

To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: April 25, 2018

As always, it's been a busy month. On April 4-5, I took part in the Health Professionals' Roundtable for Strategy Panel – a joint initiative of the Canadian College for Health Leaders and Studer Group Canada. This panel program aims at sharing ideas and solutions for addressing health system challenges and developing leadership capacity through knowledge transfer and networking. The panel meetings provide health care leaders with a platform to express their views and opinions based on personal experiences in the health sector.

Then, on April 10, we held our 20th Leadership Development Institute (LDI) at St. Joseph's since embarking on our focus to enhance to leadership excellence. This represents a significant commitment to leadership development across our organization. The theme of this most recent LDI was our new strategic plan.

On a related note, I was pleased to receive the Canadian Society for Physician Leaders Excellence in Medical Leadership Award on April 21. This award is presented annually at the Canadian Conference on Physician Leadership to a physician who has made an outstanding contribution to the development and mentorship of medical leaders in the field of health services leadership and management. I am honoured and humbled to be a recipient.

On April 12, the "Breakfast with Gillian" series launched as part of our broader approach to community engagement. I hosted the first session at St. Joseph's Hospital, during which I shared 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. About 50 members of the community, including some donors, attended the breakfast. All were eager to hear about the work we do and understand who we are. During the question and answer period, several attendees remarked on their positive care experience at St. Joseph's, mentioning specifically our focus on caring for the whole person.

And finally, it was uplifting to see many St. Joseph's staff and physicians wearing hockey jerseys on April 12 as part of a national movement to show support and compassion for the Humboldt Broncos hockey team, their families and the Humboldt, Saskatchewan community. As health care providers, we know all too well the shattering and lasting impact this type of tragedy can have on our bodies, as well as on mental health and well-being. The accident is a harsh reminder of the essential role we play in helping people find meaning in their care journey and to live fully with injury or disease. Across our organization, entire teams donned jerseys in keeping with St. Joseph's value of compassion. You may have seen me wearing a jersey as part of this remarkable outpouring, as well as a hockey stick propped up outside my office. You can view a gallery of photos from this touching and meaningful day on [St. Joseph's website](#).

As always, if you have suggestions to improve the context or format of this report, I welcome your input. Should you have questions regarding any items in this report, please ask questions during my verbal report at the meeting or email me directly at gillian.kernaghan@sjhc.london.on.ca.

Our Patients

Influenza vaccination – an update

Typically, St. Joseph's would discontinue the masking portion of our [Influenza Vaccination for Staff policy](#) on March 31, however, with flu activity ongoing in the Middlesex-London area at that time, the masking requirement was extended for all non-vaccinated staff until April 19, when it was discontinued.

Since September 1, 2017, there have been 412 laboratory-confirmed influenza A cases, 422 cases of influenza B, and six cases of influenza A and B reported to the Middlesex London Health Unit. Among these cases, there have been 447 hospitalizations and 43 deaths. Over this time period, there have also been 32 influenza A outbreaks, 29 influenza B outbreaks, and seven 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 18 influenza outbreaks declared since September 2017.

Changes coming to visitor parking rates

Monthly visitor parking rates at St. Joseph's Hospital, Mount Hope Centre for Long Term Care and Southwest Centre for Forensic Mental Health Care will be significantly reduced as of May 1. The daily rate at St. Joseph's Hospital will also be reduced as part of upcoming changes to parking rates.

Over the past year, Facilities Management has completed a substantial review of parking rates across all sites looking at how current parking rates have come to be and challenges that have impacted access to St. Joseph's parking garages and lots. The goals of this review were to ensure:

- A transparent and fair rationale in setting rates and consistency in rates across our sites for staff, physicians and visitors
- Maximum capacity in our lots for staff, physicians and visitors
- Compliance with a 2016 parking directive from the Ministry of Health and Long-Term Care and that parking rates are as low as possible for patients and families while maintaining sustainability for our facilities

The review uncovered various disparities and opportunities for improvement. For example, monthly visitor parking rates at St. Joseph's Hospital, Mount Hope and Southwest Centre are currently more than twice the rate than at Parkwood Institute. As a result of the review, various changes are being made to visitor parking rates, including several reductions. The changes are as follows (effective May 1, 2018):

St. Joseph's Hospital

- The monthly visitor parking rate at St. Joseph's Hospital will be reduced from \$75.00 to \$54.00.
- The daily visitor parking rate at St. Joseph's Hospital will be reduced so that it is capped at \$9.00 – a decrease from the current \$11.00.
- With the reduction in the daily and monthly rates at St. Joseph's Hospital, the \$14.00 daily pass (which allows in-and-out access until midnight) and the \$45.00 weekly pass will be eliminated.

Mount Hope

- The monthly visitor parking rate at Mount Hope will be reduced from \$75.00 to \$54.00. (The \$4.00 daily visitor rate will remain the same.)

Parkwood Institute

- Monthly visitor parking at Parkwood Institute will be increased from \$35.00 to \$42.00 as of May 1, 2018, with gradual increases in subsequent years until the monthly rate is on par with the other sites. (The \$4.00 daily visitor rate will remain the same.)

Southwest Centre

- Monthly visitor parking at Southwest Centre will be reduced from \$75.00 to \$54.00

A North American first for lithotripsy

On March 27, 2018, a new lithotripter and its high-tech capabilities were officially unveiled at St. Joseph's Hospital. The first lithotripter of its kind in North America, the machine provides improved image quality that allows urologists to target kidney stones more precisely and monitor them more closely as they are fragmenting.

Lithotripsy is a non-invasive treatment using electromagnetic shock waves that disintegrate the kidney stones into pieces as tiny as grains of sand, which can easily exit the body in urine. About 1,000 lithotripsy procedures are performed each year at St. Joseph's Hospital, one of three hospitals in the province with a lithotripter.

The clearer images produced by the new lithotripter ensure treatment can be stopped as soon as the stone shatters, decreasing the length of the lithotripsy treatment. If the image reveals the stone is not fragmenting as planned, the urologist can modify the treatment to attempt to improve the treatment's success. The new machine also offers an enhanced table so that, in addition to lithotripsy, it can be used for other urological procedures.

Purchase of the lithotripter was made possible through the generosity of donors to St. Joseph's Health Care Foundation. While it was only recently unveiled to donors, it has been in use since October 2017.

Ambassadors of Mount Hope

An initiative called 'Resident Ambassador' launched on April 11 at Mount Hope Centre for Long Term Care that highlights volunteership and philanthropic activities of residents. By recognizing the valued roles of residents within Mount Hope, the intention is to create and discover new ways for our residents to give back to their home and make it a more peer-centered/resident friendly environment. The Resident Ambassador program will also highlight the work of residents who are giving time and support to agencies in the greater London community. Residents identified as ambassadors are spotlighted at a ceremony and receive a certificate, commemorative balloon, and a personalized name tag identifying them as an ambassador of Mount Hope.

Spotlighted at the inaugural ceremony on April 11 was Residents Council, whose members give time to be advocates for themselves and other residents on a monthly basis. Also honoured were the dedicated members of Mount Hope's Pay it Forward program who have taken on tasks to better the lives of the residents such as creating resident-friendly coloring books and wrapping Christmas presents. This group also contributes to the greater London community through various endeavours, including creating pet toys for the London Humane Society,

stuffing delegate bags for a local conference committee, and making first aid kits for the Middlesex-London Health Unit.

The opportunities are many as the Mount Hope therapeutic recreation team seeks more ways for residents to give back in any way they can.

Care partnership – an update

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

- Working group sessions were held in March 2018 with family caregivers, staff and physicians to co-design tools and solutions aligned to the three areas of focus that emerged from the co-design event held in January 2018. These areas of focus are: family caregiver involvement; family caregiver education; and transitions – admission and discharge.
- Priority milestones were set for year two of the project through St. Joseph's 2018-2019 Quality Improvement Plan.
- An organization-wide awareness campaign was held on April 3, National Family Caregiver Day, to recognize family caregivers and promote the Improving CARE Together project. Information display booths were set-up across St. Joseph's and a targeted social media campaign took place leading up to the day, from March 29 – April 3, with great results.
- Video interviews were completed with several family caregivers to help illustrate the family caregiver experience. The videos, which were part of the social media campaign, can be viewed [here](#).
- The project team continues to meet with the Community Advisory Group to share project developments with community representatives.

Our People

Beep, here it comes

A home-grown solution to replace the current paging system at St. Joseph's and London Health Sciences Centre (LHSC) has been developed by software developers with Information Technology Services (ITS).

With approximately 4,500 pagers in use at the hospitals receiving an average of more than 4,000 pages per day, and with paging technology quickly becoming obsolete and no replacement products on the horizon, the need to find a replacement solution was becoming critical. In June 2017, seven ITS software developers came together for a hackathon, spending two days in intensive collaboration to create a custom paging solution for the hospitals. An innovative solution was designed, which was refined during four additional hackathons.

The new paging system, called Beep, uses existing resources, making it a stable and user friendly solution. It is a web-based, secure and configurable solution tailor-made for St. Joseph's and LHSC. It will also cost 50 per cent less than the current paging system costs.

Beep went live on April 24.

High user satisfaction with health information system

The results from the 2017 health information system user satisfaction survey have demonstrated significant gains compared to the 2015 results. In total 1,000 surveys were completed, with physicians making up 28 per cent of respondents. Among the most noticeable gains among care providers was in overall satisfaction of the system, increased confidence in quality and patient safety (barcode scanning, placing orders and documenting medications), and strong support that clinical documentation will enhance both quality and safety. Overall, 82 per cent of respondents agreed that electronic documentation will enhance quality and patient safety.

Among key 2017 survey results compared to the 2015 results are:

- Overall user satisfaction – nursing: Increased by 14 per cent
- Overall user satisfaction – physicians, residents, midwives, nurse practitioners, fellows: Increased by 21 per cent
- Perception of overall electronic health record quality: Increased by 12 per cent
- Confidence in barcode scanning: Increased by five per cent
- Confidence in documenting medications: Increased by seven per cent
- Confidence in reconciling medications: Increased by 20 per cent
- Confidence in placing/entering orders: Increased by 9 per cent

Our Finances

Funding announcement at St. Joseph's

On March 23, 2018, London North Centre MPP Deb Matthews was at St. Joseph's Hospital to announce an \$11 million funding boost to the organization for 2018-2019 – part of a 4.6 per cent average budget increase (\$822 million) to provincial hospitals announced by the Ontario government. The increase is aimed at reducing wait times and addressing capacity issues. During the same visit, the MPP announced that London Health Sciences Centre will receive more than \$24 million in additional funding in 2018-2019. A video of the visit is available [here](#).

The announcement is welcome news and St. Joseph's is optimistic about the funding as we work with the Ministry of Health and Long-Term Care to finalize our budget.

Public sector salary disclosure

St. Joseph's, along with other Ontario government-funded organizations, is required to publicly disclose the salaries and taxable benefits of those in our organization who earn more than \$100,000 per year. The salary disclosure list was posted to [St. Joseph's website](#) on March 23, 2018.

Clinical, Education and Research Excellence

St. Joseph's proud nursing history goes on display in Toronto

St. Joseph's illustrious nursing history is currently spotlighted at the Ontario legislature in Toronto as part of a program that provides organizations across the province with an opportunity to showcase their treasures and share their stories with a wide audience.

The Legislative Building welcomes thousands of visitors every year and provides exhibit space through its Community Exhibits Program to museums, community associations, archives, and art galleries. Organizations can apply to share their stories and history.

A joint exhibit between St. Joseph's and the Sisters of St. Joseph was accepted and went on display on March 23, 2018. It will be showcased through July. The theme is St. Joseph's Training School of Nursing, titled "Nursing Nightingales Whose Lamps Burned Bright." The exhibit traces the early history of nursing education in London, with a focus on two nursing students in the years preceding the two World Wars – Jean Pye and Bernice Farr.

The Legislative Building is open from 8 am to 6:00 pm, Monday to Friday, and seven days a week during the summer months. Exhibits are available for viewing by joining a guided tour.

The joint exhibit will move to the heritage corner of St. Joseph's Hospital sometime in the summer. Read more on [St. Joseph's website](#).

Save the date – London Health Research Day 2018

London Health Research Day 2018 will take place on May 10, 2018 at the London Convention Centre. The day will feature: poster and platform presentations; a keynote presentation from Dr. Janet Smylie, an international leader in the field of Indigenous health and health research, as part of The Lucille & Norton Wolf Health Research Lecture Series; a special presentation from Dr. Alistair Buchan, a world-renowned neurologist and precision stroke medicine researcher; and a networking and awards reception. This year will also feature a new preceding event on the evening of May 9 at North Campus Building, Western University – [Exchange: A London Health Research Day Forum on Diversity and Inclusivity](#). Exchange will feature presentations from local and national researchers to spark a discussion on equity, diversity and inclusivity in the careers of health researchers and how we can work together to identify and implement solutions. Registration for Exchange and London Health Research Day launched the week of March 19, 2018.

Teaching the next generation

In recent weeks, there were two rewarding encounters with students who came to St. Joseph's to learn about our programs and services:

- Food and nutrition exchange students from Wayo Women's University in Ichikawa, Japan toured Food and Nutrition Services (FNS) at Parkwood Institute on March 26, 2018, as part of the international exchange program between Wayo and Brescia University College. While on site, the six students and faculty members had an opportunity to tour FNS in the Main Building, Western Counties Wing and Mental Health Care Building. FNS staff helped to make our guests feel welcome and answered many questions as the students observed and learned about the work we do.

During the tour, all were surprised when the Wayo group connected with one of our Western Counties Wing residents who has spent time in Japan. This gentleman was able to communicate with the group as he speaks Japanese fluently. None of the visitors spoke English and all communication up to that point was through an interpreter app on a cell phone. The chance encounter was a joyous moment for both the resident and the students.

- On March 27, 2018, 42 Niagara College therapeutic recreation post graduate students visited Mount Hope Centre for Long Term Care to learn about Mount Hope's leading-edge leisure wellbeing model and programming in long term care. This was the first time

Mount Hope's therapeutic recreation department has hosted a class of therapeutic recreation students. Over the past year, the department has been facilitating learning opportunities at provincial conferences and webinars, and has become well known for its practices and work to enhance the lived experience of residents at Mount Hope.

During their visit, the students toured Mount Hope, attended sessions to learn how Mount Hope implements best practice and therapeutic recreation theory into daily practice, and took part in a curling bonspiel with eight residents. The day ended with a panel discussion during which therapeutic recreation professionals from across St. Joseph's shared their experiences and answered questions.

Overall, the students learned about creative program ideas that go beyond traditional programming, how to create authentic and meaningful lived experiences for long-term care residents, trends and challenges in therapeutic recreation practice, what a long term care facility is all about, and what makes Mount Hope unique. The visit was rewarding for students and staff alike.

Fostering our Partnerships

Youth-in-Transition Community Justice Hub

Over the past year, the Ontario government has been exploring whether experiences with the justice system by marginalized, racialized and Indigenous people populations could be improved by establishing 'community justice centres' (CJC) in Kenora, London and Toronto. As part of this process, the ministry held two community needs assessment forums in London, which were attended by many organizations representing local justice, social, health, mental health, Indigenous support services and housing sectors. Dozens of meetings and conversations with system users, justice partners and Indigenous leaders were also held.

The government's findings from these assessments indicate that experiences can be improved, further adding to extensive evidence that a holistic and targeted approach is essential to address the intersection of poverty, homelessness, mental illness and addictions within the criminal justice system.

On March 28, 2018, as part of the 2018 Ontario Budget, the government announced its intention to establish CJsCs in Kenora, London, and Toronto. Although the exact design of a CJC for London will be developed with the community during the next phase, it is contemplated that a Youth-in-Transition Community Justice Hub would seek to respond to the high numbers of transition-aged youth between 18 and 25 years old in the criminal justice system and not employed or enrolled in education or training. Through innovative collaboration between local youth and justice partners, the CJC can target interventions to address the unique needs of youth and provide access to critical services.

St. Joseph's has been part of the consultation process for this initiative.

Acquired brain injury peer support

Parkwood Institute's Rehabilitation Program received funding from the Ontario Neurotrauma Foundation to promote peer support programs available to acquired brain injury patients and their family caregivers. Peer support is offered in the region by the Brain Injury Association of London and Region (BIALR) and the Ontario Brain Injury Association (OBIA). The rehabilitation

team is hosting information sessions in partnership with BIALR and OBIA to let patients and families know the benefits of peer support for their recovery journey and what services are available in their community. The first session was held on April 18.

Recognitions and Celebrations

Globe-trotting surgeon

Congratulations to Dr. Muriel Brackstone, surgical oncologist and breast surgery lead with St. Joseph's Breast Care Program, who is the recipient of the James IV Travelling Fellowship awarded by the James IV Association of Surgeons.

The association was established in 1957 to promote surgical collaboration across the Atlantic by awarding fellowships for young, outstanding surgeons to visit other departments. The travelling fellowship is a prestigious award with only one being available in Canada each year. It is designed to promote communication and collaboration in the surgical community. Travellers are both ambassadors representing their home countries, and conduits for the dissemination of knowledge.

Dr. Brackstone is an associate professor of surgery and oncology at Western University's Schulich School of Medicine & Dentistry, and an executive member of the Canadian Cancer Clinical Trials Group, Cancer Care Ontario's breast disease site team, and the international NRG Oncology clinical trials group. A renowned clinician and researcher, Dr. Brackstone initiated the Canadian locally advanced breast cancer consortium for national initiatives in advanced breast cancer treatment. She also spearheaded, and is Director of, London's first tumour biobank, and is the lead author on a number of national clinical guideline documents for breast cancer care.

Dr. Brackstone co-created a hands-on oncoplastic surgery course, which trains breast surgeons across Canada on improved breast surgical techniques. She is the Fellowship Director of London's Oncoplastic Breast Surgery Fellowship, the first in Canada, and one of only two that formally train breast surgeons in oncoplastic surgery, which combines the latest plastic surgery techniques with breast surgical oncology.

With funding from the fellowship, Dr. Brackstone is planning trips to Europe, Israel and the United States to profile her research program, clinical trials in preoperative treatment of breast cancer, and ground-breaking oncoplastic techniques using radioactive seeds.

Living our values

Congratulations to Deb Gibson, Director of the Assessment Program and Treatment and Rehabilitation Program at Parkwood Institute Mental Health Care Building, who was chosen as a recipient of the Studer Group Canada Living Values Award.

The award honours exemplary contributions of a leader who, in their daily interactions and results-oriented performance, exemplifies the values and standards of their organization. It is presented once a year to a leader from a Studer Group Canada partner organization who creates strong, sustained results that have positively impacted one or more of their organizational pillar goals. It is open to leaders at all levels of the organization.

Nominated by Jodi Younger, Vice President of Patient Care and Quality for St. Joseph's mental health programs, Deb has successfully led substantive system change with a focus on improved

access to care at St. Joseph's. She has also made a significant impact in reducing staff sick time in mental health care with a strategy that balances expectations with compassion and respect. Regionally, Deb is leading the modernization of a provincial model related to supported housing.

It is the inaugural year for the Studer Group Canada Living Values Award and Deb is one of three recipients. Studer is a health care coaching firm that helps organizations achieve and sustain exceptional improvement in employee and physician engagement, patient experience, clinical outcomes and financial results. St. Joseph's has partnered with Studer on leadership excellence development since 2012.

Reaching target for cancer wait times

In achieving the provincial annual improvement target for cancer wait times for 2016-2017, St. Joseph's Hospital recently received a certificate and special thanks from Cancer Care Ontario for the hospital's continued work to improve quality cancer services for Ontarians. The collaborative approach to reach the target required a diverse team effort. It involved the creation of data reports by Quality Measurement and Clinical Decision Support that could be distributed in a timely manner, allowing surgeons, medical secretaries and leadership to determine where the challenges and opportunities existed. The plan required much data management, review and follow up, as well as prioritizing resources to address wait times.

Lawson Impact Awards celebrates fifth anniversary

Lawson Health Research Institute's Lawson Impact Awards took place on April 18 with awards presented in seven categories recognizing excellence in academics, leadership, training, operations, industry and innovation. Congratulations to this year's award recipients:

- Dr. Robert Teasell – Scientist of the Year Award
- Dr. Mandar Jog – Innovation Award
- Dr. Manuel Montero-Odasso – Dr. Joseph Gilbert Research Contribution of the Year Award
- Sheila Fleming – Staff Award of Excellence
- Sarah Best - Staff Award of Excellence
- Amanda McIntyre – Leadership Award for Fellows and Students
- London X-Ray Associates – Industry Partner of the Year Award
- CAISA (Canadian Asian International Student Association) – Community Partner of the Year Award
- London Run for Ovarian Cancer – Community Partner of the Year Award
- Kyle MacDonald and John Franklin – Community Partner of the Year Award

View [videos](#) to learn more about each of the recipients.

The evening also featured dinner and a keynote address from physician-scientist Dr. Julielynn Wong, a 3D printing, drone, robotics, telemedicine and digital health pioneer.

Other

Free prescription drugs for seniors

On March 20, 2018, Premier Kathleen Wynne announced Ontario's plan to make prescription drugs free for seniors through an expansion of OHIP+. Starting August 1, 2019, individuals aged 65 or older will no longer have to pay a deductible or co-payment and would be able to present

their eligible prescription and OHIP number at any Ontario pharmacy and receive their medication for free. The government's announcement is available [here](#).

2018 Ontario Budget

On March 28, 2018, Minister of Finance Charles Sousa released the [2018 Ontario Budget](#), which provides an increase of \$822 million for hospitals as well as \$19 billion over the next 10 years to build and renovate hospital sites. In response to this announcement, Ontario Hospital Association (OHA) President and CEO Anthony Dale said the funding is “a key foundational piece toward ending hallway medicine” but ongoing commitments across the continuum of care must continue in years to come to ease overcrowding and ensure patients receive the care they need in the most appropriate setting.

Overall, the government announced increasing investments in health care by more than \$5 billion over three years, with \$822 million going to hospitals in 2018-2019. The breakdown of the \$822 million includes:

- \$506 million to support growth and priority programs to maintain access to existing high-quality services, address inflationary and operational pressures, and support hospitals experiencing increased service demands related to Ontario's growing and aging population.
- \$187 million to increase bedded capacity, which is expected to make an estimated 1,200 beds available.
- \$129 million to address wait times and quality procedures. This includes \$48 million for more than 26,000 incremental MRI hours and 14,000 more surgical medical procedures.

See the full summary of health care investments prepared by the OHA in Appendix 1.

Updated Prototype Corporate By-law

To reflect recent amendments to legislation affecting hospitals, the Ontario Hospital Association's 2010 Hospital Prototype Corporate By-law has been updated effective February 2018. In advance of the Not-for-Profit Corporations Act coming into force, the government made amendments to the Corporations Act, which are reflected in this updated version of the Prototype By-law. This version also reflects recent amendments to the Hospital Management Regulation under the Public Hospitals Act, requirements of the Excellent Care for All Act, and a forthcoming change to the Public Hospitals Act.

Hospitals are encouraged to review the updated by-law and adapt it as needed to their organizations. The updated resource is available [here](#) (requires log in) under “voluntary corporate governance”.

Service group bargaining

On March 27, 2018, the Canadian Union of Public Employees (CUPE), Service Employees International Union (SEIU) and Unifor announced the launch of a joint campaign urging central bargaining between these unions and the participating hospitals.

The participating hospitals and each of the three unions engaged in negotiations to renew collective agreements throughout the latter half of 2017. In each of those instances, the negotiations reached an impasse. As part of the announcement, the unions indicated they wanted to continue negotiations at a joint table between them and the participating hospitals in an effort to reach a negotiated settlement.

The Ontario Hospital Association's Labour Relations team, the participating hospitals' negotiating teams and the Expert Employee Group Advisory Panel agreed to enter into joint negotiations with the three unions. These negotiations took place on April 21-22 with the assistance of a mediator, which resulted in tentative settlements being reached with each of the three unions. The agreements are subject to ratification.

Andrea Horwath unveils election platform

On April 16, Andrea Horwath, Leader of Ontario's New Democrat Party (NDP), released [Change for the Better](#), a fully-costed platform for the 2018 Ontario election. A commitment to "end hallway medicine and fix seniors care" is one of five key priorities in the platform and the NDP promises this will be achieved by:

- Increasing hospital funding by 5.3 per cent immediately
- Ensuring that every hospital's annual funding will be at or above inflation and include considerations for population growth, unique needs of each community, and aging populations
- Investing \$19 billion over 10 years in hospital capital expansion to meet growing capacity needs
- Creating 2,000 new hospital beds immediately
- Ending arbitrary caps on surgeries to shorten wait times.

A second key commitment in the platform is to provide drug and dental coverage for all Ontarians. This will include extending public dental coverage to every senior without retiree benefits and to every person on social assistance.

Environmental Scan

Ontario government pledges \$2.1 billion to rebuild mental health system

On March 21, 2018, Premier Kathleen Wynne said her government will spend \$2.1 billion over the next four years to rebuild Ontario's mental health system – the latest in a string of funding announcements the opposition parties are calling an attempt by the Liberals to bolster their re-election chances.

Wynn said the spending will make services more accessible, ensuring people can find treatment through a local doctor's office, school or community-based organization. It will bolster youth access to therapy and counselling, allowing 12,000 more young people to access service in 2018-2019 and growing that number to 46,000 in 2021-2022.

It also calls for every secondary school in the province to have access to an additional mental health worker, creating approximately 400 new positions within two years.

The program would also increase access to publicly funded psychotherapy, including cognitive behavioural therapy, for up to 350,000 more people with mild to moderate anxiety or depression.

[CTV News, March 21, 2018](#)

Number of people using catastrophic drug coverage has tripled, Ontario study finds

Use of a catastrophic drug program – a last line of defense to protect people from drug expenses that can easily reach more than \$10,000 a year – has soared in Ontario, a new study

suggests. The study's findings, published March 26, 2018 in [CMAJ Open](#), reflect the pressure people face from rising drug costs and changing insurance coverage for workers, researchers say.

"We found that government spending for the catastrophic drug program in Ontario rose 840 per cent from 2000 to 2016," said Mina Tadrous, a research associate with the Ontario Drug Policy Research Network. "More importantly, there was a three-fold increase in the number of people who are relying on this program."

About three-quarters of Ontario residents are not covered by a public drug program and are eligible for the catastrophic drug program if they spend about three to four per cent of their after-tax household income on prescription medications.

As a pharmacist, Tadrous became interested in the topic as he observed more people coming in for prescription drugs with a price tag of more than \$1,000 a month. Other researchers have said that, in 2015 alone, more than 124 new drugs came on the market in that price range. These drugs include biologics, lifelong treatments for rheumatoid arthritis and Crohn's disease, HIV treatments and curative drugs for hepatitis C.

Another factor that could be contributing to the increase in spending, says Tadrous, is a shift toward more younger, healthier adults turning to the program because they don't have the workplace coverage they need.

Under universal pharmacare, everyone would have drug coverage but not all drugs would be covered and programs like Ontario's catastrophic program would still exist.

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

'The crisis has worsened': Opioid-related deaths on the rise in Canada

Opioid-related overdose deaths are drastically rising in Canada, with an estimated 4,000 people losing their lives to such drugs in 2017, new data from the [Public Health Agency of Canada](#) reveals.

According to the data, 2,923 people are believed to have died from opioid-related overdoses between January and September 2017 – a 45 per cent increase over the same period the previous year. That death toll is just 23 less than all apparent opioid-related overdose deaths in 2016. Based on available data, public health officials estimate that there were more than 4,000 opioid-related fatalities in Canada in 2017.

The data also indicates that illegally-produced synthetic opioids like fentanyl accounted for 72 per cent of accidental apparent opioid-related deaths between January and September 2017, compared to 55 per cent in 2016.

[CTV News, March 27, 2018](#)

London Community Foundation calls out lack of progress in mental health

Frustrated with a continuing duplication of services and lack of progress, the London Community Foundation is asking agencies to consider developing a citywide mental health charter of rights.

“Everyone is working toward one goal, but not collectively,” said foundation chief executive Martha Powell. “There’s a table for everything in the city – addictions, poverty, mental health – and there are still tables not talking to other tables.”

The charter was one idea raised at a recent meeting of 60 mental health leaders organized by the foundation and London Health Sciences Centre. As a first step, the leaders expressed interest in mapping the services and agencies in the region to find out where gaps and duplication exist.

Two years ago, the foundation released its biennial Vital Signs report calling mental health the single greatest issue facing the community. The report identified 183 programs and agencies in Middlesex-London to help people with mental health or addictions. But with both duplication and gaps in service, it’s often too difficult for people to navigate the maze of services to get the help they need, the report said. Things have improved since, but more needs to be done, Powell said.

[London Free Press, April 2, 2018](#)

Doctors say government neglect, mismanagement to blame for sorry state of health care

Concerned Ontario Doctors, a group that advocates for Ontario doctors, says the provincial government has created a crisis in health care through years of neglect and mismanagement. The result has been a marked decline in the quality of patient care, said president Dr. Kulvinder Gill.

The organization is calling on opposition parties and political candidates, excluding the Liberals, to pledge to do the following:

- Reduce bureaucracy to put patients first and to create a lean, efficient health care management system with oversight from the Ontario ombudsman and auditor-general. This would include getting rid of Local Health Integration Networks.
- Create a health care task force composed of frontline physicians who have active practices in the community and knowledge of the problems in the system to find solutions to the health care crisis that will enable the system to be sustainable.
- Restore trust and respect between the province and physicians, while protecting doctors' free speech.
- Address the problem of physician burnout and high suicide rates.
- Conduct an independent forensic review of the Ontario Medical Association that would be overseen by a retired Ontario appeal court or superior court judge.

[CBC News, April 3, 2018](#)

Using MRI to see where and why Canadians with asthma have poor disease control

Researchers at Western University and McMaster University are developing an innovative lung imaging method that provides a unique window on asthma aimed at guiding and personalizing treatment for Canadians with severe, poorly controlled asthma.

Scientist Grace Parraga and her research team have developed magnetic resonance imaging (MRI) measurements of the asthmatic airways that show exactly where air moves into the lungs when a patient breathes and, more importantly, where the air cannot go when asthma is not optimally treated and symptoms are not controlled.

Two major lung airway abnormalities make it difficult for patients with asthma to breathe: airway inflammation and airway sensitivity to triggers related to airway smooth muscle dysfunction. These often occur together in patients, although sometimes only one of these conditions is triggered. Now, for the first time, Parraga and her team – in collaboration with a team at the Firestone Institute for Respiratory Health at McMaster University and St. Joseph's Healthcare Hamilton – are using two distinct measurements of mucus from the lungs (or sputum) in combination with MRI to quantify the different contributions of both airway inflammation and airway smooth muscle dysfunction in individual patients with severe asthma.

[Western University, April 4, 2018](#)

Six health care pioneers inducted into Canadian Medical Hall of Fame

On April 12, 2018, six renowned medical pioneers were recognized as the 2018 Canadian Medical Hall of Fame (CMHF) inductees at a special ceremony hosted in partnership with the Schulich School of Medicine & Dentistry, Western University. Among the inductees is London's own Dr. Vladimir Hachinski, one of the world's leading neurologists who has changed survival odds for stroke sufferers everywhere.

CMHF inductees are individuals whose contributions have led to extraordinary improvements in human health. Their work may be a single outstanding contribution or a career of notable achievements. As trailblazers in their respective fields, these experts underpin Canada's role as a world-class leader in medicine and health sciences.

In addition to Dr. Hachinski, the 2018 CMHF inductees are:

- Dr. Philip B. Berger, Toronto, co-founder of Canadian Doctors for Refugee Care
- Dr. B. Brett Finlay, Vancouver, whose research in cellular microbiology has led to vaccines and treatments for drug-resistant infections
- Dr. Balfour M. Mount, Montreal, known for achieving the integration of palliative care as integral to humane health care
- Dr. Cheryl Rockman-Greenberg, Winnipeg, who has devoted her career to bringing advanced medical knowledge and care to isolated and often vulnerable Indigenous populations
- The late Dr. Emily Stowe, Toronto, the first female physician to practice medicine in Canada

Learn more on the [CMHF website](#).

[Schulich School of Medicine & Dentistry, April 9, 2018](#)

Ontario funding additional residency positions for medical graduates

Ontario is helping to meet the demand for physicians by investing up to \$23 million over six years to create more residency positions across the province for medical school graduates who have completed their undergraduate training at an Ontario medical school.

The province is working with medical schools to create more specialized residency spots this upcoming school year for graduates who did not match to a residency position, ensuring that all unmatched graduates are placed. Graduates who occupy these additional residency spots will be required to provide service for two years in underserved communities across the province,

such as specific regions in Northern Ontario. This will provide people with more access to doctors who offer specialized services such as family medicine, emergency medicine, internal medicine, paediatrics and psychiatry.

[Ministry of Health and Long Term Care, April 17, 2018](#)

New drug approved in Canada for the treatment of adults with type 2 diabetes

Health Canada has approved Xultophy, a new drug produced by Novo Nordisk Canada, as an adjunct to lifestyle modifications for adults with type 2 diabetes to improve glycemic control.

"Living with diabetes is a complex situation in itself, especially for people requiring insulin therapy. Therefore, treatment options should ideally aim to reduce complexity," says Dr. Stewart Harris, professor, Schulich School of Medicine & Dentistry at Western University and Medical Director of the Primary Care Diabetes Support Program at St. Joseph's Family Medical and Dental Centre.

Dr. Harris says Xultophy, a new insulin combination treatment therapy, not only helps people with type 2 diabetes optimize their blood glucose targets, but studies also demonstrate the added benefits of a lower risk of hypoglycemia and potential weight loss when compared to other insulin intensification approaches where hypoglycemia and weight gain pose a significant clinical barrier to successful blood glucose control. Xultophy® does this in a simple, once-daily injection using a pre-filled pen.

[Novo Nordisk Canada, April 18, 2018](#)

All-party parliamentary committee calls for 'universal single-payer' pharmacare plan

A parliamentary committee has delivered its report on pharmacare recommending an expansion of the Canada Health Act to include prescription drugs dispensed outside of hospital settings.

In the [report](#), the all-party committee on health made 18 recommendations, which includes creating a unified list of drugs that would qualify for public coverage and asking the provinces, territories and federal government to share the cost of a national pharmacare program. The goal, the committee said, would be to ensure all Canadians get the medications they need, while also reining in the country's per-capita drug spending and drug prices, both of which are among the highest in the world.

Implementing the plan would cut \$4.2 billion from the current total cost of prescription drugs in Canada, according to the report.

[CBC News, April 18, 2018](#)

Doctors call on Ottawa to launch criminal investigation into opioid marketing in Canada

A group of Canadian doctors and opioid researchers has sent a letter to the Attorney General of Canada and to Health Canada demanding a criminal investigation into the marketing of opioids to Canadian doctors.

"While Purdue has already pleaded guilty to illegally marketing opioids in the U.S., no opioid manufacturer has been prosecuted in Canada," the letter stated.

"The opioid crisis is one of the defining issues of this time," said Dr. Nav Persaud, a family doctor at St. Michael's Hospital in Toronto. "It's pretty rare to call for a criminal investigation as a doctor or researcher, but a group of colleagues and I have decided to do so because this is such an important issue."

Purdue Pharma, which introduced OxyContin to the marketplace in the mid-1990s, heavily promoted the pain medication to doctors at the time by claiming that it was less addictive. In the U.S. in 2007, Purdue executives pleaded guilty to criminal charges that they misled doctors and patients about the drug's addictive potential.

"Now I am stating publicly with my colleagues that there should be a criminal investigation in Canada," Persaud said, adding that Canada has laws preventing companies from making false and misleading claims about products.

[CBC News, April 22, 2018](#)

Researchers identify brain mechanism linking PTSD and opioid addiction

Researchers at Western University have shown that the recall of traumatic memories enhances the rewarding effects of morphine, shedding light on the neurobiological link between post-traumatic stress disorder (PTSD) and opioid addiction.

Scientist Steven Laviolette, associate professor at Western's Schulich School of Medicine & Dentistry, says the research was aimed at finding the underlying neural mechanism that might help to explain why nearly 60 per cent of those who suffer from PTSD also struggle with addiction issues. In a study published online in *JNeurosci*, Laviolette and his team demonstrated that dopamine receptors in the prefrontal cortex of the brain likely play a role because of their involvement in both traumatic memory recall and addiction vulnerability.

The researchers focused on two dopamine receptors in the pre-frontal cortex, D1 and D4. Using a rodent model, the researchers found that if they stimulated the D4 receptors, it made a normally non-traumatic memory become emotionally salient, or traumatic, which also led to an increased preference for morphine. If they blocked the D1 receptor, they blocked the traumatic memory recall and lessened the rewarding effect of the morphine, the study showed.

The results suggest that abnormal dopamine signals in the prefrontal cortex may underlie the ability of traumatic memories to predispose individuals to addiction by increasing their sensitivity to the rewarding effects of drugs such as opioids.

[Western University, April 23, 2018](#)

St. Joseph's in the News

[The Paralympics demonstrate the importance of rehabilitation medicine](#), Schulich School of Medicine and Dentistry, Western University, March 16, 2019

[Push continues to keep CFI alive beyond the end of April](#), CBC London, March 20, 2018

[Ontario NDP Leader Andrea Horwath rallies with patients to save London's Cardiac Fitness Institute](#), Global News/980 CFPL, March 20, 2018

[NDP leader says her party would seek to revive London cardiac program](#), London Free Press, March 20, 2018

[New drug could be a breakthrough for patients with type 2 diabetes](#), CTV London, March 20, 2018

[Cardiac Fitness Institute fight ends with partial victory: Protester](#), London Free Press, March 22, 2018

[Cardiac Fitness Institute patients to find new home at the end of April, sources say](#), CBC London, March 22, 2018

[London hospitals getting more cash](#), Blackburn News, March 23, 2018

[Ont. Liberals announce \\$35 million extra for London hospitals in next year's budget](#), Global News/980 CFPL, March 23, 2018

[Compromise brings hope for London's Cardiac Fitness Institute patients](#), Global News/980 CFPL, March 23, 2018

[Officials confirm cardiac fitness program's move to Western University](#), London Free Press, March 27, 2018

[Marketing misfire on 'spa-like' 3D mammograms: Comfort appeal distracts from real concerns on screening, experts say](#), Health News Review, March 27, 2018

[Tough pill to swallow](#), CTV London, April 6, 2018

[Embattled London high school principal charged with sexual exploitation](#), London Free Press, April 6, 2018

[Volunteers at Mount Hope love the work they do but would like your help](#), CTV London, April 18, 2018

[Dream Lottery for London hospitals unveils 'dream homes'](#), Global News/980 CFPL, April 19, 2018

[Tempting feast fuels diabetes research](#), London Free Press, April 19, 2018

[Dream Lottery returns with three luxury homes](#), Blackburn News, April 19, 2018

[Dream Lottery becomes reality with spring launch](#), London Free Press, April 19, 2018

[Living with dry eye](#), Good Times Magazine, May 2018

2018 Ontario Budget: Summary of Health Care Investments

Health Care

- The government announced increasing investments in health care by more than \$5 billion over three years.

Hospitals – Breakdown of the \$822 million

The government is investing an additional \$822 million in hospitals in 2018-19 to improve wait times and increase the number of critical services and procedures. Each hospital will receive a minimum increase of one per cent. The breakdown of the \$822 million includes:

1. \$506 million to support growth and priority programs
 - Maintain access to existing high-quality services, address inflationary and operational pressures and support hospitals experiencing increased service demands related to Ontario's growing and aging population.
 - \$230 million to ensure that all public hospitals will receive a minimum one per cent budget increase.
 - \$209 million for high-growth funding to support hospitals experiencing increased service demands related to population growth and aging, PCOP, etc.
 - \$54 million for growth and increased access to lifesaving procedures.
 - \$13 million to expand bundled care, including new outpatient rehabilitation cases.
2. \$187 to increase bedded capacity
 - Provide stability to the hospital sector, support hospital-based ALC initiatives, and reduce hallway medicine while capacity in the long-term and home and community care sectors increases.
 - \$140 million in multi-year, recurring funding to make more hospital beds available to alleviate hospitals with high ALC and occupancy challenges.
 - \$32 million in base funding to fully operationalize the central LHIN reactivation centre.
 - \$13 million in annualized base funding to ensure the provision of 61 mental health beds.
 - \$2 million in annualized base funding to ensure the provision of six long-term ventilation beds at West Park Health Centre.
 - An estimated 1,200 beds will be made available through these investments.
3. \$129 million to address wait times and quality procedures
 - Provide essential programs that keep pace with growing demand related to aging demographics and support advancements in clinical care, making Ontario a leader in enabling innovative practices.

- \$48 million for more than 26,000 incremental MRI hours and 14,000 more surgical medical procedures.
- \$40 million for 780 incremental cancer surgeries, more than 26,000 incremental gastrointestinal endoscopy procedures, and more than 74,000 incremental systemic treatments (chemotherapy).
- \$25 million for more than 3,000 cardiac procedures.
- \$4 million to expand advanced stroke care, including 135 additional endovascular treatments.
- \$3 million to establish new surgical innovation program to enhance uptake of robotic surgeries.
- \$5 million for new ICU capacity – about 10 new beds.
- \$4 million to establish Canada’s first and only Fetal Centre.

Capital and Other Hospital Investments

- The government is also investing \$19 billion over the next 10 years towards approximately 40 major hospital projects.
 - This includes a commitment to support the construction of major hospital projects province-wide.
- Hospital Infrastructure Renewal Funding (HIRF) remains unchanged at \$175 million.
- The Transformation Fund is ongoing at \$20 million with further details to follow.

Innovation

- As noted, Ontario is investing \$4 million to create the Ontario Fetal Centre at Mount Sinai Hospital – Canada’s first and only specialized centre for fetal care.
- Ontario is moving forward with its commitment to invest up to \$10 million to create a Centre of Excellence in Health Care Artificial Intelligence, starting with \$1.3 million in 2018-19.
- The province invested \$3 million to establish a new surgical innovation program in hospitals. Starting in 2018, the first area of focus is robot-assisted surgeries – which will support up to 1,000 surgeries.

Home Care

- The government is investing an additional \$650 million in home care over the next three years. Part of this investment includes \$180 million in new funding that will make available 2.8 million more hours of personal support, including caregiver respite, plus 284,000 more nursing visits and 58,000 more therapy visits.
- Over the next three years, the government will invest an additional \$23 million to add an estimated 5,500 personal support workers to the workforce.
- The province is launching a new caregiver organization in the spring of 2018 that will provide support across Ontario.

- The government is introducing the new Seniors' Healthy Home Program starting in 2019-20, that would provide \$1 billion over three years to help seniors with the costs of maintaining their homes. This would provide up to \$750 per year for seniors who are 75 or older.

Long-Term Care

- In addition to the development of 30,000 long-term care beds over 10 years announced in the fall of 2017, the government is investing \$300 million over the next three years in long-term care homes, which includes increased care hours and the hiring of more nurses and personal support workers.

Pharmacare

- OHIP+ will be expanded to include free medication for seniors, beginning in August 2019.
 - Every person aged 65 and above in Ontario receiving prescription medications through the Ontario Drug Benefit (ODB) will do so at no cost.
 - This represents an investment of \$575 million per year by 2020-21.

Primary Care

- The province is investing \$102 million over three years to support the expansion of inter-professional primary care teams, focusing on the areas that have the greatest need.
 - This investment will result in 19 new or expanded teams that will recruit nearly 100 new health professionals, such as nurse practitioners, registered nurses, social workers, psychologists, chiropractors, physiotherapists, and pharmacists.
- The province is also investing approximately \$330 million over three years to support the recruitment and retention of health care professionals for primary care teams. This includes professionals working in Aboriginal Health Access Centres, Community Health Centres, Nurse Practitioner-Led Clinics and on Family Health Teams.

Mental Health

- The government has allocated \$2.1 billion more over the next four years to increase the level of care and access for mental health and addiction services, including publicly funded psychotherapy, supportive housing and increased supports. This means:
 - Providing standardized training to primary care teams and community mental health and addictions agencies so they can provide high-quality structured psychotherapy services.
 - Investing \$570 million over four years to improve community services across the province, including providing more community-based services; implementing a needs-based funding allocation for community-based child and youth mental health services; and providing First Nation, Inuit and Métis children and youth with a range of culturally appropriate and preventative health services.

- The Children’s Hospital of Eastern Ontario (CHEO) will receive \$105 million to support the construction of a new building that will help integrate care and offer families timely and effective services and supports.
- An investment of \$3 million over three years to improve mental health outcomes in Mississauga through Project Zero.
- An investment of \$175 million over four years to expand school-based supports for mental health and addictions services.
- Up to five Public Health Units will receive one-time funding for initiatives that promote mental health for school-aged children and youth.
- The establishment of a new Local Service Priority Fund to strengthen mental health supports for LGBTQI2S, racialized, francophone, newcomer and rural youth.
- An investment of \$425 million to provide 2,475 additional supportive housing units over four years, which includes 525 new units for people with complex mental health and addictions needs.

End-of-Life Care

- Ontario will invest an additional \$15 million in 2018-19 to improve access to community-based palliative care. Key initiatives include:
 - Improving access to community-based end-of-life services by opening 20 new residential hospices.
 - Providing more non-medical supports to patients and caregivers through an additional investment to providers of visiting hospice volunteer services.
 - Providing palliative care training for health service providers working in First Nation and urban Indigenous communities.
 - Supporting Compassionate Communities, which leverages the skills and capacities of local health care providers and community members to ensure that patients receive holistic care that optimizes quality of life.
- Ontario will invest up to \$1 million over three years to develop and evaluate models of perinatal hospice care. This includes comprehensive support and care to help families who are expecting the birth of a child and who have received a diagnosis indicating that the fetus or infant may not survive through pregnancy, delivery or in the postpartum period.