



To: St. Joseph's Board of Directors  
From: Dr. Gillian Kernaghan, President and CEO  
Date: February 21, 2018

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I had the pleasure of hosting the first lecture in St. Joseph's Health Care Foundation's DocTalks series at St. Joseph's Hospital. Lawson Health Research Institute scientist Dr. Gregor Reid kicked off the series on January 30, 2018, with a presentation on "Probiotic power: What a healthy gut can do for you." Shuttleworth Auditorium was full for this informative and entertaining presentation. On March 22, 2018, surgical oncologist Dr. Muriel Brackstone with St. Joseph's Breast Care Program will present the second lecture, which will focus on the future of breast cancer treatment.

On February 5-6, the Senior Leadership Team gathered for a retreat, which included a deep dive into the emerging Strategic Plan framework. Details are available in this report.

I've been asked by the South West LHIN to join a new committee – the Health System Renewal Advisory Committee. The overall aim of this group is to improve health, wellness, the patient experience and outcomes, as well as value for money. The committee will: champion equitable access to, and availability of, necessary health care services; provide system and operational advice; make recommendations on regional programs and how they interact with sub-regions; and provide guidance on developing and adopting standardized methods of care delivery. The committee will also identify opportunities and challenges to standardize sub-region processes to support LHIN-wide programs across the LHIN and within sub-regions, and identify change initiatives within sub-regions that should be optimized and spread across all sub-regions. The first meeting of the committee was held February 8. Dr. Paul Woods, President and CEO of London Health Sciences Centre (LHSC), will replace me on the London Middlesex Sub-Region Integration Table.

On February 9, I spoke at the 2018 Talent Management Conference, where the theme was "Inspire, Innovate, Integrate, Implement." This annual conference is aimed at Schulich School of Medicine & Dentistry faculty members, residents, fellows, directors and managers, Faculty of Health Sciences members, directors and managers, and professional staff and leaders at St. Joseph's and LHSC.

One of the objectives of this year's conference was for participants to learn about strategic plans at LHSC, St. Joseph's, Schulich School of Medicine & Dentistry and the Faculty of Health Sciences. I was part of a panel presentation, along with Dr. Ruth Martin, Associate Dean, Faculty of Health Sciences, Dr. Michael Strong, Dean, Schulich School of Medicine & Dentistry, and Dr. Paul Woods, President and CEO, LHSC, on how our organizations integrate our respective strategic plans.

On February 20, I was pleased to take part in a women-in-leadership workshop, a joint initiative of Maple Leaf Foods and the Ivey Business School at Western University. As part of its focus on diversity and inclusion, Maple Leaf Foods is committed to attracting and retaining talented

women, and developing and advancing them into leadership roles throughout the company. The event was attended by high-potential women leaders from Maple Leaf Foods. In a fireside chat, I shared my personal experience as a leader and what it means to me.

Finally, I encourage you to save the date for Breakfast of Champions on May 8, 2018, at the London Convention Centre. The keynote speaker will be former NHL goaltender and coach, Clint Malarchuk, who will share his extraordinary journey, from his battle with alcoholism and an attempt on his own life, to his ongoing mental health advocacy. This event, presented by St. Joseph's Health Care Foundation in partnership with the Canadian Mental Health Association Middlesex, is always a meaningful and moving experience.

## Strategic Plan 2018-2021

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### Strategic Plan 2018-2021 – an update

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

- At the Senior Leadership Team retreat on February 5-6, the strategic plan framework was further developed, as well as the three-year outcomes and year one priorities.
- The three-year objectives/intentions in each of the five strategic directions have since been redefined to a narrative section that highlights what was heard from our stakeholders.
- The three-year outcomes and year one priorities are in the process of being finalized.
- An initial meeting was held on February 13 to discuss roll out of the new strategic plan to the organization and the public, and the use of branding, visuals and materials to support communication.

## Our Patients

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### Guitar program hits the right note

A new Guitar Program is striking a chord with Operational Stress Injury (OSI) Clinic clients at Parkwood Institute. Through this program the soothing power of music is helping to calm minds and reduce emotional stress.

The aspiring musicians meet weekly for guitar lessons led by music therapists Emily DeBekker and Jill Kennedy. The program, say participants, is helping them find more meaning and pleasure in their lives, feel pride in their new skills, gain confidence, have more structure to their days, and feel supported by their families in ways in they may not have recognized or felt before. They also say that the program is helping with concentration and memory.

The Guitar Program is one component of the OSI Clinic's Myself Program, which helps those with an operational stress injury to open up, socialize and explore a broad range of new opportunities. Read more on [St. Joseph's website](#).

### Influenza vaccination – an update

With influenza activity continuing to increase in the community, the Middlesex-London Health Unit has made the quadrivalent influenza vaccine (QIV) available to all age groups in an effort to decrease the frequency and severity of influenza outbreaks. St Joseph's began making QIV available to all non-vaccinated staff on February 2.

Prior to the availability of the QIV, the vaccine available to the public, our patients, staff and physicians was a trivalent vaccine (TIV) designed to protect against two influenza A strains and one influenza B strain, which was predicted to circulate during this season. A QIV provides protection against an additional B strain. Previously vaccinated staff and physicians do not need to be revaccinated with QIV. Our infectious disease experts indicate the strain of influenza B included in the TIV will provide some cross-protection for the B strain that is causing many of the outbreaks.

Since September 1, 2017, there have been 209 laboratory-confirmed influenza A cases, 348 cases of influenza B, and three cases infected with both influenza A and B reported to the Middlesex-London Health Unit. Among these cases there have been 275 hospitalizations and 23 deaths. During this same time period, there have been 15 influenza A outbreaks, 27 influenza B outbreaks, and four outbreaks with both influenza A and B declared in hospitals, long-term care facilities, and retirement homes.

At St. Joseph's, there have been a total of 12 outbreaks declared since October 1, 2017, with 26 laboratory confirmed influenza cases. Six-one patients were affected and two deaths reported. The last six weeks have seen particularly high influenza activity with eight of the 12 outbreaks occurring between January 1 and February 20, 2018 – three at Mount Hope Centre for Long Term Care, one at Parkwood Institute Mental Health Care Building and four at Parkwood Institute Main Building.

As of February 16, the combined staff/physician vaccination rate at St. Joseph's is up slightly from last month at 68.5 per cent, and also higher than this time last year (67.6 per cent). The physician vaccination rate was 75.7 per cent (an increase from 75.2 per cent at this time last year) while the staff vaccination rate was 68.1 per cent (up from 67.1 per cent at this time last year).

### **Hand muffs – the ripple effect**

Several years ago, Cindy Pandke, Noelle Tangredi and Kim Reid from Organizational Development and Learning Services began knitting hand muffs during their breaks. These hand muffs provide stimulation and reduce anxiety for people with dementia. They are knit with various textures of wool with objects like buttons, strings and beads attached to keep hands warm, and to provide visual, tactile and sensory stimulation.

In January 2016, the hand muff project was introduced on the [St. Joseph's website](#) and to local media, resulting in a surge of interest from the public. Since then, the knitting trio has received dozens of requests from across North America for the pattern, Reader's Digest featured the story, and 23,000 people have visited the webpage for instructions on how to knit the muffs.

The hand muffs are now being provided to many areas of care beyond dementia, including palliative care, mental health care and emergency rooms, as well as to autistic children and youth with anxiety or attention deficit hyperactivity disorder. In January 2018, Communication and Public Affairs created a new [video](#) for the website to continue promoting this meaningful, innovative and far-reaching project.

### **The relentless pursuit of safety**

The Safe Management Group Inc. (SMG) based in Oakville, Ontario, provides training programs and consultation services to promote individual and community safety through dignity and respect. Recognized by the Ministry of Community and Social Services, the company offers

customized, effective and proven training and consultation services to families, clients and staff in a variety of settings.

In January and February 2018, SMG was contracted to provide training in non-violent crisis intervention to the interprofessional team – including Security Services team members – of the Dual Diagnosis Program (DDP) at Parkwood Institute Mental Health Care Building. SMG was selected as it provides additional theory and physical interventions specific to the unique needs and behaviours of DDP patients. The SMG approach is used commonly for this population within the community sector.

The training allows for an additional set of skills to be used by staff when working with patients who have behavioral challenges and also provides for continuity of approaches to behavioural management with many patients. Feedback from the training was highly positive.

Occupational Health and Safety Services and Privacy and Risk observed the training to consider whether it could be used more broadly at St. Joseph's for staff working in care areas with greater risk of responsive behaviours and/or aggression.

### **Recovery Through Creative Arts – an update**

As previously reported, the “Recovery Through Creative Arts” project was recently introduced at Parkwood Institute Mental Health Care Building to enhance the opportunity for our mental health patients to participate in artistic pursuits. Supported through a grant from St. Joseph's Health Care Foundation, this two-year pilot program was created in partnership with Lawson Health Research Institute and the London Arts Council, with support from clinical staff. The purpose is to connect mental health inpatients with community artists and provide therapeutic opportunities for healing and recovery. The program will also help patients develop or strengthen coping strategies and relationships to support their journey of care.

Since it began in November 2018, Recovery through Creative Arts has provided four activities each week, which inpatients can attend on a drop-in basis. These activities include music sessions with Belong to Song, drama, visual arts and creative writing/spoken word. The project continues to gain momentum and engagement with patients and staff:

- Belong to Song – 81 participants attended this intergenerational program in January 2018, which is offered in the auditorium on Tuesday evenings. Patients are actively participating and showing significant talent and enjoyment from the program. One individual wrote a song and sang it to the group. The Belong to Song facilitator has offered to record the song for her as it was so well done and impactful.
- Creative Writing – 21 patients participated in January 2018. Patients are finding meaning and enjoyment with the activity and relating well to the facilitator.
- Drama – 34 patients participated in January 2018. This activity has been moved from the group rooms to the day rooms on the inpatient units, allowing for more observation and exposure to the program. It is being positively received by patients and staff. Although the number of patients actually participating is relatively low, the exposure it provides on the unit is beneficial to many.
- Visual Arts Program – 84 participants attended this program in January 2018, which is offered in the ‘downtown’ area of the Mental Health Building. Individuals enjoy the flexibility of the activity and find the community artist facilitator very supportive and engaging. This program coincides with the patient drop-in and has been informally supported by Patient Council volunteers. This provides patients with a variety of options of activities to participate in on Wednesday evenings.

The next phases of this project will see intentional clinical planning around participation in the creative arts through care plan documentation and bridging to community-based activities to support discharge planning. The program will be a spotlight presentation at St. Joseph's Health Care Foundation's Cornerstone Society Dinner on March 19, 2018.

## Our People

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### Share the Spirit reaches milestone

The 10th year of the Share the Spirit campaign raised \$142,679, bringing the total raised over the past decade to more than \$1 million. While the 2017 total was 95 percent of the goal – just shy of the target – the ultimate goal was to surpass the \$1 million mark in total funds raised by the campaign since it began. Other highlights of 2017 campaign include:

- 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.
- Of the \$142,679 contributed during the 2017 campaign, \$10,596 was raised from Share the Spirit events held across St. Joseph's.
- Of the total raised, more than \$82,000 went to the United Way, the remainder to St. Joseph's Health Care Foundation.

### A powerful lesson

In October 2017, St. Joseph's Operational Stress Injury (OSI) Clinic created an Engagement Committee made up of six team members with a goal of developing team cohesiveness through educational and social opportunities.

The committee's first team learning opportunity was held on January 25, 2018, and was an overwhelming success. Tom Wilken, renowned author of *Rebuilding Your House of Self Respect: Men Recovering in Group from Childhood Sexual Abuse*, was the invited guest speaker. Tom has implemented the largest education and awareness program of its kind in Canada based on this book and workbook. He was joined by Don Champion, one of the original support group participants, who reminded all in attendance of the will to survive despite overwhelming odds. The shared wisdom, knowledge and experience of these two speakers were evident as the subject of male sexual abuse, interventions and outcomes was discussed.

OSI team members across disciplines packed the clinic's boardroom and were joined by the satellite Toronto OSI Clinic team members, who tuned in by teleconference.

The committee's goal is to have team learning events every other month. The next event is planned for March 2018, when in-house psychiatrist, Dr. Linda Plowright will present on the importance of nutrition on mental health.

### Safety in the workplace

St. Joseph's has made excellent strides in reducing lost time due to injuries. The corporate indicator result for the number of lost time Injuries as of the third quarter is 53 against a target of 80 (annual projection based on year-to-date). A number of initiatives have contributed to this improvement. With the new electronic reporting system, we now have the ability to ensure both

the leader and Occupational Health and Safety Services are notified as soon as an incident is reported. This allows for an immediate response to ensure the injured person receives first aid if necessary, the hazard is addressed immediately, and to offer modified work if the employee is unable to continue with their full duties.

We have avoided 42 lost time claims as a result of the process implemented to ensure an immediate offer of modified work is provided.

Currently 51 leaders have a target for workplace injury. Of those, 47 are in the green. These are outstanding results.

### **Leadership announcement – Department of Dentistry**

Dr. Shawn Steele has been appointed Interim Citywide Chief of the Department of Dentistry, effective February 1, 2018 to July 31, 2019. Dr. Henry Lapointe has been the Chief of Dentistry since 2014 and Medical Affairs would like to thank Dr. Lapointe for his leadership and guidance to the department.

## **Our Finances**

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### **Improving access for patients with dementia**

On January 9, 2018, the South West LHIN confirmed that St. Joseph's will receive funding through the provincial Dementia Strategy, which is specifically earmarked to create or improve a central access model. This is one-time \$60,000 for 2017-2018.

The funding supports the resource needs identified to enhance the Specialized Geriatric Services coordinated intake and access model (now called the Geriatric Ambulatory Assessment Team) that was designed as part of the Mental Health Feasibility Initiative under the geriatric stream, and also supports the Behavioural Supports Ontario (BSO) strategy. Both are aligned with the regional Frail Senior Strategy. St Joseph's is the lead organization in the region for both BSO and the Frail Senior Strategy. As reported in November 2018, the Frail Senior Strategy is looking at the design and implementation of a more integrated system in the South West LHIN for frail seniors.

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

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### **Preventing homelessness**

The Prevention of Homelessness Among Families (PHAF) project brought together Lawson Health Research Institute, Western University, City of London, and Mission Services of London to prevent family homelessness. The goal of the project was to connect families with available supports before they appear at the Rotholme Women's and Family Shelter.

The project began in 2015 with 20 families – 29 parents and 46 dependents. A variety of tactics were used to divert families from shelter, such as negotiating with landlords to keep the family in their home or move them into an available unit. Homelessness was prevented in 97 per cent of the cases from the pool of participants.

Researchers followed up with the families after 18 months to determine if homelessness was being prevented rather than delayed. They found that 90 per cent of participants who were diverted from homelessness remained housed. The other 10 per cent couldn't be reached.

While precise numbers on family homelessness in London are unknown, the results show that early intervention may help with long-term homelessness prevention.

### **A glimpse into Canada's earliest days of hockey**

St. Joseph's is a key player in an intriguing exploration of the earliest days of hockey in Canada. A hockey stick, considered to be the oldest stick known to exist, has been the subject of an archeological quest by Linda Howie and Johnna Allen of Material Legacy, a London-based company that provides forensic authentication of the history of objects and creates a biography, including the cultural, political and social context of the object. Material Legacy collaborated with anthropologist Andrew Nelson at Western University to study the stick and determine its age. Andrew approached St. Joseph's Hospital and Robarts Research Institute about analysing the stick through CT scans and micro-CT scans. At St. Joseph's Hospital, CT Technical Coordinator Donna Findlay and radiologist Dr. Greg Garvin worked with the researchers to scan the stick.

The scans show forensic proof that the ash wood was steam bent – a process that must be done within a year of cutting the tree down, when it is still green wood. This indicates the stick was actually made for hockey and not just found. The CT scans also helped authenticate the original dates from Laval University, confirming that the hockey stick was manufactured in the mid-1700s.

It's the first forensic study of a hockey stick to be undertaken and it sheds fascinating new light on Canada's national sport and enduring passion for the game. The findings tell a hockey tale that has not been told before.

Read the full story on [Western University's website](#) and watch a [video](#) about the discovery process by Material Legacy. The research has also been highlighted in a five-minute [Daily Planet segment](#) on the Discovery Channel.

### **Probiotics for respiratory tract infections could save nearly \$100 million a year**

A recent study suggests the use of probiotics to prevent respiratory tract infections in Canada could result in nearly \$100 million per year in savings.

There is growing evidence that probiotics can reduce the risk of respiratory tract infections and lower their frequency, as well as reduce the duration of an infection, antibiotic use and absences from work. Replicating a research model used in France, researchers from Lawson Health Research Institute, Western University, Laval University and Utrecht University examined the potential clinical and economic impacts in Canada.

Results from the study showed that regular probiotic use could eliminate between 573,000 to 2.3 million days per year of respiratory tract infections, resulting in 330,000 to 500,000 fewer sick days for Canadians and 52,000 to 84,000 fewer antibiotic prescriptions. This would translate to \$1.3 to \$8.9 million in health system savings. When accounting for productivity losses due to illness, it could save \$61.2 to \$99.7 million.

Read more on [Lawson's website](#).

### **Study looks to extinguish persistent firefighter pain**

A recently released study is providing an eye-opening look into how physical pain and discomfort have become a way of life for many firefighters across the country. According to the study, the longer a firefighter's career the greater the chances of suffering from persistent neck, back and limb pain. Further, 70 per cent of all active firefighters studied said they had experienced at least some pain in their arms, legs and back during a 13-month span.

Joy MacDermid (PhD), Director of the Clinical Research Lab at St. Joseph's Roth McFarlane Hand and Upper Limb Centre, is one of the researchers with the study, which explored injuries among working Hamilton firefighters. Co-authored through Western University and the McMaster School of Rehabilitation Science, the study is the first to quantify – by age, sex and length of service – who is most prone to suffering musculoskeletal injury, and where and how intense that pain is.

The participating firefighters are part of a national program called Firefighter Injury Reduction Enterprise: Wellness Enabled Life & Livelihood (FIREWELL). Dr. MacDermid, who serves as the FIREWELL project director, said the data suggests the cumulative effects of pulling, twisting and turning have long-term impact on firefighters' bodies.

The study was published in a recent edition of the *Journal of Military, Veteran and Public Health*. Read more on [Western University's website](#).

## **Fostering our Partnerships**

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### **Dialysis service at Parkwood Institute Main Building – an update**

As previously reported, work has been underway to create a dialysis service at Parkwood Institute. Inpatients from Parkwood Institute Main Building are transported each week to London Health Sciences Centre (LHSC) for dialysis treatments. These treatments affect patients' energy levels and their ability to fully participate in rehabilitative therapies. Travelling back and forth between hospital sites further adds to patient fatigue. In addition to improving the patient experience, having a dialysis service at Parkwood Institute will also save transportation costs.

A dialysis service has now been established on-site at Parkwood Institute Main Building in partnership with LHSC. The unit, which opened February 21 on 5BW, has five hemodialysis stations to serve medically stable inpatients at Parkwood Institute who meet specific criteria. Factors including treatment frequency, case complexity and patient volumes will influence whether a patient will receive dialysis at Parkwood Institute or at LHSC's main dialysis unit.

The Parkwood Institute Dialysis Service will be supported by LHSC, including staffing by Renal Program nurses from the Adam Linton Unit at Victoria Hospital. The Ontario Renal Network is providing operational funding through existing dollars, and donor support through St. Joseph's Health Care Foundation helped to purchase key equipment and enhance the dialysis service's space.

## Recognitions and Celebrations

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### **Come celebrate**

The opening of Lawson Health Research Institute's Clinical Research and Chronic Disease Centre (CRDC) will be held March 1, 2018, from 4:30 pm to 6:00 pm at St. Joseph's Hospital. The CRDC is the first dedicated clinical research space for chronic disease in our region, bringing together researchers in one, state-of-the-art health care facility. Diabetes, cardiac rehabilitation and breast cancer research are the core research areas using the CRDC with the goal of translating research findings from "bench to bedside." The centre is located in Zone A, Level 4 of St. Joseph's Hospital.

## Other

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### **Binding arbitration to begin in May 2018**

After four months of unsuccessful negotiations, the Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA) announced that the Physician Services Agreement (PSA) negotiations would be moving to binding arbitration beginning late May 2018 and ending potentially in October 2018.

Over the past months, the Ontario Hospital Association (OHA) has engaged members to identify and validate the key priorities for hospitals as they relate to the PSA. With valuable input from members, a PSA advisory group and the Physician Provincial Leadership Council, the OHA developed a comprehensive proposal which was submitted to the Ministry of Health and the OMA negotiating teams for consideration. The OHA has also met with both negotiating teams to discuss the details of the proposal. It will inform the current mediation process as well as the arbitration process taking place later this year.

### **Home Care Ontario launches campaign**

Home Care Ontario has launched a campaign to bring attention to underfunding in home care. The campaign advocates for an annual investment of \$600 million to fund more frontline home care to help ease hospital overcrowding and meet increased demand for professional home caregivers. Home Care Ontario is inviting Ontarians to visit [morehomecare.ca](http://morehomecare.ca) to learn more and have their voice heard. The campaign also includes a new [Facebook page](#), the launch of a whitepaper, and online ads educating the public about the importance of home care. The whitepaper is available [here](#).

### **Federal regulations on monitoring of medical assistance in dying**

The federal government has released proposed regulations under the Criminal Code with respect to national monitoring of medical assistance in dying (MAID). The proposed regulations would require medical practitioners, nurse practitioners and pharmacists to file reports containing specified information related to requests for, and the provision of, MAID. While the federal Minister of Health is proposed as the designated recipient for all reports, the Ontario government has indicated that some reporting requirements will be streamlined through the provincial Office of the Chief Coroner to avoid duplicative reporting.

Finalized regulations are expected to be released in late summer or fall 2018. A copy of the proposed regulations can be accessed [here](#).

### **Referral requirement for medical assistance in dying affirmed by Superior Court**

On January 31, 2018, the Superior Court of Justice (Divisional Court) released a unanimous decision upholding the College of Physicians and Surgeons of Ontario's effective referral requirement in relation to its Professional Obligations and Human Rights and Medical Assistance in Dying policies. In dismissing the applications, the court found that the effective referral provisions of the policies represent reasonable limits on religious freedom.

A copy of the decision can be found [here](#). A backgrounder prepared by the Ontario Hospital Association that summarizes the key findings of the decision can be found [here](#).

### **Patient engagement findings**

Health Quality Ontario has released a brief [patient engagement highlights report](#) from the analysis of the 2017-2018 Quality Improvement Plans. The report focuses on the variety of methods being used to engage patients. It also features stand-out examples of patient engagement from across the four health care sectors.

### **Contract talks with nurses reach impasse**

The Participating Hospitals Negotiating Team and the Ontario Nurses' Association (ONA) have been engaged in negotiations since January 22, 2018. The parties commenced mediation on February 1, 2018, and reached an impasse on February 3, 2018. As a result, all outstanding matters will be resolved via interest arbitration. The hearing has been scheduled to take place on February 26-27 before a board of arbitration chaired by William Kaplan.

ONA issued a [media release](#) stating that it is unwilling to accept concessions demanded by the Ontario Hospital Association, outlining concerns around low numbers of registered nurses in the system.

## **Environmental Scan**

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### **South West LHIN looking to hire medical assistance in dying navigator**

The South West LHIN is hiring for a new position – that of medical assistance in dying (MAID) navigator. The idea is to have someone based locally in Southwestern Ontario who can help patients and families make sense of the rules around medically-assisted dying, said interim co-CEO Kelly Gillis.

Since August 2017, there have been 413 medically-assisted deaths in Ontario, and 42 just in the South West LHIN, said Gillis. The demand is growing, she adds, and there's a corresponding need for services to help patients and families understand the process.

Dr. Cathy Faulds, clinical lead for the South West LHIN, said the new position isn't just a matchmaking role for patients looking for medically-assisted dying, but that skill is nonetheless a crucial element. The MAID navigator will also work with doctors and nurses who might have their own questions about the process of medically-assisted dying and how to make referrals.

Overall, the navigator will ensure "that everything's set up and coordinated so that the patient does die with dignity, when and where they would like that to happen," said Dr. Faulds.

[CBC London, January 26, 2018](#)

### **Nearly 70 generic drugs to see price drops under new deal**

As of April 1, 2018, the prices of nearly 70 of the most commonly prescribed drugs in Canada will be reduced by 25 – 40 per cent, resulting in overall discounts of up to 90 per cent off the price of their brand-name equivalents, the pan-Canadian Pharmaceutical Alliance (pCPA) and the Canadian Generic Pharmaceutical Association (CGPA) have announced. These drugs include those used to treat high blood pressure, high cholesterol and depression, and are collectively used by millions of Canadians.

More than 70 per cent of all prescriptions reimbursed under Canada's public drug plans are generic drugs. This new initiative will not only provide savings to patients and increase the sustainability of drug plans, but will also improve pricing consistency across the country and help drug plans increase access to new drugs in Canada.

[Canadian Generic Pharmaceutical Association, January 29, 2018](#)

### **Western scientists make major schizophrenia discovery studying twins**

A new study of identical twins shows for the first time that schizophrenia may be caused by an accumulation of gene mutations rather than one distinct mutation, some of which are not inherited from the twins' parents. These de novo somatic mutations occur independently in every individual as they develop, grow and age.

The findings of Shiva Singh, Richard O'Reilly and their colleagues from Western University, and Christina Castellani from Johns Hopkins University School of Medicine, were recently published by the journal *Clinical and Translational Medicine*.

In the study, the scientists proved that different patients may possess dissimilar sets of gene mutations making almost every patient genetically unique. These mutations affect a limited number of schizophrenia-related biochemical pathways in the brain necessitating novel strategies for personalized medicine based on patient-specific needs.

The findings indicate it is now reasonable to scan a patient's complete genome sequence, which is needed to identify the complete suite of genetic abnormalities underlying the patient's schizophrenia.

[Western News, January 30, 2018](#)

### **Religious doctors must perform referrals for medically assisted death**

Requiring Christian doctors to refer patients to physicians willing to provide an assisted death is a reasonable limit on freedom of conscience, Ontario's Divisional Court ruled 3-0 on January 31, 2018.

"The evidence in the record establishes a real risk of a deprivation of equitable access to health care, particularly on the part of the more vulnerable members of our society, in the absence of the effective referral requirements," Justice Herman Wilton-Siegel wrote for the court.

Groups representing 4,700 Christian doctors had challenged Ontario regulations obliging the referrals, saying that making such a referral was morally equivalent to participating in an assisted death. The case is the first to test the constitutional rights of doctors who object to assisted death on grounds of conscience. It comes as the faith-based medical community

struggles to find a middle ground in the era of assisted dying, which has made it more difficult for some patients to obtain an assisted death in a timely way.

The preamble to the federal law on assisted death says doctors have a right to freedom of conscience and are not required to perform or assist in the provision of an assisted death. Ontario's regulations say doctors must perform an "effective referral." Such a referral does not guarantee a particular outcome, the College of Physicians and Surgeons of Ontario says.

The faith groups argued that the regulations violate the freedom of conscience and religion protected in Section 2 of Canada's Charter of Rights and Freedoms.

[Globe and Mail, January 31, 2018](#)

### **Western University students vote to prioritize mental health on campus**

Western University students want mental health to be a priority in the university's strategic plan. About 90 per cent of student voters approved a plan that would push administrators to do more about what some are calling a growing issue on campus.

The vote drew ballots from more than 7,500 students with more than 6,100 voting for the plebiscite. The vote comes in the wake of two student deaths within the academic year, which prompted Western to bring in external partners for help.

The school is in the midst of crafting a student mental health and wellness strategic plan. One pillar of the plan is "unification" of services so students can easily find the help they need without bouncing from one agency to the next. Other key strategic objectives include streamlining medical accommodation for short-term illnesses and improving crisis intervention on campus. The value in working with community organizations is also highlighted.

[CBC London, February 7, 2018](#)

### **London's overdose prevention site opens**

London's temporary overdose prevention site opened February 12, 2018, with facility supporters saying it will save lives in the face of an increasingly deadly opioid crisis. The site operates alongside the Regional HIV/AIDS Connection and the Counterpoint Needle and Syringe Program at 186 King St. It will offer medical supervision for drug consumption with the intention of reversing a recent upward trend in opioid-related overdoses in London.

The site will add a key component to an existing needle exchange program that already has about 100 clients a day and some 6,000 registered users. While preventing deadly overdoses is the primary goal, the site will also ensure London drug users can access medical and mental health services.

The site was established quickly as the number of fatal drug overdoses in London continued to rise. London saw three fatal overdoses in a five-day stretch in mid-January, the same week the temporary site was announced. A search is underway to find a permanent location for the site.

[CBC London, February 12, 2018](#)

### **OxyContin maker will stop promoting opioids to doctors**

The maker of the powerful painkiller OxyContin said it will stop marketing opioid drugs to U. S. doctors, bowing to a key demand of lawsuits that blame the company for helping trigger the current drug abuse epidemic. The new policy, however, does not extend into Canada, where Purdue Pharma (Canada) operates independently.

OxyContin has long been the world's top-selling opioid painkiller, bringing in billions in sales for privately-held Purdue. The company announced its surprise reversal on February 9, 2018. Purdue's statement said it eliminated more than half its sales staff this week and will no longer send sales representatives to doctors' offices to discuss opioid drugs. Its remaining sales staff of about 200 will focus on other medications.

The OxyContin pill, a time-release version of oxycodone, was hailed as a breakthrough treatment for chronic pain when it was approved in late 1995 in the U.S (1996 in Canada). Purdue eventually acknowledged that its promotions exaggerated the drug's safety and minimized the risks of addiction. After federal investigations, the company and three executives pleaded guilty in 2007 and agreed to pay more than \$600 million for misleading the public about the risks of OxyContin. But the drug continued to rack up blockbuster sales.

In Canada, a \$20-million national class-action lawsuit remains on hold after a Saskatchewan judge declined to sign off on the deal. In the Canadian suit, Purdue agreed to a settlement but made no admission of guilt.

[Globe and Mail, February 10, 2018](#)

### **College of Physicians and Surgeons of Ontario announces new registrar/CEO**

The College of Physicians and Surgeons of Ontario has announced that Dr. Nancy Whitmore has been selected as the college's next registrar/CEO.

Dr. Whitmore is currently President and CEO of St. Thomas Elgin General Hospital and a recognized health care leader who is widely respected for her management expertise, integrity and clinical abilities. Over her career Dr. Whitmore has served in a number of leadership positions including vice president and chief of staff at the hospital and as a manager and clinician in a variety of settings.

Dr. Whitmore received her medical degree from the University of Manitoba and subsequently completed her obstetrics and gynecology residency at Western University. She is a fellow of the Royal College of Physicians and Surgeons of Canada and also a graduate of the MBA program at the Ivey School of Business at Western University. She will join the college as registrar/CEO effective June 4, 2018.

[College of Physicians and Surgeons of Ontario, February 13, 2018](#)

### **Study finds nearly 1 million Canadians give up food, heat to afford prescriptions**

Nearly one million Canadians spent less on necessities like food and heat to afford their prescriptions in 2016, according to a new study. The paper, published February 13, 2018, in the [CMAJ Open](#), found that 730,000 people skimped on food and another 238,000 spent less on heating their home – a total of 968,000 people.

The study surveyed 28,091 people as part of the Statistics Canada Canadian Community Health Survey, asking questions about their finances and prescriptions. People without insurance, those with lower incomes and younger people in general were more likely to say they struggle to afford medication. Indigenous people were nearly twice as likely to report challenges, as were women comparatively to men.

The study also said more than 1.6 million Canadians – 8.2 per cent of people who were prescribed medication in 2016 – didn't fill those prescriptions, skipped doses, or otherwise didn't take the medicine because they couldn't pay for it.

[CBC News, February 13, 2018](#)

### **Personal surveillance cameras to be allowed in Quebec's long-term care homes**

Beginning March 7, 2018, residents of publicly funded long-term care institutions in Quebec will have the right to install surveillance equipment in their rooms to prevent mistreatment. The Quebec government has announced that the province's chronic care institutions will no longer be allowed to deny requests by residents or their representatives to use cameras to monitor interactions with staff and other residents. It's hoped the new measure will help curb the abuse of residents.

The new policy was initially made public in October 2017, although the government has now announced some slight modifications to its original guidelines. These include extending the regulations to permit the use of smartphones and electronic tablets, as well as surveillance cameras.

Each long-term care facility will have a designated representative to assist residents who want to install cameras. That person's mandate will be to ensure the footage respects privacy rules.

[CBC News, February 13, 2018](#)

### **Study shows impact of house calls on where people die**

Most Ontarians want to die at home, yet nearly 70 per cent die in hospitals or long-term care facilities. A new study from the Institute for Clinical Evaluative Sciences (ICES) shows end-of-life care like doctor house calls or in-home palliative care could reduce the chance of dying in hospital by about 50 per cent.

The study, published in *PLOS ONE*, is the largest of its kind to show the effect of doctor home visits on where people die. Using secure patient health records housed at ICES, the researchers looked at 264,755 Ontario decedents from April 1, 2010 to March 31, 2013 and found receiving doctor house calls for end-of-life care reduces the chance of dying in hospital by about 50 per cent and receiving palliative home care also reduces the chance of dying in hospital by about 50 per cent.

The researchers found less than one in five Ontarians receive doctor house calls or palliative home care in their last year of life.

“Our research points to the need for a structured palliative care strategy across the province to ensure people have a choice of dying in their homes, and not in hospitals, if they wish. As it stands now, who can access home palliative care really varies across Ontario,” says Dr. Peter

Tanuseputro, lead author of the study, adjunct scientist at ICES, researcher at the Bruyère Research Institute and a palliative care physician at The Ottawa Hospital Research Institute.

[Institute for Clinical Evaluative Sciences, February 15, 2018](#)

## St. Joseph's in the News

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[Hockey stick project](#), Material Legacy, January 17, 2018

[Soothing power of music is striking a chord with number of veterans](#), CTV News, January 26, 2018

[Exploring Canada's oldest hockey stick](#), Western News, January 25, 2018

[This could be Canada's oldest hockey stick](#), CBC London, January 29, 2018

[New London hospital CEO continues plan to close Cardiac Fitness Institute](#), London Free Press, January 31, 2018

[Hospital CEO supports closure of Cardiac Fitness Institute](#), CBC London, January 31, 2018

[Shopkeeper still on mend three months after attack](#), London Free Press, January 31, 2018

[Cardiac study challenges London hospital decision to close rehab facility](#), London Free Press, February 2, 2018

[London school principal Michael Deeb quits two high-profile local boards](#), London Free Press, February 4, 2018

[Michael Deeb, London principal, accused of misconduct by teachers, former student](#), Huffington Post, February 3, 2018

[London principal takes leave, steps down from 2 boards as misconduct allegations mount](#), Global News/980 CFPL, February 5, 2018

[Reunited and it feels so good](#), CTV London, February 14, 2018

[Outgoing MPP Deb Matthews backs LHSC's plan to close institute, limit patients to 6 months' rehab](#), London Free Press, February 15, 2018

[Music therapy program at Parkwood Institute for veterans with PTSD makes a difference](#), The Londoner, February 16, 2018

[MPP Jeff Yurek slams closing of London's Cardiac Fitness Institute](#), London Free Press, February 20, 2018