



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: January 24, 2018

It's been a busy month. The Leadership Development Institute (LDI) on January 9-10 was a particularly important and valuable session. The first day of the LDI was a strategic planning session, which included both leaders and physician leaders. At this session, The Potential Group shared an emerging framework and directions and gathered feedback. The second day focused on the Employee/Physician Experience Survey results. Much emphasis was on helping leaders understand the relationship between high staff and physician engagement scores and care excellence, patient safety and the work environment.

Also on January 9, I attended the final Strategy Hive. The focus of this hive was on how we can mobilize to achieve the strategic framework that is emerging. Turnout was excellent and included leaders, physicians, frontline staff, administrative staff, members of the Board of Directors, and others

On January 4, I had the pleasure of meeting with Michelle Noble, Executive Director of the Council of Academic Hospitals of Ontario, during her visit to London. I took the opportunity to share St. Joseph's unique role within the academic health system.

Also this month, on January 12, I attended the recognition dinner for retiring members of the Board of Directors of London Health Sciences Centre (LHSC). This event was also an opportunity to bid farewell to Murray Glendining and celebrate his contributions to LHSC and health care in London. Murray's last day as President and CEO of LHSC was January 12.

Then, on January 15, I took part in a Catholic Health Association of Ontario workshop on practical issues associated with medical assistance in dying (MAID) requests in Ontario. During the workshop, Catholic hospital leaders discussed their clinical and operational experiences of managing requests for MAID, including our commitment to those we serve at the end of life, lessons learned, grey areas, and potential risks.

And finally, I attended Mayor Matt Brown's 2018 State of the City Address on January 16 at the London Convention Centre. This annual event marks the beginning of a new year. The mayor discussed the outlook for the City of London – economic forecasts, job creation and growth, and strategic directions being taken by council.

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:

- A strategic planning session was held at the Leadership Development Institute (LDI) on January 9, which included both leaders and physician leaders. At this session, The Potential Group shared an emerging framework and directions, to which participants provided input and feedback.
- Also on January 9, a final hive was held where participants were invited to consider what it will take to bring the aspirations and goals presented in the emerging framework to life, and what is needed to support our staff and physicians as agents of change. There were 69 participants at this hive, including leaders, physicians, frontline staff, administrative staff, members of the Board of Directors, and others.
- To date, through the various phases of the strategic planning process, more than 1,600 people have been engaged and many thought-provoking discussions have been held.
- The next step is to synthesize what has been heard to refine the emerging framework and directions. Various meetings with The Potential Group, Senior Leadership Team and the Board of Directors will be taking place throughout January. In early February, the Senior Leadership Team will determine specific initiatives aligned with the strategic plan and directions that will be undertaken in the first year.

Our Patients

Influenza vaccination – an update

The influenza season is well underway in the Middlesex-London region and across Canada. To date, there have been a high number of laboratory-confirmed cases, hospitalizations, and institutional outbreaks reported, according to the Middlesex-London Health Unit.

Since September 1, 2017, the health unit reports there have been 103 laboratory-confirmed influenza A cases, 191 cases of influenza B, and two cases infected with both influenza A and B as of January 17, 2018. Among these cases there have been 156 hospitalizations and seven deaths. As well, since September 1, there have been 11 influenza A outbreaks, 16 influenza B outbreaks, and three outbreaks with both influenza A and B declared in hospitals, long-term care homes, and retirement homes.

At St. Joseph's, with rising influenza activity in the community, the requirement for non-vaccinated staff, physicians and visitors to wear a mask while in our facilities was implemented as of January 3. In accordance with our Staff Influenza Vaccination Policy, non-vaccinated physicians and staff members must wear a mask when within two metres of patients during the flu season. This includes, but is not limited to, hallways; coffee/cafeteria line-ups; libraries; entrances/lobbies; elevators; clinic spaces; and waiting rooms.

As of January 19, the combined staff and physician vaccination rate was 68.4 per cent, up from 65 per cent last month and an increase from 66.3 per cent at this last year. The staff only rate was 68.0 per cent (up from 65.7 per cent at this time last year) and the physician rate was 75.3 per cent (a jump from 68 per cent last month and up slightly from 75.4 per cent last year.)

Since October 2017, there have been a total of nine influenza outbreaks declared at St Joseph's, four of which are still ongoing as of January 19. The predominant strain is influenza B. Five of the outbreaks were at Mount Hope Centre for Long Term Care, three at Parkwood Institute Main Building, and one at Parkwood Institute Mental Health Care Building. Of the resolved outbreaks, 28 patients were affected and one death has been associated with an outbreak.

Care partnership – an update

Work continues on the Improving Care Together project, which aims to make a difference in the experience and interaction family caregivers have within our organization and with the broader health care system. The following is an update on the project:

- The 'Discovery Phase' of the project, which focused on Specialized Geriatric Services and the Rehabilitation Program at Parkwood Institute, is now complete. This involved interviews and focus groups with staff, community partners, patients/residents and family caregivers to gather feedback on how individuals want to be involved in the work of St. Joseph's and areas for improvement. There was strong participation with feedback collected from more than 80 family caregivers and 140 staff members.
- Video interviews were done with several family caregivers to help illustrate the family caregiver experience. The videos will be used on social media and posted to our website.
- A social media campaign was launched leading up to the holidays. Twelve social media posts highlighted quotes from caregivers and staff gathered through the discovery phase of the project.
- A 'co-design' event was held January 18, where caregivers and staff came together to determine where we need to focus our improvement efforts.

Ottawa Model for Smoking Cessation – an update

As previously reported, St. Joseph's, as a smoke-free organization, has adopted the Ottawa Model of Smoking Cessation (OMSC) to address the negative impact that tobacco is having on the health of our patients. An evidence-based program with proven success in more than 350 organizations across Canada, the OMSC provides a straightforward, systematic approach to smoking cessation, harm reduction and nicotine withdrawal management.

OMSC was implemented in the Rehabilitation Program at Parkwood Institute in November 2014 and continues to be embedded in the program. All amputee, stroke, acquired brain injury and spinal cord injury rehabilitation patients are asked about their smoking history. Those who wish to quit smoking or manage nicotine withdrawal are provided with free nicotine replacement therapy such as patches or gum, as well as smoking cessation assistance and follow-up support. Between 21 and 24 per cent of rehabilitation patients identify themselves as smokers and more than 80 per cent are reached with the OMSC intervention.

The Rehabilitation Program experience – lessons learned, resources, processes and tools – is now helping to inform work underway in the following care areas:

- Parkwood Institute Mental Health Care: Treatment and Rehabilitation Program; Assessment Program; all ACT teams
- Southwest Centre for Forensic Mental Health Care: Forensic Outreach Program; Elgin ACT teams

Clinical staff in the above areas will receive OMSC training to: ensure a common approach to identifying the smoking status of each patient at every clinic visit or upon admission; advise

individual smokers on how to quit or reduce the amount they smoke and/or manage nicotine withdrawal; and provide follow-up counseling to help those who choose to quit remain smoke-free. Training began January 15.

Staff smoking cessation champions have also been identified for each of the units/teams and have received specialized training. These individuals will support frontline staff and help to ensure successful implementation and application of the OMSC in daily practice.

Additional referrals for cardiac rehabilitation at St. Joseph's

In December 2017, London Health Sciences Centre (LHSC) announced that it will be closing its Cardiac Fitness Institute (CFI) in March 2018. After it closes, all new eligible referrals will be absorbed by St. Joseph's Cardiac Rehabilitation and Secondary Prevention Program (CRSP) at St. Joseph's Hospital.

St. Joseph's has been preparing for the CFI closure and much work is underway to ramp up programming and meet provincially-recommended wait times of less than 30 days. The CRSP is on track to meeting that target as of April 2018.

Currently, St. Joseph's receives the majority of eligible patients for cardiac rehabilitation – on average 95 a month or 1,100 per year. With the CFI closure, St. Joseph's is expecting to receive an additional 10 referrals a month. The CRSP team does not expect to have any difficulty accepting these additional referrals and is working with LHSC to ensure all eligible patients will receive cardiac rehabilitation services at St. Joseph's in a timely fashion.

The CRSP is a six-month program consistent with national and provincial recommendations. During the program, patients receive medical management, an exercise program, cardiac risk factor counselling and education sessions. With an emphasis on comprehensive behavioural modification therapy, CRSP is dedicated to helping patients manage their cardiovascular risk factors in order to resume a productive, active and satisfying lifestyle.

Much of the CRSP's work during the six-month period is to prepare the patient to have the knowledge, skills and confidence to carry out fitness regimes on their own in the community. The program is provided through an innovative community partnership with the London YMCA. As part of the program, patients attend supervised exercise training at the Y. Patients are provided with full Y memberships while in the program and can attend as often as they like.

Once patients complete the program, they are discharged back to the care of their family doctor with a comprehensive summary covering all areas of intervention and progress, including risk factors, medications, health behaviours, emotional health and exercise capacity.

Across Canada, this exercise program delivery model is considered a contemporary, highly-recommended approach to help people understand and develop self-care skills and confidence in managing their chronic heart condition in a way that is sustainable and community-based.

Enhancing care for shoulder patients

A new model of care is providing surgical shoulder patients with more timely access to physiotherapy. The model ensures patients undergoing shoulder surgery at St. Joseph's Hospital are taught post-operative exercises, activities, sleeping tips and are given necessary community referrals before discharge from the Surgical Day Care Unit.

Prior to this change, there was a gap of five to 10 days in patients accessing outpatient physiotherapy following surgery. With the new model, a physiotherapist assesses a patient and provides education on the same day as their surgery, eliminating the need for the patient to return to the hospital for a physiotherapy appointment. It also enhances recovery as patients are now returning home fully educated in how to effectively care for their shoulders.

Feedback from patients has been excellent. As an added benefit, the outpatient wait list for non-surgical shoulder patients has been eliminated.

Our People

Employee/Physician Experience Survey results

As previously reported, the 2017 Employee Experience Survey was sent to 100 per cent of employees in October 2017. All physicians with a primary appointment at St. Joseph's were also surveyed with questions addressing similar themes as the employee survey. The surveys provide feedback for our organization at a corporate level and in individual units/teams regarding what is working well and areas needing improvement.

Results of this year's survey show a significant increase in multiple areas compared to our results from the last full survey in 2015. The 2017 overall employee engagement score, which reflects how individuals feel about working at St. Joseph's, was 78 per cent, up from 75.4 per cent in 2015. The physician engagement score was 82.1 per cent, a jump from 73 per cent in 2015. In comparison to our peer benchmark hospitals, St. Joseph's scored higher in every question related to employee engagement.

Among other result highlights are:

- 88.7 per cent of employees rate our organization as a very good or excellent place to work. (An increase from 83.7 per cent in 2015.)
- 92.4 per cent of physicians rate our organization as a very good or an excellent place to practice medicine. (An increase from 82.2 per cent in 2015.)
- 80.1 per cent of employees are satisfied or very satisfied with their current job. (An increase from 76.8 per cent in 2015.)
- 86.4 per cent of physicians agree or strongly agree they are proud to tell others they are part of our organization. (An increase from 71.1 per cent in 2015.)
- 82.5 per cent of employees are proud to tell others they are part of our organization compared to 70.9 percent of employees at peer hospitals
- 74.7 per cent of employees look forward to going to work compared to 66 per cent of employees at peer hospitals.
- 86.4 per cent of physicians are satisfied with their current job compared to 72.6 per cent of physicians at peer hospitals.
- 79.9 per cent of employees feel their values are similar to that of the organization's values. (An increase from 77.6 in 2015.)

As in past years, leaders, including union leaders, Human Resources Planning Council, Nursing Council and Interprofessional Practice Council will review the survey results and identify potential corporate-wide areas of focus, as well as opportunities related to patient safety and quality of care. Results will also be reviewed by St. Joseph's Psychological Health and Safety in the Workplace Working Group to identify actions and opportunities.

Leaders will review site and program specific results with their teams and will identify actions to improve the unit's/area's workplace.

Psychological Health and Safety in the Workplace – an update

As previously reported, St. Joseph's has made a commitment to adopt the Canadian Standards Association (CSA) Standard on Psychological Health and Safety in the Workplace within St. Joseph's corporate Strategic Plan. A working group comprised of representatives from all parts of the organization, all disciplines and with a wide variety of perspectives is driving the planning for this initiative. This group has determined four priority areas for St. Joseph's:

- Ensuring a 'systems' view for psychological health and safety
- The experience of incivility and disrespect in our workplace
- Building 'community' and strengthening our culture
- Supporting leaders and staff to better understand mental health issues in the workplace

In December 2017, the working group submitted their recommendations to Human Resources Planning Council (HRPC) and all were endorsed, with incivility and disrespect being the first priority area for focus. A work plan, supported by a communication strategy, will commence in late January and continue through March 2018.

The Psychological Health and Safety in the Workplace intranet hub, meanwhile, has been expanded and refined, providing more resources to staff and leaders for supporting psychological health and safety in the workplace at St. Joseph's. The site now includes a video that highlights interviews with the CEO and working group members about the importance of a psychologically healthy and safe workplace and the four priority areas. Four individual videos, each highlighting one of the priority areas, is the next phase for video support.

Interim Chief of Psychiatry appointments

Dr. Sandra Northcott has been appointed as Interim Chief of Psychiatry at St. Joseph's and Drs. Sarah Jarmain and Bill Sischek as Interim Co-Chiefs at London Health Sciences Centre for a one-year term, effective January 1, 2018. These appointments will allow for the continued recruitment of permanent citywide chief. Medical Affairs would like to thank Dr. Jeffrey Reiss, Interim Department Chief, for his leadership and guidance to the department.

Late Career Nurse Initiative

St. Joseph's has been approved to implement the Late Career Nurse Initiative (LCNI) within Health Information Management (HIM). The LCNI supports late career nurses to utilize their knowledge, skills and expertise for innovative projects that are less physically demanding. In HIM, planning is underway to have this nurse become a clinical documentation improvement specialist within the coding area. Expectations of this role are currently being defined but some ideas include the nurse working as a "nurse auditor" and liaison by reviewing charts, providing feedback to the physicians on their documentation, and validating the coding.

Our Finances

Post Construction Operating Plan Funding – Parkwood Institute

St. Joseph's will be increasing outpatient services at several clinics across Parkwood Institute thanks to Post Construction Operating Plan (PCOP) funding. The investment, totaling approximately \$2.7 million, will see the expansion of six existing clinics and the creation of two new clinics.

A PCOP is the documented understanding between a hospital, the Ministry of Health and Long-term Care, and the LHIN of the hospital's plan for operations upon completion of a capital project and the implementation of service changes. PCOP funding is provided for additional operating costs associated with completion of a capital project.

St. Joseph's has already seen PCOP funded increases to beds at Southwest Centre for Forensic Mental Health Care (from 80 to 89 beds) and changes to clinical programs at St. Joseph's Hospital that incorporate all redevelopment and expansion over the last 10 years. The focus is now on Parkwood Institute, both in the Main Building and the Mental Health Care Building. The care areas indicated below will see a total increase of approximately 13,000 visits annually. With this increase in volumes, about 30 new positions will be created. Hiring for these clinics will begin over the next several months.

Programs/clinics that will be created or expanded include:

Program/Clinic	Status	Location
Geriatric Ambulatory Access Team Clinic	new	Parkwood Institute Main Building
Treatment Resistant Depression Assessment Clinic	new	Parkwood Institute Mental Health Care Building
Acquired Brain Injury Outpatient and Outreach	expanded	Parkwood Institute Main Building
Mental Health Dental Clinic	expanded	Parkwood Institute Main Building
Electroconvulsive Therapy Clinic (ECT)	expanded	Parkwood Institute Mental Health Care Building
Clozapine Clinic	expanded	Parkwood Institute Mental Health Care Building
Geriatric Psychiatry Assessment Clinic	expanded	Parkwood Institute Mental Health Care Building
Assertive Community Treatment (ACT) teams	expanded	Off-site locations

Clinical, Education and Research Excellence

Third clinical trial launched to study whether type 2 diabetes can go into remission

Since launching two years ago, an innovative study that aims to induce remission of type 2 diabetes has captured the attention of hundreds of Londoners. For those with type 2 diabetes, the idea of stopping all medications has become a reality through participation in the REMIT study at Lawson Health Research Institute.

Lawson is one of seven Canadian sites taking part in the REMIT study, which is considered a significant departure in strategy in the care of people with type 2 diabetes. The study consists of a series of clinical trials that tests an aggressive approach in recently diagnosed patients. The first two trials in London saw significant interest in participation from those with type 2 diabetes. A third REMIT trial is now being launched providing another opportunity for individuals with type 2 diabetes to take part and once again interest is exceedingly high.

The standard treatment for people with type 2 diabetes is to start on a single medication, which is then followed by the addition of more drugs and insulin as the disease progresses. In the REMIT study, patients receive intensive treatment early in their care journey that consists of two diabetes medications plus insulin at bedtime for three months to see if remission can be induced. In addition, patients are supported to make lifestyle changes with diet and 30 minutes of exercise each day. Read more on [Lawson's website](#), including the experience of two REMIT participants.

Handover of anesthesia care associated with adverse patient outcomes

A new study from Lawson Health Research Institute, Western University and the Institute for Clinical Evaluative Sciences (ICES) Western site in London has found a higher risk of adverse postoperative outcomes when anesthesiologists transfer care to a colleague after a surgical procedure is underway.

While surgeons rarely hand over care during a procedure to another surgeon, anesthesiologists do occasionally transfer care to a colleague after a surgical procedure is underway. The London researchers examined this operating room practice. The retrospective population-based study, published in the journal JAMA, looked at the postoperative outcomes of 313,066 adult patients undergoing major surgeries. The researchers compared patient outcomes in surgeries which did not experience a handover of anesthesia care to those that experienced a complete handover of anesthesia care where the primary anesthesiologist hands over care to a colleague and does not return to the operating room.

According to the researchers, there has always been an assumption that handovers were would not harm patients as long as sufficient information was communicated between anesthesiologists. The study finds that the assumptions of 'care neutrality' may be wrong and that, among adults undergoing major surgery, complete handover of intraoperative anesthesia care compared with no handover was associated with a higher risk of adverse postoperative outcomes. The findings may support limiting complete anesthesia handovers or creating an improved system of anesthesia handovers. Read more on [Lawson's website](#).

DocTalks

St. Joseph's Health Care Foundation, in collaboration with St. Joseph's Health Care London, has launched a new community lecture series featuring leading physicians and researchers at St. Joseph's. The purpose is to provide members of the public with an opportunity to learn from the experts about how St. Joseph's is tackling the pressing health issues of our time and why it matters.

All talks will take place from 7:00 pm to 8:30 pm in the Shuttleworth Auditorium at St. Joseph's Hospital beginning January 30 as follows:

- January 30, Dr. Gregor Reid, [Probiotic power: What a healthy gut can do for you](#)
- March 22, Dr. Muriel Brackstone, [Breast defense: What the future of breast cancer treatment looks like](#)
- May 24, Dr. Sandra Northcott, [Suicide awareness and prevention: What to say to those who may be at risk](#)
- July 10, Dr. Michael Borrie, [A better brain: Maintaining memory and independence](#)
- September 13, Dr. Brian Rotenberg, [Sleeping better: What it means for living longer](#)
- November 14, Dr. Gerald Brock, [Below the belt: What it means for your heart health](#)

The talks are free but registration is required. Visit the foundation's [website](#) for more information.

Save the date – London Health Research Day 2018

Dr. Janet Smylie has been named as keynote speaker for London Health Research Day (LHRD) 2018. An international leader in the field of Indigenous health, Dr. Smylie will deliver the lunchtime keynote lecture as part of The Lucille & Norton Wolf Health Research Lecture Series at LHRD 2018 on May 10. The Toronto family physician and public health researcher will also be speaking at a new preceding event on the evening of May 9 – Exchange: A London Health Research Day Forum on Diversity and Inclusivity. Read more about LHRD 2018 on [Lawson's website](#).

In support of scientific discovery

On January 10 at St. Joseph's Hospital, Kirsty Duncan, Federal Minister of Science, MP Kate Young, Parliamentary Secretary for Science, and MP Peter Fragiskatos joined a diverse roundtable of researchers, young investigators and students representing all major areas of Lawson Health Research Institute. Each researcher introduced themselves and their work. The focus was on advocating in support of the Naylor Report, which sets out a multi-year agenda to transform Canadian research capacity, increased scientific funding in Canada, and young investigators as the future of scientific discovery.

Smart tech, smart treatment

Creating an entire smart mental health system is one of the strategic priorities of St. Joseph's and Lawson Health Research Institute's Mental Health Research Group. Numerous projects have been identified as components of a plan spanning seven years, including a smartphone pilot project called the Lawson "SMART" record.

With this project, participants receive an iPhone loaded with a custom-designed app that gives them access to their personal health information and allows them to easily stay in contact with their health care provider in a secure environment. The app includes a built-in mood monitor with information instantly sent to the care provider. Patients share the kind of text messages they would find helpful to receive, such as a reminder to take medication or even a simple check-in, such as "How is your day going?" The care provider monitors the responses and engages in dialogue.

In a similar pilot project, the research group created an app to help seniors with depressive symptoms, which are commonly seen in this age group. Having depressive symptoms means someone hasn't necessarily been diagnosed with clinical depression but is at risk of developing it. The study looks at whether some mental health services could be offered virtually, such as face-to-face visits through secure video chats and tools like mood monitoring. Using the app is not meant to eliminate structured appointments, but to avert crises between visits.

Moving forward, the research group will pilot two smart home prototypes to study the benefit of technologies in the home, including automatic medication dispensers, blood pressure monitors, smart mirrors and smart TVs.

Read more in the online [Lawson Link magazine](#)

Operational Stress Injury Clinic nurses in the spotlight

The role of nursing at St. Joseph's Operational Stress Injury (OSI) Clinic at Parkwood Institute was featured in an article entitled "Healing the Scars of Service" published in the November-

December edition of *Registered Nurse Journal*, a publication of the Registered Nurses' Association of Ontario. The article showcases two nurses – registered nurse Jane Gallimore and nurse practitioner Jennifer Safadi, along with Jackie Buttnor, a former military medic and current client of St. Joseph's OSI Clinic.

Sexual health education in regional rehabilitation

The Spinal Cord Injury Rehabilitation Program at Parkwood Institute is providing sexual health support and education for people with spinal cord injury. Recognizing that staff knowledge and level of comfort in this area are the most significant barrier in addressing this issue with patients, staff education has been taking place.

Three, 90-minute introductory sessions have been held with staff to raise awareness and start the dialogue about sexual health education for spinal cord injury patients. One of Parkwood Institute's long-term spinal cord injury patients, and a member of a working group to improve clinical practice for this population of patients, led these sessions. While staff developed greater awareness and comfort with the topic in general, they indicated they wanted more in-depth education to gain greater knowledge and confidence in supporting patients, such as how to introduce the topic with patients, teach and answer questions.

To more fully immerse staff in the topic, a two-day, interactive workshop was held January 22-23 led by expert Mitch Tepper of Atlanta, Georgia, a certified sexual health educator and counselor with a PhD in human sexuality and more than 25 years of experience in the field of sexuality and disability. Mitch, who lives with a spinal cord injury, established the Sexual Health Network in the U.S., an Internet publishing and broadcasting company dedicated to providing easy access to information, education, counseling, specialized products, and other resources for people with disabilities, chronic conditions or age-related physical changes.

The interdisciplinary workshop focused on attitudes, knowledge and skills through guided imagery, videos and role-playing, and allowed participants to learn from each other. The goal was for participants to develop greater comfort and competency in talking about sexual issues, taking a focused sexual health history, and providing information, specific suggestions and appropriate referrals for patients.

The first day of the workshop was for team members from the Amputee, Acquired Brain Injury and Spinal Cord Injury Rehabilitation programs. The second day focused on spinal cord injury only for that specific team. In total, about 60 staff members took part.

Fostering our Partnerships

Wrap-around support for individuals with acquired brain injury

St. Joseph's Acquired Brain Injury (ABI) Rehabilitation Program is part of a pilot project – the ABI and Corrections Collaborative – aimed at enhancing support for individuals identified in the correctional system with an ABI.

Born out of a similar initiative in Hamilton, a sub-committee of the Acquired Brain Injury Network of Southwestern Ontario was formed to develop a rapid response, wrap-around, case management-style program to be trialed out of the Elgin Middlesex Detention Centre (EMDC). In June 2017, the first pilot participant was welcomed into the ABI and Corrections Collaborative trial. The individual was released from the EMDC on July 27 and, since then, has been receiving

enhanced, wrap-around supports from the collaborative partners in the community. Three additional participants have been selected and are also in the community receiving support.

Since the pilot began, more than 20 males have been screened at EMDC for the pilot by the coordinator of St. Joseph's ABI Rehabilitation Program. Those deemed appropriate to participate either receive care from the collaborative partners or are offered supports that already exist in the community.

During the pilot, many lessons have been learned and homelessness has been identified as a reality for a majority of the participants to date. Discussions are now underway to possibly expand the partnership with a view to provide housing to the pilot's participants.

Enhancing palliative care training in the community

The Palliative Pain and Symptom Management Consultation Program (PPSMCP) based at Parkwood Institute is working with home and community care leaders to increase the number of community nurses with specialized training through the Comprehensive Advanced Palliative Care Education (CAPCE) Program.

The PPSMCP is funded to provide education and capacity building in the provision of palliative care throughout the Erie St. Clair LHIN and South West LHIN regions. CAPCE, which was developed by the PPSMCP, is designed to be reflective of best practice, evidence-based hospice palliative care and knowledge translation strategies.

The goal is to have 50 per cent of community agency nurses trained in CAPCE. Historically, few provider agency nurses attend these courses. This is most evident in London-Middlesex where 17 per cent of agency nurses have taken CAPCE.

The PPSMCP will work with community partners to maximize the number of community nurses attending the course in the coming months, develop a multi-year plan to sustain the level of community expertise, and remove barriers to course attendance. The team is also developing an enhanced marketing plan to improve registration across all care sectors.

Recognitions and Celebrations

Partnering for excellence

The Environmental Services team scored top marks during a recent third party safety audit at St. Joseph's Hospital. The annual audit, conducted by EcoSure, reviewed compliance with Sodexo Canada policies and procedures – hazard assessments, incident and accident reporting and investigation, supervisor's daily safety inspections, and annual health and safety training for staff. (Sodexo is contracted by St. Joseph's to provide housekeeping services at St. Joseph's Hospital and Mount Hope Centre for Long Term Care.)

The auditor also completed a walk-through of the facility at St. Joseph' Hospital to talk to frontline Environmental Services staff and review housekeeper carts, housekeeping closets and the safety bulletin board used to inform staff of their shared journey toward zero harm.

The team received a 98.5 per cent score on the audit – results of much hard work and a daily commitment all year long to keep safety a priority. In the previous 12 months, there has only been one lost time injury occurrence for the St Joseph's Hospital and Mount Hope

Environmental Services team of 89 staff members. In the prior fiscal year there were no lost time injuries.

Other

Emergency department and diagnostic imaging wait times now publicly available

Ontarians can now access information about diagnostic imaging and emergency department wait times on the Health Quality Ontario website. The website also reports on wait times for surgeries and procedures such as hip and knee replacements, cancer and cardiac surgeries, providing data all in one place. Information is reported at both the provincial level and facility/hospital level, where applicable, and is updated monthly, quarterly, bi-annually or annually. The website is available [here](#).

Ministry releases action plan for respiratory illness surge

The Ministry of Health and Long-Term Care recently released the Health System Action Plan: Respiratory Illness Surge, which sets out actions being taken by the government to support the health system's response to the 2017-2018 respiratory virus season. Additionally, the plan identifies planning expectations, best practices and resources for health sector partners. It can be viewed [here](#).

Regulating of sonographers begins

On December 20, 2017, the Ministry of Health and Long-Term Care announced that [regulations](#) under the Regulated Health Professions Act necessary to regulate diagnostic medical sonographers have been approved, effective January 1, 2018. This approval enables the College of Medical Radiation Technologists of Ontario (CMRTO) to regulate diagnostic medical sonographers as a fifth specialty within the college. The CMRTO will be posting information and the registration application form for sonographers on its website over the next few weeks. The CMRTO news release is available [here](#).

Medications now free for anyone under 25 in Ontario

On January 1, 2018, the government launched the OHIP Plus (OHIP+) Children and Youth Pharmacare program, which provides free coverage for more than 4,400 drug products for all babies, children and youth age 24 years and under who have OHIP coverage. Children and youth will need only a valid prescription and a health card to access medication. No deductible or co-payment will be required.

The program will cover all prescription medications currently listed on the Ontario Drug Benefit Formulary. Additional medications eligible for funding through the Exceptional Access Program will also be covered. More information about OHIP+ is available [here](#).

New psychotherapy requirements

As of December 31, 2017, individuals performing the controlled act of psychotherapy are required to register with one of six regulatory colleges. There will be a two-year transition period for individuals to become registered or change their practices.

The six regulatory colleges whose members may practice psychotherapy are the: College of Registered Psychotherapists of Ontario (CRPO); College of Psychologists of Ontario; Ontario College of Social Workers and Social Service Workers; College of Nurses of Ontario; College of Occupational Therapists of Ontario; and College of Physicians and Surgeons of Ontario.

During the transition period, individuals can work with the CRPO to understand whether the services they provide involve the performance of the controlled act and if they will be required to register with one of the regulatory colleges. Until that time, patients and clients will continue to receive the same services.

The CRPO will be providing further clarity on the practice of psychotherapy over the next six months.

Environmental Scan

Province gives London green light to speed up plan for safer injection sites

In the wake of a deadly opioid drug crisis that's killed hundreds in Ontario, London health officials are fast-tracking a pop-up, overdose-prevention site they want to have up and running by January 2018. The stripped-down version of a supervised consumption site will give drug users a safer environment to inject. The location of the site, or the total number if there is more than one, hasn't been decided. But the plan is to have at least one as early as possible in 2018.

The pop-up locations aren't meant to be long-term sites or to replace supervised facilities. Instead, Middlesex-London Medical Officer of Health Chris Mackie said the sites would only be open for three to six months, but could be renewed. When open, such a site would have clean needles, the opioid overdose antidote naloxone, and supervision for drug users.

London is still moving ahead with plans for a permanent supervised drug consumption site, a highly regulated – and often contentious – process many months in the making.

[London Free Press, December 19, 2017](#)

Chatham-Kent Health Alliance begins recruitment process for new board of directors

The Chatham-Kent Health Alliance will soon have one hospital board. On December 21, 2017, the Erie St. Clair Local Health Integration Network (ESC LHIN) approved a recommendation to integrate the three boards for Public General Hospital, St. Joseph's Hospital and Sydenham District Hospital into a single corporation, governed by a single board of directors.

The decision eliminates a system where each hospital had its own board of directors under the Chatham-Kent Health Alliance. ESC LHIN Board Chair Martin Girash says the system simply did not work, and too much time and energy was spent on governance issues that nothing got resolved. The new board is expected to be operational by April 1, 2018.

[CTV News, December 22, 2017](#)

Assisted dying in religious facilities means tough choices for families

Barry Hyman always swore he'd die peacefully on his own terms. But living in a faith-based (Jewish) nursing home put his family in a difficult position to help him. This article details the family's experience and discusses the position of Canada's religious health care organizations, which say they are doing their best to support terminally ill patients without betraying their own faith.

[Globe and Mail, January 5, 2018](#)

Renewed discussion over assisted dying amid dispute at faith-based sites

Two incidents in British Columbia have renewed a debate about whether faith-based health institutions that receive public funding should be allowed to opt out of offering medical assistance in dying. Documents obtained through a freedom-of-information request by the advocacy group Dying With Dignity Canada show that Providence Health Care, a Catholic health care provider, apologized to Vancouver General Hospital for a mismanaged transfer of a frail patient seeking assisted death.

When the patient arrived at Vancouver General, there was no bed available, and when a bed was found, it was not appropriate. It took another hour before an appropriate bed was found.

An apparent miscommunication by St. Paul's resulted in the delivery method for "a commonly used palliative care medication" not being ready when the patient reached Vancouver General, said Providence spokeswoman Elaine Yong, although she said she could not elaborate due to privacy concerns.

Shanaaz Gokool, CEO of Dying With Dignity Canada, said it's unacceptable in 2018 for institutions to refuse to provide a "basic and essential" health care service. "It creates a system of forced transfers for some of the most vulnerable people in our country and people who are often very physically compromised," she said.

[CTV News, January 9, 2018](#)

Opioid crisis strikes 'close to home' for many, poll says

One in eight Canadian adults says a family member or close friend has become "dependent on or addicted" to opioids in the last five years, says an [Angus Reid poll](#) released January 11, 2018.

Even as public awareness of the devastating risk of addiction to opioid painkillers – including oxycodone, hydromorphone, and fentanyl – has risen, they are still regularly prescribed, the poll suggests. One in five Canadian adults said they had personally been prescribed opioids in the last five years.

The findings counter perceptions that the opioid crisis is "a problem that's limited to marginalized people or poor people," said Shachi Kurl, executive director of the Angus Reid Institute. "It is really something that cuts across the entire spectrum of society."

[CBC News, January 11, 2018](#)

Flu activity in Canada 'high' and continuing to rise

The number of people stricken by flu continues to rise across the country, with 15,572 laboratory-confirmed cases for the season as of January 6, 2018, the Public Health Agency of Canada says.

The level of influenza activity is "in the higher range of expected levels for this time of year," the agency said in its latest [FluWatch report](#). Last year, there were far fewer cases, with 8,976 reported by the end of the first week of January 2017. The majority of cases continue to be the H3N2 subtype of Influenza A, a particularly brutal strain that tends to cause more severe illness, particularly among the elderly and children. At the same time, Influenza B is "increasingly steadily," the report says, with 20 times more detections so far this season than for the same

time period in the last seven years. The B strain started circulating much earlier than usual, the public health agency said.

[CBC News, January 12, 2018](#)

Research uncovers new link between head trauma, CTE and Lou Gehrig's disease

Researchers at Western University have uncovered a unique neurobiological pathway triggered by head trauma which underlies both chronic traumatic encephalopathy (CTE) and Lou Gehrig's disease.

CTE is a fatal neurodegenerative disease shown to be a result of repeated head trauma, and is associated with elite athletes involved in contact sports. Previous research has shown that between four and six per cent of patients with CTE will also simultaneously show clinical features of amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease) – that's 800 fold higher than the prevalence of ALS in the general population.

The study, published in the January 2018 issue of *Neurology*, the medical journal of the American Academy of Neurology, identifies a common neurobiological link between those who have CTE and those who have a variant of ALS that causes cognitive impairment. In addition, the researchers demonstrate that this pathway can be triggered in an experimental model of head trauma.

[Western University, January 15, 2018](#)

Union roundtable convened on violence in the health care sector

As violence rates in the health care sector continue to escalate, the Canadian Federation of Nurses Unions (CFNU) has convened a two-day roundtable of 17 unions representing health care workers from across the country.

In a recent CFNU [poll](#), 61 per cent of nurses reported a serious problem with violence in the past year, including bullying, emotional or verbal abuse, racial or sexual harassment, or physical assault. A full two thirds (66 per cent) pondered leaving their job to work for a different employer or in a different occupation.

The roundtable, which takes place January 18-19, will feature experts in occupational health and safety and profile success stories from the Ottawa Hospital, Centre for Addiction and Mental Health and Michael Garron Hospital – three facilities that have undertaken comprehensive efforts to proactively prevent incidents of violence. The roundtable will culminate in a collaborative strategy session among participants.

[Canadian Federation of Nurses Unions, January 17, 2018](#)

Nurses association will use public inquiry to focus on broken long-term care system

The professional association that represents Ontario's nurses says it will use its influence at a provincial inquiry into long-term care deaths to help improve the ailing system. Doris Grinspun, chief executive of the Registered Nurses Association of Ontario, says the inquiry into the murders of eight seniors in Southwestern Ontario presents a "once in a lifetime" opportunity to fix the entire system.

Ontario has called an inquiry into the murders of eight seniors in the care of former nurse Elizabeth Wettlaufer when she worked in Woodstock and London between 2007 and 2014. The

inquiry is set to begin in June 2018. The RNAO has been given standing in the inquiry, which enables it to question and call witnesses. Its focus will not only be on what went wrong in the Wettlaufer case, but also on the shortcomings in the province's long-term care sector.

The inquiry, said Grinspun, must do everything to understand the systemic failures that allowed those deaths to happen and determine how they could have been prevented. But it must also look at the overall problems in the long-term care system that harm and strip the dignity of residents on a daily basis. She said she expects to have nurses testify about their own experiences in the system.

Among other things, the RNAO wants to see employers mandated to disclose termination notices and "any issues related to patient safety" to prospective employers during reference checks.

[Ottawa Citizen, January 19, 2018](#)

New mental health network brings together six community agencies

Six mental health and domestic violence agencies in London-Middlesex are working together on a network of 'talk-in' clinics. Called "INsite" clinics, the aim is to reduce wait times and improve access to multiple services for those who have more than one area of concern.

The six agencies involved in the collaboration are:

- Family Services Thames Valley
- Anova (formerly Sexual Assault Centre London and Women's Community House)
- Craigwood Children, Youth and Family Services
- Vanier Children's Services
- WAYS Mental Health Support
- Women's Rural Resource Centre of Strathroy and Area

The two talk-in clinics are located at White Oaks Family Centre in London and the Next Wave Youth Centre in Strathroy. When a new client arrives at the talk-in clinic, they'll receive their first counselling session right off the bat, rather than simply giving their demographic information and being put on a waitlist, said Leo Desjardins, director of clinical services for Vanier Children's Services. Clients leave this first session with an action plan that includes immediate next steps for addressing their particular problem.

Desjardins said about half of those who access this type of single-session intervention therapy only need to do so once.

[CBC News, January 23, 2018](#)

St. Joseph's in the News

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[Wish come true](#), CTV London, December, 22, 2017

[Regional BRT idea finds fans and foes](#), London Free Press, December 28, 2017

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[Doctor who founded clinic in 1981 accuses hospital of abandoning 1,400 patients](#), London Free Press, January 2, 2018

[LHSC to close Cardiac Fitness Institute](#), Global News/980 CFPL, January 3, 2018

[London trial to aggressively treat diabetes expanding](#), London Free Press, January 3, 2018

[Province takes hands-off approach in decision to close Cardiac Fitness Institute](#), CBC London, January 3, 2018

[Diabetes clinical trial accepting third round of participants](#), Global News/980 CFPL, January 3, 2018

[Health care: High-profile Londoners, MPPs rally to save Cardiac Fitness Institute](#), London Free Press, January 3, 2018

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[London researchers feel they may have found a way to put diabetes into remission](#), CTV London, January 3, 2018

[Local cardiac wellness program seeks to expand while London program shuts down](#), Windsor Star, January 4, 2018

[Health care: London study pans practice of handing off anesthesia during surgery](#), London Free Press, January 9, 2018 (also published by the Sarnia Observer)

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[Anesthesiologists hand off](#), CTV London, January 10, 2018

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[25 current, former Fanshawe College employees hit jackpot in Dream Lottery](#), Global News/980 CFPL, January 11, 2018

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[Lottery dreams come true in London](#), Blackburn News, January 11, 2018

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[Angry heart patients meet with NDP leader about Cardiac Fitness Institute closure](#), CBC News, January 15, 2018

[Have a heart, CTV London](#), January 15, 2018

[Patients plead to keep LHSC's Cardiac Fitness Institute open](#), Global News/980 CFPL

[Interview with Ann Pigott, author of *I Remember – Veterans' Memoirs*](#), Rogers TV, January 15, 2018