training session on managing the verbally aggressive person. This learning was based on an established course provided to mental health staff and was revised collaboratively by the unit councils and Organizational and Learning Development Services to address the needs identified by the team. Staff provided positive feedback and report active application of concepts within their current practice.

Chief of Anesthesia and Perioperative Medicine

Dr. Homer Yang has been appointed Chief of the Department of Anesthesia and Perioperative Medicine for a five-year term, effective January 1, 2018. Medical Affairs would like to thank Dr. Ramiro Arellano, Interim Department Chief, for his leadership and guidance to the department.

Christmas dinner with all the fixings

As is the tradition at St. Joseph's, staff working Christmas Day are invited to enjoy a complimentary Christmas dinner of turkey, stuffing, vegetables, mashed potatoes and dinner roll with punch, coffee or tea, and dessert. The meal is available to staff at all sites on December 25.

Our kids at work

A total of 67 students took part in Take Our Kids to Work Day on November 1, 2017, at St. Joseph's. Twelve tours were offered in total across all sites hosted by Food and Nutrition Services, Pharmacy Services, Human Resources, allied health, Centre for Diagnostic Imaging and, new this year, Specialized Geriatric Services and the Diabetes Education Centre.

Take Our Kids to Work Day is an excellent opportunity for St. Joseph's to showcase to Grade 9 students the impact and valuable contributions of the organization in London and the surrounding region.

Our Finances

Chronic mental stress benefits

The Workplace Safety and Insurance Board's policy "Chronic Mental Stress" comes into effect January 1, 2018. With this policy a worker will be entitled to benefits for chronic mental stress arising out of, and in the course of, the worker's employment. A worker will generally be entitled to benefits for chronic mental stress if an appropriately diagnosed mental stress injury is caused by a substantial work-related stressor. A work-related stressor will generally be considered substantial if it is excessive in intensity and/or duration in comparison to the normal pressures

and tension experienced by workers in similar circumstances. Generally, work related conflicts will not be considered unless the conflict is workplace harassment or conduct that a reasonable person would perceive as egregious or abusive.

Clinical, Education and Research Excellence ---

Parkwood Research Institute open house

On December 1, Parkwood Institute Research, a program of Lawson Health Research Institute, hosted an open house to provide guests with an opportunity to meet researchers and their teams, and learn about their work in the areas of cognitive vitality and brain health, mobility and activity, and mental health. The event took place in various research spaces within the Parkwood Institute Main Building and the Mental Health Care Building. Teresa Armstrong, MPP for London-Fanshawe, was among nearly 200 individuals in attendance.

Tomorrow's scientists take a tour

A group of senior chemistry students from H.B. Beal Secondary School visited Lawson Health Research Institute facilities at St. Joseph's Hospital on November 8, 2017. In addition to learning about Lawson's world-renowned imaging research, the group toured the Cyclotron and PET Radiochemistry Facility and Dr. Alexandre Legros' brain stimulation lab. Read more about the visit and view the photos on [Lawson's website](#).

Research half day draws record crowd

This year's Mental Health Research and Innovation Half Day on November 1, 2017, was one of the best attended in the 18-year history of the event. A diverse and engaged audience of about 130 attended that included hospital-based clinical, administrative and research staff, individuals with lived experience of mental illness, family caregivers, peer and community supporters, and staff from local community mental health agencies.

The event showcased excellence in recovery and rehabilitation research. The keynote Tony Cerenzia Research Lecture was delivered by Dr. Sean Kidd, whose talk – "From clinical trials to the clinic: A story about making Cognitive Adaptation Training for schizophrenia more accessible" – focused on how to implement interventions proven in clinical trials. Dr. Kidd is a clinical psychologist, senior scientist and Chief of the Psychology Division at the Centre for Addiction and Mental Health in Toronto.

Read about the research showcased and view a video about the application of spirituality in practice on [Lawson's website](#).

Improving access to mental health care for youth

A collaboration between St. Joseph's, London Health Sciences Centre (LHSC) and Woodstock General Hospital, in partnership with a third-party digital health company - InputHealth - and Rogers, is a recipient of nearly \$400,000 from Ontario's Health Technologies Fund. The proposal focuses on the use of a smart technology app to improve access to mental health care for youth. It builds upon early work in the Greater Toronto Area, British Columbia and the Mayo Clinic. It also builds on an earlier feasibility study, Y-MHEN, funded by RBC Sandbox, which successfully explored the use of technology as a real-time communication tool between youth and their ambulatory mental health providers in the adolescent program at Parkwood Institute Mental Health Care and the Child and Adolescent Mental Health Care Program at LHSC's Children's Hospital.

The project is called “TELEPROM-Y: Improving access and experience of mental health care for youth through virtual models of care.” The purpose is to evaluate the implementation of remote care delivery in the treatment of youth with mental health disorders using InputHealth’s Collaborative Health Record (CHR) at three large, outpatient mental health facilities (LHSC, St. Joseph’s and Woodstock General). The two-year project will begin in early 2018.

The Health Technologies Fund, which is administered by the Ontario Centres of Excellence, supports the development of made-in-Ontario health technologies by accelerating evaluation, procurement, adoption and diffusion in the Ontario health system.

Improving health care documentation

To improve clinical documentation by medical students and residents, Health Information Management (HIM) leaders will be participating in training provided to these groups by Medical Affairs. This will allow for a review of what residents are currently being taught about documentation in the paper and electronic chart, and changes to enhance documentation. HIM is hoping to provide the students and residents with more detail and more standardized processes to follow when dictating as improved documentation will mean improved patient care.

Laminated posters are also being created with discharge summary dictation guidelines. Medical Affairs has agreed to hang these in all areas where dictation will be completed, which will assist physicians and residents in ensuring the information needed is included when dictating these reports.

Fostering our Partnerships

Improving access to MRI

St. Joseph’s is a key player in the South West LHIN Medical Imaging Integrated Care Project, which has developed a standardized protocol set, requisition form and appropriateness checklists for MRI scans. These new tools will help to establish a better MRI flow for patients in the region. It also means that a single requisition form is now available for all MRI sites across South West LHIN hospital providers.

- **MRI protocol set:** Radiologists across the South West LHIN region have collaborated to create a standardized set of 11 protocols for MRI (with more coming). This means that scans completed at one site will match those at all MRI sites. Therefore, a patient may now have their scans done anywhere within the region, preferably with less wait time and closer to the patient’s home.
- **MRI appropriateness checklists:** Radiologists have created two new appropriateness checklists for knee and spine (with more coming). These checklists are in alignment with Choosing Wisely Canada and are intended to help triage and assist in screening patients to ensure imaging is necessary to benefit the patient.
- **MRI requisition form:** A single MRI requisition form is now available, in both a print and fillable PDF format, for the region regardless of where the scan is performed. Eventually, the form will become fully integrated into all electronic medical record systems across the South West LHIN.
- **Training:** A series of videos has been created to provide referring physicians with an overview and training for the new standardized MRI protocol, checklists and requisition form.

Work is currently underway on a South West LHIN-wide CT requisition and standardization of CT protocols.

Recognitions and Celebrations

A lasting tribute

With more than 40 years of clinical experience in treating upper extremity conditions, hand therapist Shrikant Chinchalkar is retiring at the end of December from the Roth McFarlane Hand and Upper Limb Centre (HULC).

Shrikant, who has been with HULC for 25 years, is renowned far and wide for his expertise in hand therapy. He designed and developed hand therapy departments in four major centres in Canada and has conducted instructional courses on upper extremity rehabilitation in more than 20 countries. He has been a regular invitee at international conferences, his papers and abstracts have been published in numerous peer-reviewed journals related to upper extremity, hand surgery and hand therapy, and he is a recipient of many prestigious awards.

To honour Shrikant's outstanding legacy of care, teaching and innovation for patients with complex upper limb conditions/injuries, St. Joseph's Hand Therapy Fellowship Program is being renamed in his honour. The comprehensive, 600-hour hand and upper extremity rehabilitation fellowship program is designed for both entry level and experienced occupational or physical therapists wanting to gain additional theoretical and clinical hand and upper extremity rehabilitation expertise. Shrikant had the vision and worked collaboratively with leadership and professional practice to develop and implement the program in 2013. It will be renamed the "Chinchalkar Hand Therapy Fellowship Program of the Roth McFarlane Hand and Upper Limb Centre.

A celebration hosted by HULC took place in early December and a retirement tea for Shrikant was held on December 20.

Other

Auditor General of Ontario Releases 2017 Annual Report

In the Auditor General of Ontario's [2017 Annual Report](#), tabled December 6 in the Ontario legislature, a number of sections focus on the health care sector, including laboratory services and cancer treatment services. In the section on the quality of annual reporting, recommendations were made with respect to broader public sector (BPS) organizations, including hospitals. The Auditor General recommends that:

- The Broader Public Sector Business Documents Directive be amended to require BPS organizations to:
 - analyze their financial performance in their annual reports, including discussing variances between their actual financial results against estimates
 - include all other performance information in the annual report, rather than on a webpage, showing the organization's business plan
- Authoritative direction be provided regarding information captured in BPS annual reports that fall outside the scope of existing directives

Ontario to provide more support for nurses with post-traumatic stress disorder

On December 6, at the Ontario Nurses' Association 2017 Biennial Convention, the Ministry of Health and Long-Term Care announced that the government is proposing to implement the presumption that post-traumatic stress disorder (PTSD) is work related for all nurses that provide direct patient care and are diagnosed with PTSD. The government's media release is available [here](#).

Health Quality Ontario releases workplace violence report

On December 12, Health Quality Ontario published a new report on workplace violence prevention, which shows how organizations across Ontario are addressing the issue and promoting workplace safety through collaboration. The report provides many examples of what health care institutions are doing to deal with the serious and pervasive problem of violence in the health care workplace. The report, "Workplace violence prevention in the 2017-2018 Quality Improvement Plans," is available [here](#).

Environmental Scan

Ontario names first Chief Scientist

On November 17, 2017 the Ontario government announced the appointment of Dr. Molly Shoichet as the province's first Chief Scientist. In this role, Dr. Shoichet will work to advance science and innovation in the province, and help to make government smarter and more effective by providing decision-makers with the world's best scientific research and evidence. She will advise Premier Kathleen Wynne directly on key scientific matters.

Dr. Shoichet is an expert in the study of polymers for drug delivery and tissue regeneration, and a world leader in the areas of polymer synthesis, biomaterials design and drug delivery in the nervous system. Her research focuses on strategies to promote tissue repair after traumatic spinal cord injury, stroke and blindness. Dr. Shoichet holds the Tier 1 Canada Research Chair in Tissue Engineering and is a professor at the University of Toronto.

[Office of the Premier, November 17, 2017](#)

Opioid prescriptions rising in Canada, but quantity prescribed declining

The overall amount of opioids Canadians are getting in their prescriptions is dropping while the number of prescriptions for the drugs is rising amid the ongoing and deadly opioid crisis, new data from the Canadian Institute for Health Information (CIHI) shows.

The report, [Pan-Canadian Trends in the Prescribing of Opioids, 2012 to 2016](#), shows that the total number of defined daily doses for opioids declined by slightly less than five per cent from 2012 to 2016 across Canadian provinces, while the overall number of prescriptions increased by nearly seven per cent. These trends are consistent across most of Canada, and the rate of decline has accelerated with heightened awareness of the opioid crisis.

Among the report's findings are:

- Between 2012 and 2016, the total number of defined daily doses of opioids dispensed in Canada declined from 238 million to 226 million. When adjusted for population growth, the rate per 1,000 people decreased by 8.9 per cent during this period.

- In 2016, 21.5 million prescriptions for opioids were dispensed in Canada – up from 20.2 million in 2012. This increase is just over two per cent when adjusted for population growth.
- Between 2012 and 2016, an increasing proportion of all opioid prescriptions in Canada were for strong opioids, from 52.2 per cent in 2012 to 57.3 per cent in 2016. Six opioids accounted for more than 96 per cent of all opioid prescriptions: hydromorphone, morphine, fentanyl, oxycodone, codeine and tramadol. The first four of these six are considered strong opioids and are usually prescribed for moderate to severe pain.
- Since 2012, the number of prescriptions for strong opioid prescriptions other than fentanyl has increased more than 19 per cent, while the number of fentanyl prescriptions has decreased by almost seven per cent.
- Seniors had the highest rates of opioid prescriptions in Canada between 2012 and 2016, with more than 200 in 1,000 seniors receiving at least one in 2015-2016. The data also shows that one in eight seniors prescribed an opioid were prescribed a strong opioid on a chronic basis.

[Canadian Institute for Health Information, November 22, 2017](#)

Study details extent of violence faced by hospital workers

Violence against health care workers is pervasive within the walls of hospitals across Ontario, suggests a study that examined the experiences of nurses, personal support workers and other staff. Researchers conducted focus group interviews with 54 hospital staff members who had experienced verbal, physical or sexual assault, mostly perpetrated by patients.

Violent incidents can occur in virtually any part of a hospital, perpetrated by patients and even by visiting family members, the study found. While attacks often involve patients with psychiatric issues or those high on illicit drugs, they also can occur when patients frustrated by long waits and what they see as inadequate care react with abuse or violence, research shows.

Margaret Keith, an occupational and environmental health researcher at the University of Windsor and the study's co-author, said there seems to be a culture within the hospital system that has "normalized" violence as just being part of the job. The study's authors also say the number of incidents is vastly under-reported because many health workers who have experienced violence said they are afraid of reprisals from hospital management if they speak up.

[National Post, November 25, 2017](#)

New patient navigators for people diagnosed with dementia

Ontario will connect every person diagnosed with dementia with a patient navigator by expanding the [Alzheimer Society's First Link program](#) to every community across the province.

Expanding the program will provide 14,000 people diagnosed with dementia, and their care partners, with the services of a First Link Care navigator who will help them access local supports and programs, such as health professionals, information about day-to-day living and care, counselling, and other community programs and services. Under the expanded program, 46 First Link Care navigators will be hired. Also included in the announcement is the following:

- The First Link program will receive \$8.15 million over three years to enhance dementia care coordination across the province in local Alzheimer Societies across Ontario.
- Ontario will invest \$37.5 million over three years to expand community dementia programs, including respite care services.
- Ontario is investing \$100 million over three years through its dementia strategy to improve the lives of people living with the disease and their families.

[Ministry of Health and Long-Term Care, November 28, 2017](#)

HIV-positive community says Ontario ruling is first step of long process

A move by the Ontario government to limit the prosecution of HIV-positive people who don't disclose their status to sexual partners is being called as a step in the right direction by some HIV-positive people in the province, but they say more progress is needed.

On December 1, 2017, the government announced that people with low viral loads who don't have a realistic chance of transmitting the disease can't be charged with a crime if they don't disclose their medical status to a sexual partner. Previously, non-disclosure could lead to an aggravated sexual assault charge that landed convicted people on a sex offender list. Ontario made the changes after studies showed that the risk of transmission is negligible if people are being treated for the disease or if appropriate precautions are taken.

However, advocates in the community say there are downsides to the ruling as well. Jeff Potts, managing director of the support and advocacy group Canadian Positive People Network, said that decriminalizing only people with low viral loads means the community will be divided between people who are fortunate enough to get the medical treatment they need, and marginalized people who are not.

[Toronto Star, December 4, 2017](#)

Waits for cancer biopsies not meeting targets: Auditor General

Long wait times for cancer biopsies, underuse of radiation therapy and millions of dollars paid to U.S. hospitals for stem cell transplants are some of the health care issues highlighted in a report by Ontario's auditor general.

The [report](#), released December 6, 2017, looked at Ontario's \$1.6-billion annual cancer care system, concluding that while most patients are well-served, long waits for certain procedures and inefficiencies related to others remain in some areas of care.

The audit found that only 46 per cent of key biopsies to diagnose cancer are performed within the Ministry of Health's 14-day target. It also found that a provincial target to provide radiation therapy in 48 per cent of cancer cases has not been met, with only 39 per cent of patients receiving the treatment in 2015-2016.

The report also noted that the government is spending millions to send cancer patients to the U.S for stem cell transplants because of limited capacity to perform the procedure in Ontario. The cost to send a patient out of province for the treatment is \$660,000 compared to \$128,000 on average in the province.

[National Post, December 6, 2017](#)

Canada's health care wait times hit new record

Wait times for medically necessary treatment hit a new record in 2017 and eclipsed 20 weeks for a second year in a row, finds a new study released December 7, 2017, by the Fraser Institute

The study, an annual survey of physicians from across Canada, reports a median wait time in 2017 of 21.2 weeks – the longest ever recorded. By comparison, Canadians waited 9.3 weeks in 1993 when the Fraser Institute first reported wait times for medically necessary elective treatments.

“Excessively long wait times remain a defining characteristic of Canada’s health care system,” said Bacchus Barua, associate director of health policy studies at the Fraser Institute and author of [Waiting Your Turn: Wait Times for Health Care in Canada, 2017](#).

The study examines the total wait time faced by patients across 12 medical specialties from referral by a general practitioner to consultation with a specialist, to when the patient ultimately receives treatment. Among the provinces, Ontario again recorded the shortest wait time at 15.4 weeks, which is a slight improvement from last year. New Brunswick recorded the longest wait time at 41.7 weeks

[Fraser Institute, December 7, 2017](#)

Number of people affected with dementia expected to triple in next 30 years

As the global population ages, the number of people living with dementia is expected to triple from 50 million to 152 million by 2050, according to the World Health Organization (WHO).

"Nearly 10 million people develop dementia each year, six million of them in low- and middle-income countries," says Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO. "This is an alarm call."

The estimated annual global cost of dementia is \$818 billion (US), equivalent to more than one per cent of global gross domestic product. The total cost includes direct medical costs, social care and informal care (loss of income of family caregivers). By 2030, the cost is expected to have more than doubled, to \$2 trillion (US), a cost that could undermine social and economic development and overwhelm health and social services, including long-term care systems.

The Global Dementia Observatory, a web-based platform launched by WHO on December 7, 2017, will track progress on the provision of services for people with dementia and for those who care for them, both within countries and globally. It will monitor the presence of national policy and plans, risk reduction measures and infrastructure for providing care and treatment. Information on surveillance systems and disease burden data is also included.

[World Health Organization, December 7, 2017](#)

Most mental health patients don't get timely psychiatric care in Ontario, study finds

The majority of people treated in an Ontario emergency room after a suicide attempt are not seen by a psychiatrist within six months, according to a new study. Even patients who are

admitted to hospital for a serious mental health issue rarely receive timely follow-up care. Two-thirds don't see a psychiatrist within the first month after being discharged, even when the government offers the specialists extra cash.

The [large-scale study](#), published December 11, 2017, in the *Canadian Medical Association Journal*, highlights a chronic problem in the country's mental health system – people most in need don't get access to the specialists best trained to heal them, even in times of crisis. And without a fix to the way psychiatrists are paid, how they work within the health care system, or the kind of patients they treat, that's not going to change. In fact, the shortage will only get worse as psychiatrists, particularly those in smaller communities, close in on retirement.

The new study tracked what happened after the Ontario government introduced a pay incentive in 2011 to encourage psychiatrists to treat patients after they left hospital or after a suicide attempt. Over five years, researchers from the Institute for Clinical Evaluative Sciences and the Centre for Addiction and Mental Health followed more than 380,000 patients, including roughly 78,000 who had attempted suicide. Only 40 per cent of the latter group of patients, for instance, saw a psychiatrist within six months after their visit to emergency, and this was consistent over time. The researchers found that the bonus – about \$30 per appointment and an annual \$200 a case – made no difference.

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

Federal end-of-life health bill to improve care for dying Canadians

A private member's bill with the goal of making end-of-life health care better for Canadians from coast to coast has become law. [Bill C-277](#), also known as the "Framework on Palliative Care in Canada Act," received Royal Assent on December 12, 2017. The bill calls on the government to come up with a cohesive national plan that bridges the provinces and gives people who are dying the option of quality end-of-life care.

The bill was drafted by Sarnia-Lambton MP Marilyn Gladu in response to the legalization of physician assisted death. She said it's part of an effort to allow Canadians to "live as well as they can for as long as they can."

[CBC News, December 12, 2017](#)

Overcrowded Ontario hospitals 'on the brink,' province warned

Overcrowding at Ontario hospitals has become so serious that the sector is "on the brink" of a "crisis," warns the Ontario Hospital Association (OHA), using uncharacteristically alarming language.

Leaders from the OHA plan to go to Queen's Park to plead their case for more funding on December 14, 2017. They are seeking a 4.55 per cent increase in operating funding for 2018-19, according to their pre-budget submission. That amounts to an extra \$815 million and would bring the sector's total operating allocation for the next fiscal year to about \$18.8 billion.

"The sector is heaving under enormous pressure right now," said OHA president Anthony Dale. "Hospitals really need significant investment next year to maintain access to existing levels of services."

The organization's submission to the province's finance committee is titled "A Sector on the Brink: The Case for a Significant investment in Ontario's Hospitals." It states that patient occupancy at about half of the province's 143 hospital corporations exceeded 100 per cent this past summer, normally a slower time of year for the sector. Occupancy at some hospitals was as high as 140 per cent while the international standard for safe occupancy is 85 per cent. A section of the seven-page submission highlights the "warning signs of an imminent capacity crisis." Among them: growing wait times, higher emergency department volumes, and infrastructure and equipment that is "run down, at the end of their life, or outdated."

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

Ontario hospitals face \$100 million in extra costs from Liberals' labour reforms

Changes to sick leave and holiday pay that kick in January 1, 2018, are expected to cost the province's hospitals an additional \$100 million next year.

The Ontario Hospital Association (OHA) will be seeking extra money to compensate for the new labour costs on December 14, 2017, when its members make their pitch to the government for annual operating funding at Queen's Park. It's part of a requested funding increase totalling more than \$1.1 billion to deal with overcrowding, inflation and growing demand for hospital services.

The OHA says at least \$100 million of the increased costs are a direct result of the Wynne government's Fair Workplaces, Better Jobs Act, which takes effect on January 1, 2018. The legislation will push the minimum wage in Ontario to \$14 an hour and requires all employers to provide staff with 10 days of personal emergency leave each year, including two paid days off. It will also force companies to pay part-time and casual workers at the same rate as full-time workers if they are doing similar jobs.

While the government's stated purpose was to improve the lot of vulnerable, low-paid workers, OHA chief executive Anthony Dale says the bill will have "unintended consequences" in unionized workplaces such as hospitals. The bill's leave and sick pay provisions, as well as new rules on how statutory holiday pay is calculated, are the chief reasons for the additional costs, OHA officials say. They say employees, whose salaries and benefits make up 70 per cent of the cost of running hospitals, will expect to use these additional paid days off on top of the provisions in existing contracts.

[CBC News, December 14, 2017](#)

Respiratory diseases from seasonal flu on the rise worldwide

Up to 650,000 deaths a year are associated with respiratory diseases from seasonal influenza, the World Health Organization (WHO) estimates. That's an increase of up to 30 per cent from a decade ago. And Canada's flu season is expected to be a doozy, the Government of Canada warns.

According to WHO, previous global estimates of death resulting from respiratory diseases from the flu sat between 250,000 and 500,000, but now new figures show that has jumped to 290,000 to 650,000. This is based on more recent data that included a more diverse group of countries, and excluding deaths from non-respiratory diseases. The estimate also took into account several recent respiratory mortality studies.

Canada, too, is bracing for the influenza impact. According to the Government of Canada's Flu Watch report, the 2017-2018 flu season started earlier than previous seasons.

[Global News, December 14, 2017](#)

Federal government proposes new monitoring system for medical assistance in dying

The federal government has released proposed new rules for tracking people who request a doctor assisted death – and those who receive one – in an effort to foster public trust in the new regime.

The proposed regulations, posted in the Canada Gazette on December 15, 2017, would require doctors, nurse practitioners and pharmacists to file reports when a patient asks for medical assistance in dying. Doctors and nurses would also have to report if a patient withdraws their request, if the patient is found to be ineligible, or a patient dies from something other than a medically assisted death.

For pharmacists, the suggested regulations require them to report every time they dispense drugs necessary for the procedure. That information must include basic information on the patient, the doctor and the date and where the drugs were used.

"The proposed regime would provide Canadians with a clear picture of how the legislation is working across the country," states the document outlining the proposed rules.

Health Canada will publicly release a report every year, highlighting the number of requests, as well as the number of people who were refused and why.

[CBC News, December 15, 2017](#)

Opioid deaths in Canada expected to hit 4,000 by end of 2017

At least 1,460 Canadians have died from opioid-related overdoses in the first half of 2017 – a number that's expected to rise, as not all provinces have reported final data for the period, says the Public Health Agency of Canada.

Dr. Theresa Tam, chief public health officer of Canada, said Ontario, Quebec and Manitoba have yet to report all of their opioid-related overdose deaths for the first half of the year. But based on figures reported by the other provinces and territories, Dr. Tam said the number of overdose deaths are on pace to surpass 4,000 by the end of the year – far above last year's tally of 2,861 opioid-related fatalities.

"It's an extremely complex whole-of-society issue that we're dealing with. This is a national public health crisis," said Canada's top doctor.

A driving factor, says Dr. Tam, is "a very toxic drug supply" due to illicit fentanyl, a powerful and potentially deadly opioid that is increasingly finding its way into street drugs across the country.

[CBC News, December 18, 2017](#)

St. Joseph's in the News

[Dream Lottery tickets nearly sold out](#), Our London, November, 24, 2017

[Dream Lottery on track for seventh sellout in its fundraising history](#), Global News/980 CFPL, November 24, 2017

[Dream Lottery tickets about to vanish](#), Port Stanley News, November 24, 2017

[Living with diabetes](#), CTV London, November 29, 2017

[Flesh-eating disease: what to watch for, how it's treated](#), CBC London, November 28, 2017

[A harrowing fight](#), CTV National, December 1, 2017

[Veterans share their stories in a new book from London's Parkwood Institute](#), Global News/980 CFPL, December 6, 2017

[Parkwood veterans share war stories for book of memoirs](#), London Free Press, December 6, 2017

[St. Joe's celebrates patients and the medical advances helping them live longer lives](#), The Londoner, December 12, 2017