

To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: July 27, 2018

I hope you are enjoying the warm weather and some well-earned vacation time with friends and family. This report combines updates from June and July. In August, I will provide you with the environmental scan and "St. Joseph's in the News" only before we return to our regular board reports in September.

You will notice that, in this report and going forward, the headings have been revised to align with our 2018-2021 Strategic Plan goals and principles. Where appropriate, highlights included in the report will fall under these headings, which will allow you to easily see how our work supports our Strategic Plan.



On June 27, St. Joseph's hosted a tour and information session for the International Working Group on Death, Dying and Bereavement (IWG), which was in London to attend an international conference at King's University College. Nearly 30 members of IWG attended, representing Canada, Japan, Singapore, China (Hong Kong), United States, Brazil, Germany, Norway, The Netherlands, United Kingdom, Taiwan, and Australia. Many of the attendees are leaders in their countries in hospice palliative care policy development. I provided an overview of our organization to the group while our leaders in palliative care and ethics provided information on our palliative care services, Canadian legislation on medical assistance in dying, and how Catholic health care responds to patient requests. Learn more about the IWG's visit in this report under "Advocacy and Collaborations."

On July 6 and 27, I was pleased to be part of Brescia University College's Girls LEAD (Leadership, Education, and Development) International camp. Girls LEAD International is designed to provide girls with the tools to become an exceptional leader amid a fun, supportive, and educational environment. The program is run in partnership with organizations in Hong Kong with about 40 high school girls from Hong Kong taking part. I participated in small group exercises with the students designed to deepen their understanding of leadership and how it applies to the world around them.

And finally, on July 12, I visited Waypoint Centre for Mental Health Care in Penetanguishene and met with President and CEO Carol Lambie to learn about the centre's facilities, services and funding model, and explore opportunities to learn from each other. This visit was also an opportunity discuss my upcoming transition to Chair of the Board of Directors of the Catholic Health Association of Ontario. Carol is the outgoing Chair, with the transition taking place in the fall.

REACHING OUT

Nasal instruction videos

Surgery patients of the Otolaryngology - Head and Neck Surgery Program at St. Joseph's Hospital can now tune into post-surgery instructional videos on nasal irrigation, nasal medicine administration and breathing techniques. In the videos, Dr. Leigh Sowerby provides step-by-step instructions on these topics. These videos are available on [St. Joseph's website](#) and physicians will be directing patients to this new resource.

DocTalks features Dr. Michael Borrie

As previously reported, DocTalks is a series of community health discussions hosted by St. Joseph's Health Care Foundation that features leading physicians and researchers at St. Joseph's. The public is invited to learn from the experts how St. Joseph's is tackling the pressing health issues of our time and why it matters to them.

On July 10, geriatrician Dr. Michael Borrie, Medical Director of the Aging Brain and Memory Clinic at Parkwood Institute and a researcher with the Cognitive Clinical Research Group, shared how research is detecting Alzheimer's disease and dementias before symptoms emerge to help clinicians uncover ways to slow progression. A sold out crowd attended his interactive and engaging presentation titled "A Better Brain: Maintaining Memory and Independence."

St. Joseph's launches community e-newsletter

St. Joseph's has launched a new tool to help people stay informed about stories published on our public website. An email newsletter, *Reaching Out Matters Here*, provides links to featured stories as well as upcoming events and career opportunities on our website. While geared to patients, their family members and community partners, everyone is invited to subscribe to the e-newsletter, which can be viewed and read on any device. Those interested can [subscribe online](#).

Save the Date for Tribute 2018

St. Joseph's Health Care Foundation will host Tribute 2018 on October 3, 2018, at the London Convention Centre in support of patients and residents who come to St. Joseph's for care. The evening of entertainment will feature Canadian comedian and political satirist Rick Mercer. The event will also honour local community leaders Peter and Beth Whatmore for their philanthropy and volunteerism. Proceeds from Tribute will advance care and discovery at St. Joseph's. For more information and to order tickets, visit the [foundation's website](#).

Save the Date – Men's Health Breakfast

At the Men's Health Breakfast hosted by St. Joseph's Health Care Foundation, all are invited to learn about the latest trends in men's health and expert tips on healthy aging. This year's speakers are:

- Dr. Gregor Reid – "Health, Disease and Influencing the Microbes Within Us." Learn how beneficial bacteria can dramatically affect overall health from one of Canada's leading probiotic experts.
- Dr. Jim Lewis – "Short of Breath? Why Lung Health Matters" The renowned researcher and respirologist will share the latest insights in lung conditions affecting men.
- Dr. Blayne Welk – "Bladder Issues in the Aging Male." Learn how to tackle voiding dysfunction with one of Canada's leading urology specialists.

The breakfast will take place on August 21, 2018, at Brescia University College, 7:30 – 9:30 am. Proceeds from the Men's Health Breakfast will support men's health care at St. Joseph's. Visit the [foundation's website](#) to purchase tickets.

Annual Report to the Community

St. Joseph's 2017-2018 Annual Report to the Community went live on June 14, 2018, on our public website. It features stories, fascinating facts, videos, treasurer's report, and more. An internal and external e-blast with a link to the report was distributed to staff and stakeholders, and a three-week social media campaign was launched, which had very positive engagement. The social media campaign wrapped up on July 6.

The annual report webpage content was among the top 10 visited sections of St. Joseph's website from the time it launched through July 24. There were more than 7,200 page views over this period.

CONNECTING CARE

Unmasking brain injury

Nearly 500,000 people are living with a brain injury in Ontario and 45,000 new injuries occur every year. St. Joseph's Acquired Brain Injury Rehabilitation Program provides care and rehabilitation for patients with brain injury through inpatient, outpatient and outreach services. To increase awareness of brain injuries, St. Joseph's partnered with the Ontario Brain Injury Association on the Unmasking Brain Injury Project. As part of this project, current and past patients created masks that depict their journey with brain injury. The masks were displayed in in the Parkwood Institute Main Building lobby during Brain Injury Awareness Month in June 2018. View photos of the masks and read the stories of some of these patients on [St. Joseph's website](#).

Pre-surgery testing streamlined for patients

A new process in the Pre-Surgical Screening Unit (PSSU) at St. Joseph's Hospital has patients receiving blood work and electrocardiography (ECG) without leaving a PSSU exam room.

Patients having surgery at St. Joseph's Hospital require a pre-surgical screening appointment that includes a nursing interview and may include an interview with a medicine or anesthesia consultant. Pharmacy and the dietician may also be scheduled to see the patient. As part of the assessment, the patient may be identified as requiring blood work. They may also require an ECG to be completed prior to the interview so that the results can be reviewed at the time of the appointment.

Previously, patients that required a preoperative ECG or blood work would be taken to a lab within the PSSU. A task team of staff reviewed the process using a Lean process and found that the patient had multiple overlapping trips to and from the waiting room, the interview/exam room and the lab. The improvement project looked at how best to use the patient's time and to decrease their steps in the unit.

As of May 28, 2018, the lab techs now go to the interview/exam rooms to complete the ECGs and blood work if required. A blue and yellow flagging system is mounted outside each interview/exam room door and each flag is specific to either ECG or blood work. When the flags are out, the tech is aware that the patient requires testing. An attempt is made to ensure that the

patient is not left waiting for testing after the health practitioner interviews are completed. If possible, the lab techs will complete the testing between interviews to decrease patient waiting time.

The change is a result of many months of work by the multi-disciplinary task team of PSSU staff working together to plan the new process and the new workflow in the unit.

Connecting care for the most vulnerable

As previously reported, St. Joseph's Infectious Diseases Care Program (IDCP) partners with the London InterCommunity Health Centre (LIHC) to provide care for patients with HIV/AIDS at LIHC. St. Joseph's IDCP physicians attend a regular clinic at LIHC, where care is provided in collaboration with LIHC nursing and social work staff. Called the MyCare Program, the partnership was developed to improve access to crucial HIV/AIDS treatment, recognizing that many individuals with HIV/AIDS, as well as those with hepatitis C, have difficulty accessing care or are reluctant to seek treatment at a hospital.

This partnership has recently been strengthened with the addition of a St. Joseph's registered nurse joining the MyCare clinic. As of July 15, the IDCP nurse provides HIV/AIDS care in collaboration with the LIHC care providers and the IDCP physician.

Indoor oasis blooms from patient and family feedback

In response to suggestions from the mental health care patient and family councils at Parkwood Institute, the lightwells (small atriums) in the core of the Mental Health Care Building have been beautified. Therapeutic recreation staff initiated a gardening project with the support of patients and therapeutic recreation students. The atriums in the 'downtown' area of the building have been landscaped and are being used by staff and patients for enjoyment as well as group programs.

INNOVATING TOGETHER

Café Scientifique – predicting cognitive and motor function

More than 285,000 individuals in Ontario currently live with some form of neurodegenerative disorder – Alzheimer's Disease, Parkinson's Disease, mild cognitive impairment, dementia and many other conditions. The symptoms for each person vary, but they share a progressive decline in their cognitive and motor function. As our population ages, there is an urgent need to predict this decline and identify targets for therapy. At Lawson Health Research Institute's Café Scientifique event on June 21, 2018, an expert panel of scientists discussed groundbreaking and specialized research in this field. The Lawson scientist panel featured: Dr. Jennie Wells, geriatrician with the Geriatric Rehabilitation Unit and the Aging Brain and Memory Clinic at Parkwood Institute; Mandar Jog, neurologist and Director of the National Parkinson Foundation Centre of Excellence at London Health Sciences Centre and the Movement Disorders Centre; Elizabeth Finger, neurologist at Parkwood Institute and researcher in the area of frontotemporal dementia; and moderator Dr. Arlene MacDougall, Director of Research and Innovation for mental health care at St. Joseph's.

Unravelling the mystery of the misidentified mummy

An international research team led by Western University bioarchaeologist Andrew Nelson has determined that a mummy always thought to be a hawk is in fact a human male, stillborn at 23-28 weeks gestation. The multi-disciplinary team of more than a dozen specialists involved in the

study includes urologist Dr. Hassan Razvi at St. Joseph's Hospital, whose expertise was critical in the identification of the fetus as a male.

The Mummy was listed in Maidstone Museum's inventory as EA 493 Mummified Hawk, Ptolemaic Period, and stored with the animal mummies. A hawk face is gilt-painted on the raptor-sized funerary casement. Hieroglyphics make reference to Horus, the Egyptians' falcon-headed deity. But now, 2,100 years since it was preserved and wrapped in linen to ensure its safe passage to the afterlife, micro-CT scans have revealed a severely malformed, pre-term human baby, stillborn, with major spinal abnormalities and a rare condition in which the brain and skull fail to develop properly (anencephaly).

Andrew, an anthropology professor, recently presented the team's findings during the Extraordinary World Congress on Mummy Studies in the Canary Islands. His team has brought unprecedented scientific scrutiny and anatomic detail to the anonymous little Egyptian. Dr. Razvi is a co-author of a paper on this mummy, "Maidstone EA 493: A Mummified Anencephalic Fetus from Ancient Egypt."

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

It's all in the wrist

Dr. Nina Suh, associate scientist (Surgery) at Lawson Health Research Institute, is leading a study with the goal of improving the surgical technique to maximize wrist function and symptom relief, and delay wrist arthritis progression. Dr. Suh and her team will use a customized active-motion wrist simulator to create different carpal bone fusion positions. They will then assess how these positions affect wrist motion and joint contact area. The study is being funded through the Lawson Internal Research Fund, designed to allow scientists the opportunity to obtain start-up funds for new projects with exciting potential.

Synthetic surfactant could ease breathing for patients with lung disease and injury

In a collaborative study between Lawson Health Research Institute and Stanford University, scientists have developed and tested a new synthetic surfactant that could lead to improved treatments for lung disease and injury.

Human lungs are coated with surfactant, which allows us to breathe easily. When lung surfactant is missing or depleted, which can happen with premature birth or lung injury, breathing becomes difficult. Lung surfactant is made up of lipids and proteins which help lower tension on the lung's surface, reducing the amount of effort needed to take a breath. The proteins, called surfactant-associated proteins, are very difficult to create in a laboratory and so the surfactant most commonly used in medicine is obtained from animal lungs.

London has an illustrious legacy in surfactant research and innovation. It was here that a technique used to purify and sterilize lung surfactant extracted from cows was pioneered. Called bovine lipid extract surfactant (BLES), the therapeutic is made in London and used by nearly all neonatal intensive care units in Canada to treat premature babies with respiratory distress. St. Joseph's Hospital was the first in the world to use the therapy for premature babies in 1983.

For adults, surfactant therapy is more difficult. The lungs are 20 times bigger than those of babies and much higher doses of surfactant is needed, explains Dr. Ruud Veldhuizen, a scientist at Lawson whose lab is at St. Joseph's Hospital.

In this collaborative study, the research team took a new approach to creating synthetic surfactant. Rather than trying to recreate surfactant-associated proteins in the lab, scientists at Stanford created protein mimics, which look like surfactant-associated proteins and have similar properties but are easier to create and more stable. As a result, the team was able to create a new synthetic surfactant.

Collaborating with the Stanford team, Dr. Veldhuizen evaluated the synthetic surfactant in animal models in his research lab at St. Joseph's. The study showed that, unlike other synthetic surfactants currently on the market, the new surfactant equaled or outperformed the animal-derived surfactant in every outcome. This included outperforming animal-derived surfactant in oxygenating blood, which is the lungs' main purpose.

The team estimates that the synthetic surfactant could be produced at a much lower cost than animal-derived surfactant.

LEVERAGING TECHNOLOGY

Enhancing seamless care

Picture Archiving and Communications System (PACS) refers to a solution that is used to digitally capture, store, distribute and display patients' medical images for interpretation or review by their clinical team. It allows electronic diagnostic images and reports to be quickly transmitted to, and accessed by, any hospital site with the technology.

In 2004, St. Joseph became the first hospital in the region to deploy PACS, which was expanded to London Health Sciences Centre (LHSC) and hospitals across the region. With the current PACS solution approaching 15 years old and no longer being developed, new solutions were sought to improve functionality both within and across organizations. The primary goals included addressing existing limitations with the current product (technical compatibility, license limitations, functional gaps, high cost), positioning the hospitals for future needs, and allowing for more organizations to come onboard to better match our patient catchment area.

Through a formal competitive bidding process, St. Joseph's and LHSC entered into a long term relationship with Agfa Healthcare Inc. to implement its Enterprise Imaging platform to replace the current GE PACS solution. The new solution achieves the goals while reducing total cost of ownership. In addition to the current group of hospitals sharing our PACS system in the Thames Valley region, the Listowel Wingham Hospitals Alliance as well as the Grey Bruce Health Services group will be on-boarded in a second phase. This new technology will also create a foundation which supports potential future projects.

Among the benefits of the Enterprise Imaging platform are:

- The new system will eventually enable seamless access to all diagnostic imaging patient data in LHINs 1,2,3,4
- With additional hospitals on board, the new system supports care closer to home, reducing the need for patient travel.
- The full PACS client can be installed anywhere in the enterprise, greatly improving workflow and access.
- The new 'zero footprint' viewer (which means it is cloud-based and doesn't require any added hardware or software) supports a much broader range of devices and browsers.

- There are embedded collaboration tools for real-time physician-to-physician communication.
- There is added capability to expand outside of traditional diagnostic imaging.
- The new system allows for tighter integration with the regional imaging repository, reducing technical complexity and improving data quality

The transition from GE PACS to Agfa PACS was successfully rolled out June 19-22, 2018, to all organizations that shared the older platform – 16 hospitals in total. The project was delivered on time and on budget. St. Joseph’s once again led the way, becoming the first organization in the Cerner group of hospitals to transmit an image using the new system.

While the system continues to be optimized for our complex information technology environments, no major issues were encountered and overall system performance is improved over the previous system.

Core lab transformation

Pathology and Laboratory Medicine (PaLM) has been leading the most complex and comprehensive transformation ever of the core labs across Victoria Hospital, University Hospital and St. Joseph’s Hospital. The goals are to improve the accuracy of test results for patients, turn-around times for the clinical team and efficiency of resource utilization. With existing instrumentation coming to end-of-life, the scope and scale of the effort is significant – complete replacement and upgrade of all major equipment including chemistry, hematology, coagulation and urinalysis, along with a citywide redesign of test menus and logistics to improve patient safety and increase access and efficiency at all sites.

The transformation, including the system design itself, is truly novel with several Canadian-firsts and world-firsts created through a collaborative effort between staff, medical and scientific leaders and management. To date the citywide core labs have doubled the menu of STAT (emergency) tests available to support more timely care, implemented fully digital hematology allowing rapid diagnostics and intra-city consultation, and significantly reduced manual handling and transportation of samples between labs and the associated risk of errors and delays. More than 100,000 samples are no longer moved between labs.

These benefits for patients are made possible through the comprehensive approach to improvement that views the instrumentation as only one small component within a wider operational system, including staffing, workflow, logistics, quality assurance, supply chain/procurement, and the physical environment.

The transformation work began in 2015 with early planning and extensive engagement and involvement of staff. Major renovations and upgrades are nearly complete, with 24/7 access to STAT tests maintained throughout five separate go-lives. The planned completion for upgrades is October 2018, after which an intensive period of optimization will continue to deliver even further patient care and efficiency benefits.

EMPOWERING PEOPLE

Our brand promise

In 2017, St. Joseph’s and St. Joseph’s Health Care Foundation embarked on market research that provided key information on the public’s understanding about care provided at St. Joseph’s.

While we know there is something different and special about St. Joseph's, the research highlighted the need to share this more broadly and innovatively with the community.

To do so, St. Joseph's and the foundation have embarked on a new look for our organization that aims to capture the St. Joseph's difference. We know the care we provide matters. We know our patients matter. We know that each of us matter. The new brand platform will use powerful close-up images of clinicians and staff, patients and family members, alongside strong statements – our brand promise – of what matters to our community and those we serve.

This new look will be woven into several internal and external concepts as we gear up to use it over the next several years. The first phase, launched earlier this year by the foundation, can be seen on the exterior of several of our buildings and internally in clinic spaces. The second phase will build on this presence with additional images and statements.

In May 2018, five brand open houses were held where staff were introduced to the new brand and asked for their suggestions on stories to tell, who we can showcase and ideas about “what matters” here. The open houses were extremely well attended with more than 400 people sharing their thoughts.

Training in what matters most

Over the summer months, all Food and Nutrition Services (FNS) staff (nearly 200 employees) are receiving what is referred to as “R4” training. The majority of the training session helps staff to be change ready and focuses on relationships, respect, resiliency and recognition – the four Rs. The session begins with an overview of the hospital's new Strategic Plan, which is then followed by R4 training, physiological safety training and Senior Friendly Awareness training. To date, much positive feedback has been received from staff on the value of these full-day training sessions.

Hospital Challenge blood drive – an update

As previously reported, the Canadian Blood Services' Hospital Challenge is an annual blood drive that sees hospitals across Ontario go head-to-head to donate the most units of blood per capita (employee population) during the months of May and June – just before summer when the need for blood is the most critical

This year's Hospital Challenge captured the attention of staff with numbers going out to give blood far exceeding those who gave last year. Many programs and clinics took advantage of the challenge to make donating blood a team-building exercise. For example, nine young scientists from Lawson Health Research Institute exchanged their weekly social outing with a visit to Canadian Blood Services' headquarters to give blood as a team. Six of the nine had never given blood before.

In total, St. Joseph's staff, physicians, researchers, friends and family members made 72 blood donations in May and June, which placed the organization fourth among 14 competing hospitals. It's the fourth year in a row that St. Joseph's has finished in the top four. Many staff members shared why they give in heart-warming and poignant comments available on [St. Joseph's website](#).

Clinic neighbourhood watch

St. Joseph's Operational Stress Injury Clinic at Parkwood Institute has launched a 'neighborhood watch' initiative to support the mental health and wellness of the team. Introduced by psychiatrist Dr. Michelle Marlborough, the initiative has the team asking and

checking in with colleagues when they observe any behaviours indicating a co-worker may be struggling emotionally or mentally. It also involves encouraging team members to reach out at any time to ask for help. This concept was shared with the chairs of the corporate Psychological Health and Safety Working Group as a potential initiative in other areas of the organization.

Staff huddles bring ideas to life

In Central Processing, a new team huddle board has been implemented to promote staff ideas for improvement. Huddles occur every weekday at 3:00 pm when most of the staff overlap during shift change. While the coordinator is currently leading the huddles, leadership will transition to staff so that they own the process. So far, five ideas for improvement have been initiated involving staffing allocations, improved use of sterilization machines, and better planning for staff weekend shifts. The purpose of the huddles is to promote staff empowerment while focusing on quality in Central Processing.

Psychological health and safety in the workplace – an update

As previously reported, St. Joseph's made a public pledge to psychological health and safety in the workplace by signing the [Declaration of Commitment to Psychological Health and Safety in Healthcare](#). This declaration is 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.

Now it's the turn of staff, physicians and volunteers to make their own declaration. All are encouraged to learn more about this initiative and [add their name](#) to demonstrate their commitment to strengthening our healthy workplace.

Department Chiefs appointed

- Dr. Chandlee Dickey has been appointed Chief of the Department of Psychiatry for a five-year term, effective October 15, 2018. Medical Affairs would like to thank Dr. Sandra Northcott, Interim Chief of Psychiatry at St. Joseph's, and Drs. Sarah Jarman and Bill Sischek, Interim Co-Chief's at London Health Sciences Centre, for their superb leadership and guidance to the department and contributions to the Medical Advisory Committee.
- Dr. Tracey Crumley has been appointed Interim Chief of the Department of Obstetrics and Gynaecology, effective July 1, 2018, to June 30, 2019. This appointment allows for the continued recruitment of a permanent citywide chief. Dr. Maggie Rebel has been the Chief of Obstetrics and Gynaecology since 2012 and Medical Affairs would like to thank Dr. Rebel for her leadership and guidance to the department.

OUR FINANCES

Funding boosts registered nursing complement in long-term care

On May 22, 2018, St. Joseph's received notice from the South West LHIN that the Ministry of Health and Long-Term Care is investing up to \$50 million in new base funding in 2018-2019 for the hiring of an additional registered nurse in every long-term care (LTC) home. The new

funding will be used to support each LTC home in creating and filling a net new registered nurse full-time equivalent position.

Effective July 1, 2018, each licensed LTC home will receive annualized base funding of \$106,000 (\$79,552 in the 2018-2019 funding year) to create and fill an additional full-time registered nurse position. Mount Hope leadership is currently working with nursing staff to determine how to maximize the benefit of this much-welcomed new investment in nursing to improve resident care.

The Ministry of Health announcement also mentioned additional funding for equipment to support falls prevention. Mount Hope is reviewing its current falls prevention program and assessing the need for additional investment in equipment.

Finance training for physicians

On June 6, 2018, Lori Higgs, Vice President Clinical Support and Chief Financial Officer, and David Ross, Director of Finance and Health Information Management, hosted the first-ever finance education training session specifically geared to physician leaders. The education is part of Finance's strategy to engage physician leaders as partners. During the session, participants were provided with an overview of provincial funding of hospitals, St. Joseph's financial budgeting, capital processes and financial results, and Ontario's priorities in the evolution of Health System Funding Reform. Finance also took this opportunity to understand what is important to physicians from a finance and health information management training perspective, and to customize future training to meet their needs as well as that of the broader physician group. The session concluded with a discussion to identify future opportunities to showcase innovative case studies and collaborate on advocacy efforts to improve health equity. The session was very well attended by many Chair/Chiefs and Site Chiefs.

Agreement enhances cost-saving sourcing and contract management

Healthcare Materials Management Services (HMMS) and Mohawk Medbuy Corporation (MMC) have reached an affiliation agreement enabling the two organizations and their mutual partner, TransForm Shared Service Organization (TransForm), to collaborate on cost-saving sourcing and contract management initiatives. The agreement with MMC follows last year's collaborative partnership with TransForm that created new opportunities and efficiencies for both organizations.

HMMS' new relationship with MMC is expected to significantly improve the integrity of contract management and immediately assist both HMMS and TransForm in their desire to align on future sourcing initiatives. Suppliers can expect to see HMMS commit to MMC contracts where a clear value proposition is evident and contractual compliance can be maintained. The affiliation also means increased market share for MMC, a group purchasing organization with more than 120 hospital members that was formed through the amalgamation of Mohawk Shared Services and Medbuy Corporation.

ADVOCACY AND COLLABORATIONS

Supporting victim-centred response to sexual assault

St. Joseph's will be providing expertise to the newly formed Regional Collaborative Review Committee for unfounded sexual assault cases. An agreement has been signed with the Ontario Provincial Police (OPP) West Region to have Cassandra Fisher, Coordinator of St. Joseph's

Regional Sexual Assault and Domestic Violence Treatment Program, trained to join the committee.

The purpose of the committee is to: ensure best practice responses to sexual assault reports; improve the effectiveness of the investigative process; assist with the apprehension of offenders; provide the proper level of service and respect to sexual assault complainants and enhance their trust in the investigative process; promote open communication and cooperation between the OPP and advocate agencies; and improve the transparency of the OPP sexual assault investigations. The committee is comprised of community representatives and OPP members.

Collaborating to test our emergency response

- As previously reported, St. Joseph's took part in a City of London code orange (external disaster) field exercise held in October 2017 involving a tornado touchdown in the city. The extensive emergency response drill included police, fire, Emergency Medical Services, London Search and Rescue, the Middlesex-London Health Unit, London Hydro, Fanshawe College, St. Joseph's and London Health Sciences Centre. It was one of the largest field exercises held in Canada involving nearly 600 individuals.

Ruth Bullas, St. Joseph's Chief Privacy and Risk Officer, represents St. Joseph's on the city's Emergency Management Exercise Design Committee. This committee recently received a City of London Award of Excellence for Collaboration for the code orange exercise. St. Joseph's congratulates Ruth and all those involved in this exercise.

- On June 20, 2018, the same city exercise design team ran a tabletop disaster exercise involving a train derailment within the city. St. Joseph's used this opportunity to conduct a tabletop exercise in conjunction with the city during which leaders activated our emergency operations centre (EOC) and implemented Ontario's Incident Management System structure. New EOC kits were deployed and leaders throughout the organization were brought into the exercise as the scenario developed. The scenario involved a loss of power to both St. Joseph's Hospital and Mount Hope Centre for Long Term Care, an air exclusion order and a potential evacuation of both sites due to chemical spills at the train derailment site at Oxford and Talbot. Evaluation of the exercise is underway to identify any gaps with procedures and seek suggestions for future exercises.

Sharing our experience and knowledge

On June 27, 2018, St. Joseph's hosted a tour and information session with the International Working Group on Death, Dying and Bereavement (IWG), which was in London to attend an international conference at King's University College.

The IWG, a non-profit organization, supports leaders in the field of death, dying and bereavement in their efforts to stimulate and enhance innovative ideas, research and practice. The conference – Dying Matters: Current issues and approaches in hospice palliative care – was being held in conjunction with the 30th Meeting of the IWG and co-hosted by King's and Western University.

During the St. Joseph's tour and information session, the group learned about palliative care services at St. Joseph's, Canadian legislation on medical assistance in dying (assisted suicide and voluntary euthanasia), and how Catholic health care responds to patient requests. The session was supported by leaders in ethics and palliative care at St. Joseph's, as well as senior leaders.

UNCOMPROMISING QUALITY AND SAFETY

Accreditation 2019

St. Joseph's has officially launched preparations for Accreditation 2019. The Accreditation Canada onsite visit has been scheduled for September 30 to October 4, 2019. Key activities completed to date include:

- The baseline assessment of compliance for all Required Organizational Practices has been completed.
- Orientation to the accreditation process and key areas of focus required for the 2019 survey was provided to leaders at the Leadership Development Institute on June 12, 2018.
- The Patient Safety Culture Survey was launched on June 13, 2018 and closed on July 13. The electronic invitation was sent to staff and leaders working in direct patient care areas, as well as the Senior Leadership Team and physicians with a primary appointment at St. Joseph's. More than 500 responses were received, which meets the threshold for accreditation of 400 responses for an overall report.
- St. Joseph's Accreditation Coordinator has started regular meetings with our Accreditation Canada consultant.

Creating a culture of safety

The citywide Pathology and Laboratory Medicine (PaLM) Safety Committee has received a 2018 Employee Health & Safety Recognition Award from London Health Sciences Centre (LHSC). The PaLM Safety Committee won the Scott Dumaresq Award, which recognizes employee individuals or groups for health and safety initiatives. The dedicated, 40-member committee has been instrumental in implementing, monitoring and creating a culture of staff safety in labs across St. Joseph's and LHSC.

Improving safety knowledge

Fifty-eight members of the nine Joint Health and Safety Committees (JHSCs) across St. Joseph's attended a one-day training session designed to improve their knowledge and ability to perform their duties in compliance with the Occupational Health & Safety Act. Members learned about their roles in performing workplace inspections, investigating critical injuries, being present during Ministry of Labour visits, work refusals and workplace violence prevention. A Ministry of Labour inspector attended as part of the day to present and respond to questions. Evaluations indicated the day was informative and improved attendees' confidence in being able to fulfill their duties as JHSC representatives.

RECOGNITIONS AND CELEBRATIONS

An exemplary physician

Congratulations to Dr. Chris Doherty, a plastic surgeon with the Roth McFarlane Hand and Upper Limb Centre, who is the 2018 recipient of St. Joseph's Professional Staff Organization (PSO) Recognition and Reward Award. The award recognizes the performance of an individual who "enables exemplary patient care, teaching and research through leadership, collaboration and/or innovation."

As an addition to the Recognition and Reward Award, the PSO recently established bursaries to provide leadership development opportunities for professional staff. The PSO allocated \$20,000 for disbursement to applicants applying for leadership development programs in 2018-2019.

The first annual PSO Leadership Bursary recipients are:

- Dr. Carol McDaniel, psychiatrist, St. Joseph's
- Dr. Sandra Northcott, psychiatrist, St. Joseph's
- Dr. Robert Dinniwel, radiation oncologist, London Health Sciences Centre
- Dr. Sameer Elsayed, infectious diseases specialist, London Health Sciences Centre
- Dr. Richard Owen, psychiatrist, London Health Sciences Centre

Excellence in emergency medicine

Congratulations to team members of St. Joseph's Urgent Care Centre (UCC) who received a 2018 London Department of Emergency Medicine Award. The awards recognize excellence within the citywide Department of Emergency Medicine, which includes the UCC. More than 600 staff and physicians work in London's emergency departments and UCC. It's the second year for the awards, which received more than 130 nominations from four sites this year – St. Joseph's Hospital, University Hospital, Victoria Hospital and Children's Hospital. From the UCC, the recipients are:

- Dr. Don Gutoski – Lifetime Achievement Award
- Saul Edwards – Communication Clerk Award
- Suzanne Dubeau– Emergency Nursing Award
- Marion McQueen -- Emergency Registered Practical Nurse Award

Dr. Gutoski is the first recipient of the Lifetime Achievement Award, which recognizes the outstanding capabilities and achievements of an individual who has made significant contributions to the profession by achieving a sustained impact on the field of Emergency Medicine throughout their career and has fundamentally influenced and helped Emergency Medicine envision the future.

Making our community and country stronger

Dr. Ken Lee, family physician with St. Joseph's Operational Stress Injury Clinic, received a 2018 Canada 150 Award from the House of Commons. He was nominated by local MP Irene Mathysen for his work with mental health, addictions, homeless persons, and veterans.

The Canada 150 Awards acknowledge the contributions of Canadians who have made their community and the country stronger. There are 15 categories for the awards, recognizing the diverse contributions of individuals. St. Joseph's congratulates Dr. Lee on this distinguished honour.

Award winning Lawson teams

Lawson Health Research Institute was recently singled out for excellence, winning two awards:

- Lawson's Communications & External Relations team won an International Association of Business Communicators (IABC) Award of Merit in recognition of the inaugural publication of Lawson Link. The IABC London Virtuoso Awards is the only regional awards program in Southwestern Ontario that recognizes excellence in communications and the best in creative strategy and design.
- Lawson has received the IQVIA Partner Site Recognition Award of Excellence. IQVIA, formerly Quintiles IMS Holdings Inc., is a key contract research organization that Lawson works with to conduct clinical trials on behalf of pharmaceutical industry sponsors and funders. The IQVIA Partner Site Recognition Award is presented to outstanding partner

sites. It recognizes Lawson's strong partner relationships, diverse clinical trials, and a commitment to improving contract turnaround and study startup times, all of which advance Lawson's competitiveness in clinical research. Read more on [Lawson's website](#).

OTHER

Post-election transition plan

The Ontario Hospital Association (OHA) has initiated a post-election transition plan to influence and shape the health care agenda of the new government. To assist this work, the OHA is interviewing select hospital CEOs to determine what barriers and opportunities exist for hospitals as they transform and evolve into hospitals of the future. A special committee of the OHA Board was also established to help the OHA develop policy recommendations for the new government and to support the advocacy work related to these recommendations. The committee is chaired by Altaf Stationwala, President and CEO of Mackenzie Health, and includes representation from all hospital sizes and types. Finally, the OHA has been soliciting feedback from members through the provincial leadership councils.

Members of Provincial Parliament elected in the London region are:

- Elgin-Middlesex-London, Jeff Yurek, PC
- London North Centre, Terrence Kernaghan, NDP
- London West, Peggy Sattler, NDP
- London-Fanshawe, Teresa Armstrong, NDP

Regulated Health Professions Act

Ontario has bolstered its zero tolerance policy on patient sexual abuse by any regulated health professional. The Regulated Health Professions Act strengthens the prevention of, and response to, incidents of patient sexual abuse, increases supports for victims of sexual abuse by regulated health professionals, and improves regulatory oversight and accountability of health regulatory colleges. Specifically, the act will:

- Expand the list of acts that would result in the mandatory revocation of a regulated health professional's certificate of registration
- Remove the ability of a college to impose gender-based restrictions on a regulated health professional's certificate of registration

Dr. Michael Strong steps down as Dean

Dr. Michael Strong has accepted an appointment as President of the Canadian Institutes of Health Research (CIHR) for a five-year term, effective October 1, 2018. In accepting this appointment, Dr. Strong will step down as Dean at the Schulich School of Medicine & Dentistry effective September 30, 2018, but he will remain a Distinguished University Professor at Western and continue his work as a scientist researching amyotrophic lateral sclerosis (ALS) at Robarts Research Institute. In the meantime, consideration will be made to naming an Acting Dean while a comprehensive search is undertaken to appoint Dr. Strong's successor.

In his new role as President of CIHR, which comprises 13 Institutes and provides leadership and support to health researchers and trainees across Canada, Dr. Strong will oversee the direction and management of the property, business and affairs of the Institutes.

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

Premier Ford announces cabinet ministers

On June 29, 2018, Doug Ford was sworn as Ontario's 26th Premier, along with his newly appointed cabinet ministers. Key appointments are:

- Christine Elliott – Minister of Health and Long-Term Care and Deputy Premier
- Laurie Scott – Minister of Labour
- Victor Fedeli – Minister of Finance and Chair of Cabinet
- Helen Angus – Deputy Minister of Health and Long-Term Care
- Greg Orencsak – Deputy Minister of Finance

The government news release announcing the full cabinet is available [here](#). The Ontario Hospital Association's summary document of newly appointed cabinet ministers and relevant background information is available [here](#). (log in required)

Provincial council established to end hallway medicine

On July 6, 2018, the Lieutenant Governor of Ontario, with the advice and approval of the Executive Council of Ontario, ordered the establishment of the Premier's Council on Improving Healthcare and Ending Hallway Medicine. Dr. Rueben Devlin was appointed Chair as well as Special Advisor on the new council.

Speech from the Throne reiterates support for health care

On July 11, Elizabeth Dowdeswell, Lieutenant Governor of Ontario, delivered the Speech from the Throne, opening the first Session of the 42nd Parliament of Ontario. The speech reiterated key health priorities including: improving Ontario's health care system by providing long-term stable funding; 15,000 new long-term care beds over the next five years; and a \$3.8 billion investment in mental health and addiction services. The government also restated its commitment to putting the interests of patients first and working to ensure healthy financial footing for hospitals, schools and other vital public services.

The full speech is available [here](#).

Shifting Winds

Within the first week of taking office, Premier Doug Ford fired Ontario's Chief Scientist, Dr. Molly Shoichet. An award-winning professor at the University of Toronto, Dr. Shoichet was appointed as Ontario's first chief scientist in November 2017 in what the previous Liberal government said was an effort to create a voice for science at the top level of government. Indications are that Dr. Shoichet will be replaced with an individual of the new government's choosing.

Premier Ford's cabinet is made up of 22 ministers, including the premier. This is much smaller than the 30 ministers in Premier Kathleen Wynne's last cabinet. Several ministries have been combined into newly expanded super ministries. The previous Ministry of Research, Innovation and Science has been eliminated, with research and innovation now falling under the direction of Minister Jim Wilson, Ministry of Economic Development, Job Creation and Trade.

Government launches inquiry into Ontario's past spending practices

On July 17, Premier Doug Ford, Minister of Finance Vic Fedeli, and President of the Treasury Board Peter Bethlenfalvy launched an [Independent Financial Commission of Inquiry](#) and an external line-by-line audit of government spending. The commission will be led by former Premier of British Columbia, Gordon Campbell, and commissioners Dr. Al Rosen and Michael Horgan.

The audit, which will include a review of spending across the broader public sector, will involve public consultations, provide a detailed analysis of current spending, and benchmark against other jurisdictions. Additionally, it will recommend areas for improvement and identify efficiencies and cost savings.

Environmental Scan

More than half a million prescription drugs are stolen each year - most are opioids

More than half a million prescriptions drugs are stolen from pharmacies each year, with the majority being highly addictive opioid painkillers that end up on the street, according to an analysis of Health Canada data by CBC News.

The analysis found that, overall, 1.8 million doses of controlled drugs were reported missing to Health Canada in the first nine months of 2017, a 64 per cent increase from 2012, when 1.1 million doses went missing.

A majority of the nearly nine million doses that were stolen or unaccounted for over those five years were highly addictive opioid painkillers, such as oxycodone, hydromorphone and codeine. In about one-third of the cases, there was no explanation for how they went missing.

[CBC News, June 27, 2018](#)

Woodstock Hospital appoints new president and CEO

Woodstock Hospital's Board of Trust has announced that Perry Lang, Chief Operating Officer, will be the new President and CEO, effective January 1, 2019. He will replace Natasa Veljovic, who is retiring.

Lang has been the Chief Operating Officer of Woodstock Hospital since 2007. In this role, he oversees ongoing business operations within the hospital and supports continuous improvements to offer high quality health care services to the community. He started at the hospital in 1998 as the Director of Finance and has played an instrumental role in the construction of the new hospital and in developing the information technology component of the hospital's Strategic Plan.

[Woodstock Hospital, June 27, 2018](#)

Expert says nursing homes penalized for keeping elderly residents healthy

Nursing homes in Ontario that use the best methods to improve the health of their residents lose funding, a perverse system that the Registered Nurses' Association of Ontario (RNAO) is working to change.

For many years, Ontario has funded nursing homes largely based on the number of residents and the extent to which each required care. While that makes some sense, said Doris Grinspun, CEO of the RNAO, it also means that homes are penalized when they improve the health of residents.

"The unintended and negative consequence of improving resident outcomes is that long-term care homes are financially penalized," the RNAO wrote earlier this year in a report titled [Improving Health for All](#).

The incoming Tory government should offset that penalty with extra funding for homes that meet benchmarks for improving care in key areas, something already done by the government in Alberta, Grinspun said. That change is one of several being pushed by the RNAO.

[London Free Press, June 28, 2018](#)

Canada is a leader in suicide prevention technology

With the back-to-back deaths of celebrities Kate Spade and Anthony Bourdain putting suicide back in the headlines, it turns out Canada is leading the way in prevention practices and technology. The recently formed Canadian Suicide Prevention Service (CSPS), set up as a pilot in November 2017 linking existing regional distress centres across the country, is the first in the world to use chat, text messages and phones as a way of communicating with those at risk.

“This solution is a made-in-Canada one,” said Roberta J. Fox-Lawson, the founding and interim CEO and Chief Technical Officer of Crisis Services Canada, which runs CSPS. It’s also the first in the world using all three media – voice, text and chat, she says.

Even more significantly, chat and text messaging is replacing the older phone-based methods with more than 60 per cent of the lives saved by CSPS through the new media.

Suicide research in Canada and the U.S. has shown that individuals are more likely to reach out for help with the anonymity of not having to talk somebody, said Fox-Lawson. “It’s also a lower cost way of connecting.

As of June 13, 2018, there have been 3,750 chat requests, 4,140 texts and the rest are by phone since the CSPS opened in November 2017.

[London Free Press, July 3, 2018](#)

OHIP+ to no longer give kids, young adults with private insurance free medication

Ontario’s government will no longer offer free prescriptions to kids and young adults with private coverage. Health Minister Christine Elliott said the move follows through on Premier Doug Ford’s campaign promise to find cost-cutting measures that don’t slash jobs.

Children and youth who are not covered by private benefits will continue to receive their eligible prescriptions for free while those covered by private plans will bill those insurers first and the government second. The government has not specified when the new system comes into effect.

OHIP+, enacted by the previous Liberal government just last year, offered free prescription medication for Ontarians under the age of 25. It covered the 4,400-plus drugs included in the Ontario Drug Benefit Program, which is used by seniors and those on social assistance.

[Toronto Star, June 30, 2018](#)

People 'dying unnecessarily' because of racial bias in Canada's health care system

While some people have raised concerns about anti-Indigenous racism in the Northwest Territories' health care system, an expert says it's not just an issue in the territory. Dr. Janet Smylie said it's one of the biggest health inequities between Indigenous and non-Indigenous people across Canada.

“To me, the most important impacts are that people are dying unnecessarily or experiencing disability,” she said.

Smylie has been studying the phenomenon in Canada's health care system for the past 15 years. She's a researcher at the Centre for Urban Health Solutions at St. Michael's Hospital in Toronto and a Métis physician who's been practising for more than two decades.

Smylie said cultural bias can also lead to higher rates of commercial tobacco use among First Nation, Inuit and Métis people because they're not getting the same public-health messages as other Canadians. That's an example of what Smylie calls implicit — or unconscious — racism, rather than intentional.

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

Falls are sending more Canadians to the hospital than ever before

Unintentional falls resulted in nearly 1,800 reported emergency department (ED) visits and 417 hospital stays every day last year, making them the most common cause of injury in 2016–2017.

According to new data released by the Canadian Institute for Health Information (CIHI), there were more than 2 million reported ED visits due to injury last year — 653,808 of which were the result of unintentional falls. There were also more than 263,000 injury and trauma hospitalizations last year (meaning the patient spent at least one night as an inpatient). There were almost eight ED visits due to injury and trauma for every hospitalization.

“Falls are a leading cause of preventable injury, and many of these injuries are quite serious,” said Greg Webster, CIHI’s director of Acute and Ambulatory Care Information Services. “These injuries affect all age groups across the country. This updated information can be used to help reduce the number of unintentional falls in Canada.”

[Canadian Institute for Health Information, July 5, 2018](#)

New statistical study shows how to rid hospitals of ‘hallway medicine’

A new study from Western University outlines statistics-based solutions to eliminate ‘hallway medicine’ in Canadian hospitals. David Stanford and his team from Western University believe mathematics hold the answers to this national epidemic. Their findings were published by the prestigious journal, [European Journal of Operational Research](#).

According to Health Care in Canada, 2012: A Focus on Wait Times, a report released by the Canadian Institute for Health Information, emergency rooms in Canada boast a clinical target for the Canadian Triage and Acuity Score (CTAS) ‘Urgent’ category of 90 per cent of patients being seen by a doctor within 30 minutes of arrival. Based on their dataset from 2012 and 2013, the actual number was only 9.2 per cent.

“The current targets are unachievable not only because of limited resources, funds or personnel but because the way we’re calculating physician hours needed is not realistic in terms of patient flow and the varying levels of trauma that come to Canadian emergency rooms,” says Stanford, a professor in Western’s Department of Statistical and Actuarial Sciences.

His study points out that key performance indicators like the CTAS specify delay targets and percent compliance levels but again, offer no “best” solution. It also reveals that current

emergency room staffing policies, which do a mere accounting-style estimation of expected patient volume, are inadequate because no account of variability is given. This again results in under-staffing of physician hours needed.

Stanford and his team propose their own sensible solution, based on statistics, to minimize the expected number of patients that are forced to wait beyond their targeted times. They propose a method that tracks how patients are doing based on their current condition, which will allow them to accumulate 'priority' points while they wait. This approach, says Stanford, could be implemented quite easily by simply adding an additional field to emergency department inpatient dashboards, which will help physicians decide who to see next, subject of course to medical decision-making.

[Western University, July 5, 2018](#)

New BrainsCAN study rules out major potential target for Alzheimer's disease drugs

An unexpected result discovered by neuroscientists at Western University rules out a major potential treatment focus that drug manufacturers – and researchers around the world – have been targeting for years in the fight against the debilitating disease.

In a recent study from BrainsCAN, Western's \$66 million Canada First Research Excellence Fund program in cognitive neuroscience, Stefan Everling and his collaborators Susheel Vijayraghavan and Alex Major found that overstimulation of muscarinic M1 receptors actually disrupts and even blocks working memory activity, which contradicts long-held beliefs about the function of these receptors found in the brain.

[The study](#), published by the high-impact journal *Neuron*, showed that proactive stimulation of acetylcholine – an organic chemical that functions in the brain and body as a messenger for neural information – in human brain models did not garner the intended positive result of increasing memory but, in fact, completely stunted the retention of newly acquired information.

M1 receptors are the most abundant kind of muscarinic receptors in the prefrontal cortex, a region of the brain crucially involved in cognition, so they are a major target for drugs and other therapeutics for Alzheimer's disease. Now scientists can focus on M2 receptors, which are far less prevalent in the human brain but may be a more attractive target for developing cognitive enhancers.

[Western University, July 5, 2018](#)

Christine Elliott was a patient of the health system she now oversees as minister

A year after suffering a serious head injury, Christine Elliott marvels that, not only has she achieved a full recovery, but she is helming the health system that helped make it happen.

An accident at her cottage left Elliot with a broken temporal bone at the base of her skull and saw her hospitalized for a month and a half. She had to undergo months of rehabilitation to fully regain her ability to walk and speak.

Elliott, 63, said her experience as a patient will inform her in her new role. So too, she said, will her experiences as Ontario's first patient ombudsman and as the Conservative party's health critic. Read her story [here](#).

[Toronto Star, July 9, 2018](#)

New public health research debunks “grey tsunami”

An examination of chronic diseases among Ontarians has uncovered that the aging population is not the much-touted heavy burden on Canada’s health care system. The results, published in the *Canadian Journal of Public Health*, indicate the volume of multi-morbidity – the presence of three or more chronic conditions – is derived from adults as young as 35 years old.

The cross-sectional population-based study included absolute numbers of multi-morbidity by age, a finding not usually reported but of great use to public health policy and primary care strategies. In 2013, more than 73 per cent of Ontarians over the age of 80 had multi-morbidity compared to 50 per cent of those aged 65-79, and nearly 20 per cent of those between 45 and 64. However, in absolute numbers, the highest volume of multi-morbidity is seen between the ages of 45 and 64, with approximately 754,663.

“In focusing primarily on advanced age, governments and policy-makers cannot fully appreciate the causes and solutions to multi-morbidity in the middle years – and the potential impact on population health,” said study lead author Bridget Ryan, assistant professor at Western University in the departments of Family Medicine and Epidemiology and Biostatistics, and a fellow with the Institute for Clinical Evaluative Sciences. “Our goal is to demonstrate the need for more attention and resources directed to the prevention and management of chronic diseases earlier in life.”

Of the 17 chronic conditions accounted for in this research, the most prevalent were hypertension, mood disorders, arthritis, diabetes and chronic obstructive pulmonary disease.

[Canadian Public Health Association, July 18, 2018](#)

Cap-and-trade cut hurts hospitals; \$64 million in funding slashed by Ontario’s Tories

A \$64-million program that was helping cash-strapped hospitals save millions on electricity bills is among the provincial programs that have been cut as a result of the scrapping of cap and trade in Ontario. The Hospital Energy Efficiency Program paid out \$64 million to Ontario hospitals in 2017-2018 for projects such as motion-activated light sensors that meant lights didn't have to be left on in storage and other rooms when not in use.

NDP health critic France Gélinas says the program was a boon to smaller hospitals in particular, many of which are facing deficits and couldn't afford to put money into work that would help reduce their rising energy bills.

[Ottawa Sun, July 23, 2018](#)

Blood test can predict optimal treatment for advanced prostate cancer

An international collaborative study between Lawson Health Research Institute, Memorial Sloan Kettering Cancer Center, the Royal Marsden and Epic Sciences is one of the first to demonstrate that a blood test can predict how patients with advanced prostate cancer will respond to specific treatments, leading to improved survival.

The study used a liquid biopsy test developed by molecular diagnostics company Epic Sciences that examines circulating tumour cells (CTCs) in blood samples from patients with advanced prostate cancer who are deciding whether to switch from hormone-targeting therapy to chemotherapy. CTCs are cancer cells that leave a tumour, enter the blood stream and invade other parts of the body, causing the spread of cancer.

The test identifies whether or not a patient's CTCs contain a protein called AR-V7 in the cell's nucleus. The research team set out to determine whether the presence of this protein predicted which treatment would best prolong a patient's life. They found that patients who tested positive for the protein responded best to taxane-based chemotherapy while those who tested negative for the protein responded best to hormone-targeting therapy with drugs called androgen-receptor signaling inhibitors. These are the two most widely used drug classes to treat advanced prostate cancer.

While this study looked at predicting the best treatment for patients who had already undergone at least one round of hormone-targeting therapy, a future goal is to assess the use of this test or similar CTC blood tests in determining optimal therapy at earlier decision points in advanced prostate cancer care.

[Lawson Health Research Institute, July 24, 2018](#)

St. Joseph's in the News

[Oral antibiotics tied to increased risk of kidney stones](#), Reuters, June 20, 2018

[London scientist aims to help patients breathe easier](#), London Free Press, July 9, 2018

[Lawson researchers are finding relief for patients with lung disease and injury](#), CTV London, July 9, 2018

[A picture is worth a thousand words](#), London Free Press, July 11, 2018

[Emerald Health Pharmaceuticals forms scleroderma clinical advisory board](#), Digital Journal, July 12, 2018

[Crash takes out hospital sign](#), Blackburn News, July 17, 2018

[Is more data needed to determine the safety of probiotics and prebiotics?](#), Nutralingredients.com, July 17, 2018

[Dream Lottery winners to be announced Thursday](#), Blackburn News, July 19, 2018

[Markdale couple wins grand prize in 2018 Spring Dream Lottery](#), Global News/980 CFPL, July 19, 2018

['Just amazing': And the Dream Lottery winners are . . .](#), London Free Press, July 19, 2018

[Dream Lottery winners revealed](#), CTV London, July 19, 2018

[Locals win two lottery draws](#), Bayshore News, July 20, 2018,