

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

March 19 was a busy and important day with a few time-honoured events taking place at St. Joseph's. I had the pleasure of taking part in our St. Joseph's Day celebrations and the Sisters of St. Joseph Awards for Excellence ceremony. Both events are meaningful annual traditions for our organization.

For St. Joseph's Day, otherwise known as The Feast of St. Joseph, pastries, fruit and refreshments were served at all sites from 8:00 to 10:00 am in deep appreciation for staff, physicians and volunteers and the difference they make in the lives of those we serve. The day commemorates the life of St. Joseph, who is patron to many occupations and organizations, including the Catholic Church, the Sisters of St. Joseph and many St. Joseph's health care organizations around the world. All staff, physicians and volunteers were invited to attend the site celebrations, where they were greeted by leaders. I took part in the festivities at Parkwood Institute Main Building and Mental Health Care Building.

In the afternoon, to coincide with St. Joseph's Day, the Sisters of St. Joseph Awards of Excellence ceremony honoured this year's recipients, who are listed in this report. I was joined by Board Chair Margaret Kellow and Sister Patricia McKeon representing the Sisters of St. Joseph.

Then, in the evening, I was proud to take part in St. Joseph's Health Care Foundation's Cornerstone Society event. In recognition of their generous support, members of the Cornerstone Society, which honours donor leadership, were invited to an interactive evening of dinner and conversation with some of St. Joseph's medical and scientific leaders. The evening provided the donors with an opportunity to choose from three breakout sessions. This year's sessions featured innovation taking place in the areas of mental health care, otolaryngology – head and neck surgery, and diabetes.

Also this month, on March 1, I spoke at the official opening of Lawson Health Research Institute's Clinical Research and Chronic Disease Centre (CRCDC). The CRCDC 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 CRCDC with the goal of translating research findings from "bench to bedside."

And finally, on March 23, I will provide a keynote address at the 2018 Annual Conference for Health Care Leaders hosted by the Nursing Leadership Network of Ontario. With the theme of the conference "Better together: Realizing our collective potential," my presentation is titled, "Leadership Excellence...essential to realizing our collective potential."

Coming up next month, St. Joseph's will launch a "Breakfast with Gillian" series as part of a broader approach to community engagement. The first session is scheduled for April 12 at St.

Joseph's Hospital, during which I will share our vision for the future of health care in our region, how Joseph's is helping people live fully in the face of long-term illness, aging and injury, and why it matters to our community.

Strategic Plan 2018-2021

Strategic Plan 2018-2021 – an update

Work is currently underway on the rollout and visuals for the new Strategic Plan, which will proceed in the spring following board approval of the plan. Components of the rollout will include printed materials, a web presence, badge cards for all staff and physicians, and a social media campaign. Details to follow.

Our Patients

Donors drive new opportunities for Mount Hope residents

Residents of Mount Hope Centre for Long Term Care can look forward to many more outings and adventures now that they have an accessible bus to call their own. Funded through private donations to St. Joseph's Health Care Foundation, the bus was officially unveiled to residents and families on March 1.

Previously, Mount Hope shared a resident bus with Parkwood Institute Main Building, which limited availability at both sites. The new bus will be used exclusively for Mount Hope residents, allowing for about 25 outings per month to numerous locations. The accessible bus can carry 14 people (eight residents in wheelchairs plus an additional six people – family members and support staff.) Read more and view photos on the [foundation's website](#).

Influenza vaccination - an update

While there continue to be moderate levels of influenza activity in the Middlesex-London region, it appears influenza B activity has peaked for the season, and the level of influenza A activity also appears to be declining, according to the Middlesex-London Health Unit.

Since September 1, 2017, there have been 325 laboratory-confirmed influenza A cases, 391 cases of influenza B, and six cases infected with both influenza A and B reported to the Health Unit as of March 14, 2018. Among these cases there have been 367 hospitalizations and 38 deaths. All deaths to date have been of individuals 50 years of age and over. Over the same time period, there have also been 25 influenza A outbreaks, 27 influenza B outbreaks, and five outbreaks with both influenza A and B declared in hospitals, long-term care facilities and retirement homes.

At St. Joseph's, there were seven influenza outbreaks declared in February 2018 with a total of 53 patients/residents affected. In total since September 2017, there have been 16 influenza outbreaks declared at St. Joseph's affecting 111 patients/residents.

Support for scleroderma

With only about two in 10,000 people in Canada living with scleroderma, it can be a lonely journey for these individuals. At St. Joseph's Hospital, however, a support group helps people with scleroderma find strength, education, care and camaraderie. They also discover that they are not alone. It's a natural fit to base the support group at St. Joseph's Hospital where

rheumatologist Dr. Janet Pope, Chair/Chief of Rheumatology, and her team specialize in and are renowned for scleroderma care and research.

Organized by 75-year-old patient Bea Kiekens, the support group provides scleroderma patients with an opportunity to exchange information and experiences managing their condition. Through Dr. Pope, the group also hears from guest speakers who are experts in their respective fields of medicine. Watch for a story on St. Joseph's website about this challenging condition, its treatment and the value of the support group.

Our People

Psychological Health and Safety in the Workplace

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 is driving the planning for this initiative and 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

St. Joseph's recently signed the [Declaration of Commitment to Psychological Health and Safety in Healthcare](#) – a public commitment from health organizations to show that they value the psychological health and safety of their staff and commit to taking action to improve their work environments. As a signatory, St. Joseph's is listed on the Mental Health Commission of Canada's website, receives a certificate and can make use of the declaration's emblem to publicly demonstrate our commitment to staff, physicians, patients, families, stakeholders and the general public.

In other developments, results from a subset of questions included in the Employee and Physician Experience Survey related to psychological health and safety were shared with leaders in the form of Psychological Health Action Reports. Support is available to leaders to review and analyze their results. As well, risk areas will be identified to support the work of addressing workplace violence.

Our Finances

Operational Improvement 365

In the past, St. Joseph's budget-related cost-saving strategies relied on across-the-board targets, which occurred once a year when funding pressures existed. With several years of financial pressures, it was determined that this approach is not a long term solution. To continue to be a high performing health care organization in an era of financial constraints and growing patient needs, St. Joseph's requires a more evidence-informed process to identify and achieve improvements, including operational efficiencies.

To do this, St. Joseph's is shifting to a systematic process of evaluating operational performance in all departments. An ongoing cycle of performance improvement is being created

to identify opportunities, and yield savings, on a continuous basis versus being tied to an annual budgeting process with assigned targets. The name of this process is Operational Improvement 365 (Oi365), “365” meaning every day of the year.

Oi365 provides a structured system that will help the organization identify where changes and improvements can be made as we strive to be top performers. Part of the process of Oi365 is engaging and learning from peer hospitals and comparing ourselves to them.

This ongoing cycle of performance improvement is a new way of thinking for the organization. To achieve breakthroughs in performance, we need to challenge old assumptions. To help staff and physicians understand the new process, a dedicated intranet webpage has been developed.

Clinical, Education and Research Excellence

Seeing care through the eyes of patients and family caregivers

At Parkwood Institute more than 130 medical students recently participated in the “Growing Older” activity day to help them understand what it’s like for elderly patients as they navigate everyday life. A particularly powerful lesson had the students don aging sensitivity suits that simulate what it is like to live as an older adult with a chronic illness. The suits have buckles that make the wearer bend forward and velcro fasteners and ties at the elbow, wrist and knee joints that constrain movement. The students also wore darkened goggles and ear plugs to mimic visual and hearing impairments.

Hosted by Specialized Geriatric Services, the seminar is one example of St. Joseph’s continued focus on delivering senior friendly care. As the lead organization in geriatric care in Southwestern Ontario, it’s important to ensure care is designed and provided to meets the needs of frail elderly patients and their family caregivers. Understanding those needs is the first step and experience training is one way to expand the knowledge of care providers.

Similar training for staff and physicians is being made available throughout the year.

The latest in mammography technology

As previously reported, St. Joseph’s became the first hospital in Canada to install the Senographe Pristina from GE Healthcare, a groundbreaking new breast imaging platform designed by women for women. The new mammography unit, installed in July 2017, offers a totally different mammography experience for women. Using a remote, patients can adjust the degree of breast compression. This reduces anxiety, allowing technologists to focus on precise positioning. Poor positioning is the cause of most clinical image deficiencies that often require a re-scan. The new unit has ergonomic features designed to increase patient comfort and, overall, aims to humanize the mammography experience and make the exam easier and faster.

The first Senographe Pristina mammography machine was installed in the Diagnostic Imaging Centre for routine breast screening. An additional five units have now been installed in the Breast Care Centre for breast assessment/diagnosis. The \$3 million investment also included the creation of an additional mammography room, an additional ultrasound room, a larger radiologist reading space for residents and fellows, and allows for the implementation of new technologies in the Breast Care Program, including contrast mammograms and tomosynthesis (3D mammography).

Tomosynthesis is gaining popularity as an addition to digital mammography as it is more accurate and specific, can detect breast cancers at earlier stage, and helps to decrease unnecessary assessments and biopsies.

Contrast mammography can replace the use of MRI in many cases, providing rapid assessment for patients with breast cancers, which frees up the MRI for more patients with high, life-time risk of breast cancer requiring regular screening.

The Breast Care team worked hard to facilitate the replacement of equipment and creation of new space while minimizing impacts to patients. The new equipment is a boon to both care and research at St. Joseph's. Breast Care Program radiologists are engaged in several research trials involving tomosynthesis, contrast mammography and MRI.

Enhancing care for residents with challenging behaviours

Education entitled "Working with Seniors with Mental Health Issues" is being offered at Mount Hope Centre for Long Term Care to provide information and strategies for staff who may work directly with residents with mental illness.

The training is being facilitated by Brynn Roberts, Enhanced Psychogeriatric Resource Consultant with the London and Middlesex Behavioural Response Team, part of the Behavioural Supports Ontario Program based at London Health Sciences Centre. This team provides services and supports for older adults, their families and caregivers, who are coping with or at risk for developing responsive behaviours associated with dementia, mental illness, addictions and other neurological conditions.

With Mount Hope seeing more admissions of residents with challenging behaviours, the training is an opportunity to provide in-services for staff on units where the need is greatest, as well for staff from any department or unit. All are being encouraged to attend, including those in support services. For example, five team members from Food and Nutrition Services (FNS) attended the training, providing them with a different perspective and understanding of those they serve and the role they can play in reducing challenging behaviours. The FNS participants found the training extremely valuable.

Digital health – the next step

The practice of keeping patients' medical records up to date on paper that began more than 400 years ago is beginning to change at St. Joseph's and other hospitals in our region. This age-old practice is fraught with challenges, such as inconsistent information, difficulty deciphering handwriting, transcribing errors and losing charts.

These issues will be eliminated and many new benefits for patients will emerge with the conversion of all written materials for patients' charts to electronic format, known as the Clinical Documentation stage of the electronic health record (EHR). Expected to begin in spring 2018, Clinical Documentation is made possible by rapid advances in digital health that are providing opportunities to pull many pieces of patient information together into a more comprehensive whole, allowing for enhanced communication, better integration of care and overall improved outcomes.

Pilot projects with nursing and allied health staff documenting electronically were conducted to build a strong foundation of training and other supports for this spring's launch. In tandem with the launch, care providers are standardizing all forms for patients' electronic charts. For

example, they will be creating one admission form with consistent documentation fields so care providers can easily input, compare and cross-reference information for patients with multiple admissions.

This is a time of huge transition for practitioners as they learn how to document and access information much differently than they do today. Each step of the Clinical Documentation roll out will be carefully monitored to ensure it is working as intended. If issues arise, solutions will be identified and applied before proceeding with next steps.

Phase I – expected to begin spring 2018

- Care providers begin to input information directly into inpatients' EHRs, resulting in the elimination of hard copy charts from inpatient areas
- Physicians in the Urgent Care Centre and Parkwood Institute's Mental Health Care Building begin trialing Clinical Documentation, with their feedback informing the rollout to all physicians in Phase II
- Physiological monitoring devices are integrated into the EHR in areas such as the operating rooms, Post-Anesthetic Care Unit, and the Diagnostic Imaging Centre, meaning patients' results such as blood pressure readings and heart rates will go directly into their EHRs.

The launch of Clinical Documentation in the perioperative areas and Cataract Suite took place in February 2018 and went smoothly.

Phase II – anticipated for spring 2020

- Clinical Documentation will roll out to all other physicians and all outpatient services.

Fostering our Partnerships

Modernization of Homes for Special Care – an update

As previously reported, St. Joseph's, along with our partners, is the lead organization for the modernization of Homes for Special Care (HSC) in the province. The HSC program provides housing and services to people with serious mental health issues. Established in 1964 under the Homes for Special Care Act, the program needs updating to meet the changing needs of tenants. The goal of modernization is to integrate the HSC program into the community mental health and addictions supportive housing sector and become part of the continuum of housing services.

Collaboration is underway between St. Joseph's, the Ministry of Health and Long-Term Care, the South West LHIN, mental health community housing agencies and HSC home owners to evolve the hospital role in HSC, and design the implementation and evaluation framework.

Beginning this spring, when a new model of service delivery will begin to roll-out in our region, Homes for Special Care will be renamed "Community Homes for Opportunity (CHO)." Subsequent phasing-in across the province will occur over two years, with the process and outcomes of the initiative being evaluated by Lawson Health Research Institute.

Under a modernized CHO service delivery model, the following community mental health and supportive housing agencies will become new local partners in the provision of supports and services to tenants:

- Canadian Mental Health Associations in London-Middlesex, St. Thomas-Elgin, and Huron-Perth
- HopeGreyBruce Mental Health & Addictions Services
- Thresholds in Waterloo and Wellington County

As part of the change process, these community agencies will receive enhancement to their existing infrastructure and resources to support local home owners and tenants in the promotion of safe environments for members of their communities. This shift will mean that all CHO tenants will receive the added benefit of services and programs provided through these agencies geared to supporting individuals to meet their living, social, recreational and vocational goals.

The agencies will assume the current role of St. Joseph's HSC staff. This includes licensing, home inspections and compliance reporting, in alignment with existing supported housing standards. All referrals to the CHO program will be made through the local agencies.

St. Joseph's current HSC staff members will remain with St. Joseph's under the new CHO program and will play a key role in supporting the transition of service delivery to the local housing agencies. Further, our HSC staff will shift to a role that focuses on supporting the coordination of individual health and wellness plans and group programming within the homes. They will also liaise with existing mental health providers in monitoring and coordinating services for new and existing tenants.

Ambulatory and outreach care for HSC clients who receive mental health care through St. Joseph's will remain unchanged. Likewise, tenants receiving mental health services through their local general hospital will continue to do so. There will be no disruption to the level of care current HSC clients receive during this transition, nor will the change in service model disrupt their living arrangements.

Recognitions and Celebrations

Sisters of St. Joseph Awards for Excellence

Congratulations to this year's recipients of the Sisters of St. Joseph Awards for Excellence. To be nominated and to be a recipient is a distinguished honour. All were nominated by their colleagues. The awards recognize an individual or team for their excellence, positive attitude, reliability, honesty, efficiency, creativity, respect, caring, compassion, empathy and appreciation for the work of others. Without knowing anyone's identity, an awards selection committee with representatives from across St. Joseph's rates the nominations and selects the recipients. The 2018 recipients are:

- Interventional Radiology Team, St. Joseph's Hospital
- Regional Geriatric Program Outreach Team, Parkwood Institute
- Stephanie DeSario and Yasir Khan, security guards, St. Joseph's Hospital

Each year, the ceremony for these prestigious awards coincides with St. Joseph's Day on March 19. This year's event was held at Parkwood Institute. Read about each recipient on [St. Joseph's website](#).

Outstanding contributions in the area of stroke

Dr. Robert Teasell was selected as the recipient of the 2018 Award for Excellence in Post-Acute Stroke, co-sponsored by the American Congress of Rehabilitation and National Stroke Association in the United States. This award recognizes outstanding clinical, intellectual and service contributions in the area of stroke.

Dr. Teasell is the Medical Director of the Stroke Rehabilitation Program at Parkwood Institute and a scientist with Lawson Health Research Institute. He will deliver a featured lecture and be presented with the award at the American Congress of Rehabilitation Medicine, the world's largest interdisciplinary rehabilitation research conference, in Dallas, Texas, in September 2018.

Other

Minister of Health Eric Hoskins resigns

On February 24, 2018, the Ontario government announced that Eric Hoskins has resigned as Minister of Health and Long-Term Care and as the Member of Provincial Parliament (MPP) for St. Paul's.

Hoskins was first elected as an MPP in 2009 and named health minister after the 2014 election. In 2015, he introduced Patients First, the province's Action Plan for Health Care, which is focused on putting people and patients at the centre of the system through changes like the passage of the Patients First Act. He also established the Patient Ombudsman Office, and a provincial Patient and Family Advisory Council to ensure that patients and caregivers are heard in future decisions about health care.

Dr. Helena Jaczek has agreed to take over as health minister, effective immediately. Dr. Jaczek is a former physician with Women's College Hospital in Toronto and former Chief Medical Officer of Health for York Region.

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

Historic investment in research

A historic investment of nearly \$4 billion for Canada's research enterprise was revealed in the federal government's 2018 budget speech on February 28, 2018. This increased investment, which has been applauded by research organizations and researchers throughout Canada, will boost investigator-led tri-council funding (\$1.2 billion), support the indirect costs of research through the Research Support Fund (\$231 million) and augment the participation of early career researchers and women to the Canada Research Chairs program (\$210 million). The Council of Academic Hospitals of Ontario has provided the following summary of key investments:

Granting councils:

- \$925 million over five years, starting in 2018-2019, and \$235 million per year ongoing, as follows:
 - Canadian Institutes of Health Research to receive \$354.7 million over five years (\$90.1 million per year)
 - Natural Sciences and Engineering Research Council of Canada to receive \$354.7 million over five years (\$ 90.1 million per year)
 - Social Sciences and Humanities Research Council of Canada to receive \$215.5 million over five years (\$54.8 million per year)

- \$275 million over five years, starting in 2018-2019, and \$65 million per year ongoing, to create a new tri-council fund to support research that is international, interdisciplinary, fast-breaking and higher-risk.
- \$6 million over five years (\$0.5 million ongoing) to develop new plans, strategies and targets to ensure greater collaboration between the funding councils and support for interdisciplinary research.
- \$15 million over five years to implement programs that support improved equality and diversity in academia at post-secondary institutions.

Canada research chairs:

- \$210 million over five years, starting in 2018-2019, with \$50 million per year ongoing with an emphasis on increasing the number of women and providing support for early career researchers.

Research Support Fund:

- \$231 million over five years, starting in 2018-2019, with \$58.8 million per year ongoing to support the indirect costs of research (i.e. administrative and facility activities/services of the institute, scientists' salaries, etc.)

Canada Foundation for Innovation:

- \$763 million over five years, starting in 2018-2019, to provide the tools researchers need. This includes \$160 million for increased support to Canada's nationally important research facilities through the Foundation's Major Science Initiatives Fund.
- \$462 million per year by 2023-2024. The government proposes to establish permanent funding at an ongoing level for research tools and infrastructure.

Digital Research Infrastructure Strategy:

- \$572 million over five years, with \$52 million per year ongoing that will deliver more open and equitable access to advanced computing and big data resources to researchers across Canada.

Ontario government announces major investments in health care

On March 19, the Ontario government delivered the Speech from the Throne, announcing that the government will be making investments in health care, home care and mental health care in the year ahead. Key priorities include: reducing wait times for health care by significantly increasing hospital operating budgets; expanding home care to provide more services for seniors at home; making investments in mental health and addictions services; and ensuring more people without a drug and dental benefits plan have access to more affordable prescription drugs and dental care.

The government's media release is available [here](#). More details about the investments will be unveiled in the Ontario Budget, which is scheduled for March 28.

Environmental Scan

Eric Hoskins resigns to lead national pharmacare project

On February 26, 2018, Eric Hoskins quit his Ontario cabinet post and resigned as a member of provincial parliament, effective immediately, and will spearhead a federal government advisory council with a goal of creating a national pharmacare plan.

"In leaving Queen's Park, I am determined to continue building better health care for all Canadians," he said in a statement that gave no reason for his abrupt departure. "That path and journey will become clearer in the days ahead."

Dr. Hoskins, a family doctor who co-founded the charity War Child Canada before entering politics, is a long-time proponent of universal pharmacare. He was the architect of a new Ontario program that provides free prescription drugs for all children and youth, regardless of their family's income – a program he hoped would pave the way for broader public drug coverage across the country.

Oak Ridges-Markham MPP Helena Jaczek, a former chief medical officer of health for York Region, north of Toronto, will take over Ontario's health portfolio.

[Globe and Mail, February 26, 2018](#)

Province launches new personal support worker registry

Ontario has launched a new registry to track personal support workers. The Personal Support Worker (PSW) Registry of Ontario will verify worker education and training credentials, provide oversight, and "ensure that all PSWs follow the same code of conduct," according to a statement from the Ministry of Health and Long-Term Care.

The ministry is partnering with United Health Network's Michener Institute to run the mandatory registry for more 100,000 workers. It will also feature a "transparent complaints process for patients and families," according to the statement. Though complaints are not directly investigated by registry staff, according to their website, staff can recommend recourse paths.

It's the province's second attempt at a registry following an unsuccessful effort about two years ago, which set the government back at least \$7 million and may have put patients at risk, say critics. The new registry, they say, still falls short and does not have the capability to protect patients and workers.

The Ontario Personal Support Workers Association (OPSWA) continues to lobby to have the registry housed with it, at a fraction of the cost. The organization currently has a yearly \$150 membership program that includes a yearly criminal background check and \$1-million liability insurance for its 31,000 members. OPSWA membership badges contain a serial number that prospective employees or clients can use to look up the PSW to confirm that they've had a criminal record check and that their education has been verified. OPSWA also has a complaints and discipline process, and trained investigations and compliance officers.

The new registry will roll out in phases to test the information technology infrastructure and other elements, according to the Michener Institute of Education. Phase 1 was launched on February 22, 2018. It covers PSWs who graduated in 2016 or later from a recognized educational program, as per the government's 2014 PSW Program Standard, and work for select employers. The registry is set for completion in December 2019.

[Toronto Star, February 26, 2018](#)

Home care agencies sue Ontario over Liberal government plan

Home care patients will be put at risk by the Liberal government's move to create a new provincial agency, claims a lawsuit by 11 publicly funded home care providers. The home care

providers – including the Victorian Order of Nurses and Bayshore HealthCare Ltd. – are suing the province to try to halt the creation of the government-run agency.

The agency, Personal Support Services Ontario (PSSO), would become the exclusive provider of home care workers to a select group of patients across the province. PSSO would take over some of the services currently performed by the private home care agencies involved in the lawsuit.

The move "puts home care patients at risk by giving exclusive authority for self-directed care services to an untested provincial government agency," says a document filed February 26, 2018 in Ontario Superior Court. The legal document – a request for judicial review – claims the government's creation of the agency "will have dire consequences" for patients, families, service providers and their employees, and for the home care and health care systems at large.

The 11 agencies are asking the court to quash the move by Health Minister Eric Hoskins to establish PSSO on the grounds that he made the decision "in secret" and "acted recklessly" by not consulting home-care providers.

The claims in the legal document have not been tested in court and the government has not yet filed its response.

[CBC News, February 26, 2018](#)

Early psychosis programs significantly reduce patient mortality, study finds

In a new study, researchers at Lawson Health Research Institute, Western University and the Institute for Clinical Evaluative Sciences (ICES) have found that specialized programs for early psychosis can substantially reduce patient mortality.

Published in the *American Journal of Psychiatry*, the study examined health administrative data for patients treated between 1997 and 2013 at the Prevention and Early Intervention Program for Psychoses (PEPP) at London Health Sciences Centre. PEPP was founded in 1997 as the first early psychosis intervention (EPI) program in North America. EPI programs, which have been rolled out across Ontario, are specialized care models that focus on early detection of psychosis to provide intensive treatment during the first two or three years of illness.

The study compared early psychosis patients at PEPP against those who were not treated through an EPI program. The research team studied patient outcomes within the first two years after diagnosis. They found that patients being treated at PEPP experienced a four-fold reduction in risk of mortality, compared with people with early psychosis receiving services elsewhere. In addition, patients at PEPP had rapid access to their first appointment with a psychiatrist and their psychiatrist visit rates were 33.2 per cent higher than the non-EPI user group. They also experienced an 8.7 per cent reduction in emergency department visits and fewer involuntary hospitalizations.

[Lawson Health Research Institute, March 2, 2018](#)

Doctors network develops national guideline for treating opioid addictions

A network of doctors has developed a new Canadian guideline for managing opioid use disorder, including a recommendation of which replacement medication should first be used to treat those addicted to the powerful narcotics

The guideline, published March 5, 2018 in the [Canadian Medical Association Journal](#), was created for a wide range of health care providers to address the urgent need for treatment of opioid use that is causing a crisis of overdoses and deaths.

In 2016, there were 2,861 opioid-related deaths in Canada. The total number for 2017 was predicted to reach about 4,000, fuelled by a combination of overprescribing by doctors and an influx of synthetic opioids, such as illicitly manufactured fentanyl and carfentanil.

"Opioid use disorder is a public health emergency nationwide and this guideline provides a blueprint for health practitioners to step up and provide evidence-based care," said Dr. Julie Bruneau, a physician at the Université de Montreal and lead author of the guideline.

[CTV News, March 5, 2018](#)

Provincial funding for hepatitis C drugs a game changer, health professionals say

The Ontario government will cover the cost of medication for all hepatitis C patients, regardless of the severity of the disease, a move that's being touted as a game-changing decision by health professionals in the field.

Prior to the changes made to the Ontario Drug Benefit (ODB) program on February 28, 2018, only patients in the late stages of liver disease could be approved for the expensive treatments, which cost \$45,000 to \$100,000 per patient. Vulnerable patients like pregnant mothers could also be covered.

The changes were spurred by the newfound availability of minimally invasive drugs with very high cure rates. There are currently eight drugs approved to treat hepatitis C under the province's drug benefits program.

Experts believe the changes mark a critical turning point for treatment of the disease and will go a long way in saving lives.

[CBC News, March 5, 2018](#)

Ontario passes concussion safety law

Ontario has passed concussion safety legislation designed to protect amateur athletes and educate coaches about the dangers of head injuries. The bill – named Rowan's Law in memory of 17-year-old Rowan Stringer who died from rugby injuries – passed with rare all-party support on March 6, 2018.

The firsts of its kind in Canada, the law establishes removal-from-sport and return-to-sport protocols for players to ensure they are taken out of a game if they are suspected of having a concussion. Coaches and teachers will also be required to review online resources that help them identify and manage concussions in players. The bill also includes a concussion code of conduct that would set out rules of behaviour to minimize concussions while playing sports.

The legislation was created following a coroner's inquest into Rowan's 2013 death, adopting its recommendations and the work of a legislative advisory committee on concussion management and prevention. Rowan died from second impact syndrome after multiple concussions.

[Global News, March 6, 2018](#)

HOOPP tops \$77.8 billion in net assets with a 10.88 per cent rate of return

The Healthcare of Ontario Pension Plan (HOOPP) announced that its Funded Status at the end of 2017 was 122 per cent unchanged from the prior year. The fund's net assets reached \$77.8 billion, up from \$70.4 billion in 2016, following a rate of return on investments of 10.88 per cent in 2017. After several years of stellar investment performance resulting in funding surpluses, the Board of Trustees approved enhancements to members' benefits during the year and committed to maintain contribution rates made by HOOPP members and their employers at the same level until at least 2019. These rates have remained unchanged since 2004.

Investment income for the year was \$7.6 billion compared to \$6.6 billion in 2016, and the fund's 10.88 per cent investment return exceeded its portfolio benchmark by 2.99 per cent or \$2.0 billion. The fund's 10-year annualized return is 9.55 per cent and its 20-year annualized return is 9.01 per cent.

Created in 1960, HOOPP is a multi-employer contributory defined benefit plan for Ontario's hospital and community-based health care sector with 548 participating employers.

[Healthcare of Ontario Pension Plan, March 9, 2018](#)

Inside the \$6 million rebirth of Westminster Ponds

A unique green space in London will soon offer even more to nature lovers with plans to convert what remains of a convalescence village for Second World War soldiers into an environmental centre for the public.

ReForest London and the Thames Talbot Land Trust have an ambitious, \$6-million plan to refurbish the four remaining buildings on 14 acres of land near the sensitive Westminster Ponds, just east of Parkwood Institute, at Commissioners and Wellington roads. They want to offer programs to the public through an environment and sustainability office, says Dean Sheppard, director of Reforest London. The project will be called the Westminster Ponds Centre.

London Health Sciences Centre has sold the 14 acres to the agencies for \$10, transferring it to them in early March after they responded to a hospital call for expressions of interest on the site. The city is now ready to rezone the land to allow for the development of the centre, the first step to make it a reality.

Programs that will be offered on the site have not yet been determined.

[London Free Press, March 11, 2018](#)

War of words escalates between physicians and province in fee dispute

The fee dispute between the Ontario Medical Association (OMA) and provincial government has escalated again with the OMA making public the arbitration positions of both sides and slamming the government's offer as "disappointing." The government, in turn, is expressing disappointment in the way the OMA is characterizing its position, noting the two sides had earlier agreed all discussion would be contained to the bargaining table.

The OMA, which represents Ontario's doctors and medical students in fee negotiations, sent two emails to its members on March 12, 2018, one summarizing its own position and the other providing its take on the government's position. The emails were forwarded to the Toronto Star by a number of sources. Earlier in the day, the two sides submitted their final positions to a

panel of arbitrators. The OMA triggered the arbitration process in January 2018, as was its right, under a negotiation process agreed to by the two sides last year.

The OMA revealed it is seeking the following:

- A rollback of all fee cuts made by the government since 2015.
- A 4.26 per cent fee hike, effective April 1, 2017, which it says would make up for increases doctors should have received in the previous two years.
- Fee increases of 2.6 per cent for each of four years, beginning in 2017-2018.
- No cap on how much the government pays doctors, an amount that currently stands at \$12 billion, or about 10 per cent of the entire provincial budget.

Laura Gallant, spokesperson for Health Minister Helena Jaczek, said the government's offer would see the physician services budget increase by more than \$3 billion by 2020-2021, while the OMA's proposal would see it jump by more than \$13 billion.

[Toronto Star, March 12, 2018](#)

Ontario watchdog sounds warning about ballooning health spending

Ontario's health system would deteriorate if the province didn't pump billions more into it than previously planned, says the Financial Accountability Office, shedding light on why the government recently abandoned plans to balance the budget.

Even an extra \$6.9 billion over three years, announced in last year's provincial budget, is not enough to keep up with health funding pressures and promises, says Jeffrey Novak, chief financial analyst for the Financial Accountability Office (FAO).

"Looking forward over the next three years, even with the additional funding from the 2017 budget, planned spending growth for existing health services will still not keep pace with population and inflation pressures, especially in hospitals, OHIP and long-term care program areas," he said.

Health Minister Helena Jaczek has responded that it is because of such funding pressures that the budget – to be tabled March 28, 2018 – will not be balanced, as long promised, or include a surplus, as projected last year.

Earlier this month Finance Minister Charles Sousa indicated there would be a budget deficit that could come close to \$8 billion. The FAO indicated something would have to give if health care access and quality weren't going to be compromised.

[Toronto Star, March 14, 2018](#)

Throne speech promises new spending on health care

In a speech from the throne on March 19, Premier Kathleen Wynne outlined the Liberal government's agenda leading up to the June 7, 2018, election, promising new spending on health care, home care, and child care.

With an Ontario election 80 days away, Wynne is promising to expand the new OHIP+ pharmacare program "to include other parts of the population." As well, people without dental benefits plan will have access to more dental care.

Details will be announced in Finance Minister Charles Sousa's budget, which will have a deficit as high as \$8 billion, on March 28.

"There will be major investments in home care, to provide more services for people aging at home and provide financial relief for families caring for aging loved ones," said the speech from the throne read by Lieutenant Governor Elizabeth Dowdeswell.

"The next budget will also prioritize the growing need for mental health and addictions care in Ontario, expanding access to mental health care, and helping to ensure people can get the support they need in our schools and our communities," the speech said.

[Toronto Star, March 19, 2018](#)

St. Joseph's in the News

[Nutrition and Mental Health \(Part 5\): The MIND Diet and More with RD Christina Seely](#), Ontario Public Health Association (podcast), February 14, 2018

[MPP Peggy Sattler pounds Ontario Liberals on cardiac rehab closing](#), London Free Press, February 22, 2018

[Fight to save cardiac rehab centre heads to hospital](#), London Free Press, February 22, 2018

[Patients make political push to save Cardiac Fitness Institute](#), CBC London, February 23, 2018

[London patients campaign to save Cardiac Fitness Institute](#), Global News/980 CFPL, February 23, 2018

[Heart rehab closing draws fire](#), London Free Press, February 23, 2018

[He's starting a conversation about concussions](#), Sarnia This Week, February 26, 2018

[Early intervention helps prevent family homelessness in London](#), CBC London, February 26, 2018

[London bylaw officers sting hospital driver](#), London Free Press, February 27, 2018

[Does meditation affect your heart, weight and stress Level? Here's what the research says](#), Chatelaine Magazine, February 26, 2018

[Minding your heart: Cardiac rehabilitation](#), Hospital News, March 2018

[London community rallies around cancer survivor hit with fine for offering patients at-cost rides to hospital](#), Global News/AM980, February 28, 2018

[Commentary: \\$2,260 fine for helping cancer patients? Get stuffed, government](#), Global News/980 CFPL, March 1, 2018

['Freedom Express' helps Mount Hope residents explore London](#), Global News/980 CFPL, March 1, 2018

[Age sensitivity suit](#), CTV London, March 1, 2018

[New chronic disease centre opens in London](#), Global News/980, March 1, 2018

[Driver fined](#), CTV London, March 1, 2018

[Target of London city hall bylaw sting admits she took non-medical fares as well](#), London Free Press, March 2, 2018

[Growing effort seeks to change commonly held view of mammograms](#), Globe and Mail, March 4, 2018

[Goderich's cardiac success contradicts LHSC tactics](#), London Free Press, March 5, 2018

[London politician pleads for the province to save Cardiac Fitness Institute](#), Global News/980 CFPL, March 8, 2018

[Premier Kathleen Wynne deflects Cardiac Fitness Institute question](#), London Free Press, March 8, 2018

[London psychiatrists sound alarm over deteriorating mental health system](#), CBC London, March 9, 2018

[Special Report: Inside the \\$6 million rebirth of Westminster Ponds](#), London Free Press, March 11, 2018

[New plan to breathe life into London's historic WWII buildings](#), CBC London, March 13, 2018

[Protesters aim to save Cardiac Fitness Institute](#), London Free Press, March 16, 2018

[London protesters in final push to save the Cardiac Fitness Institute](#), CBC London, March 15, 2018

[Have a heart: Patients rally to save CFI](#), Blackburn News, March 15, 2018

[City hall bylaw sting 'victim' recants, apologizes](#), London Free Press, March 16, 2018

[Sister of St Joseph Awards of Excellence](#), CTV London (clip begins at 36:47), March 19, 2018,