



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: August 28, 2018

For this final summer board report, I am providing you with the environmental scan and "St. Joseph's in the News" only to help you stay up to date on health care issues and happenings in the news regionally, provincially, nationally and for St. Joseph's. We will return to our regular board report in September.

Despite the slower pace of summer, the end of July and month of August has been busy.

On July 25, I joined frontline Food and Nutrition Services (FNS) staff in an "R4" training session. As previously reported, all FNS staff, nearly 200 employees, are receiving the training, which helps staff to be change ready and focuses on relationships, respect, resiliency and recognition – the four Rs. In wanting to be present with, and supportive of, frontline staff, I took part in the training and was fascinated to see this important work in action.

On July 30-31, a citywide strategic alignment retreat took place with St. Joseph's, London Health Sciences Centre, Lawson Health Research Institute, and Western University's Schulich School of Medicine & Dentistry and Faculty of Health Sciences. The purpose of the retreat was to advance a citywide strategy to achieve our collective academic goals and priorities. As part of the two-day session, each organization provided a brief presentation of their priorities and how this may impact the planning discussions of the collective.

Also on the academic front, I was pleased to have an introductory meeting with Dr. Andrew Hrymak, Western's new Provost & Vice-President (Academic), who began his term on August 1. Dr. Hrymak, previously Dean of Western's Faculty of Engineering for nearly a decade, is committed to fostering a collaborative research culture and has had a strong record of partnerships across Western's faculties. In his new role, Dr. Hrymak is the chief academic officer with primary responsibilities for the academic and budgetary affairs of the university. The meeting was an opportunity to share St. Joseph's role within London's health care network and the academic health care mission.

Then, on August 15, the first meeting was held of the Resident Workforce Challenge Working Group established by the Council of Academic Hospitals of Ontario. I am the CEO lead for this working group, which is looking at the impact of decreasing residency numbers and competency-based medical education (CBME) on academic hospitals. CBME is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program. In a CBME system, a curriculum is organized around the outcomes, or competencies, expected of a resident, and that resident's advancement is dependent on having achieved those outcomes. It's the largest change in residency educational design in decades.

Finally, on August 16, about 30 members of the community joined me at “Breakfast with Gillian”, a St. Joseph’s Health Care Foundation series launched earlier this year as part of our broader approach to community engagement. During the breakfast, 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. Overall, the feedback was excellent with attendees expressing appreciation for the information provided.

I hope you enjoy the last days of summer safely and with family. If you have any questions or need to reach me before the end of summer, please don't hesitate to do so at gillian.kernaghan@sjhc.london.on.ca.

Environmental Scan

Ontario government to channel portion of mental health spending to police

The Ontario government says it will invest part of the \$1.9 billion it has earmarked for mental health care into training police and first responders on how to manage interactions with people dealing with mental health issues and addictions.

The announcement comes in the wake of a shooting on July 22, 2018, on Danforth Avenue that left two people dead and 13 others injured. Premier Doug Ford made the announcement in a televised interview on CTV, and Minister of Health Christine Elliott confirmed the news.

"We don't have enough community treatment centres, we don't have enough services in hospitals. We need to build on those but we also need to make sure that police and first responders are trained to deal with someone who is exhibiting a mental health or a serious addiction problem," Elliott said. "It's for the protection of the first responder, but it's also for the protection of the person with the mental health issue."

The government has pledged to invest \$1.9 billion over 10 years in mental health and addictions services. Elliott said the government hasn't determined exactly how much money will go toward police and first responders.

[CBC News, July 24, 2018](#)

Half of female students in Ontario experience psychological distress, study shows

For the first time, just over 50 per cent of female students in Ontario show signs of moderate to serious psychological distress, according to the latest [Ontario Student Drug Use and Health Survey \(OSDUHS\)](#), released by the Centre for Addiction and Mental Health (CAMH).

Psychological distress – which refers to symptoms of anxiety or depression – has been rising steadily among all Ontario students in Grades 7 to 12 since it was first monitored in 2013. However, girls seem to fare worse on this and other mental health measures. According to the survey, female students are more than twice as likely as males to report elevated stress, poor mental health and thoughts of suicide, and to seek mental health counselling and be prescribed medication for anxiety or depression.

The 2017 OSDUHS, which surveyed 11,435 students, is Canada’s longest-running study of mental health and substance use among youth. For the first time, the survey included questions about technology use with five per cent of secondary school students reporting a preoccupation

with technology, a loss of control, withdrawal symptoms, and problems with family and friends. In total, 20 per cent of students spend five or more hours on social media a day, compared to 11 per cent in 2013. And nearly one-third (30 per cent) spent five or more hours a day, in their free time, on electronic devices such as smartphones, laptops, computers and gaming consoles.

"While the survey can't tell us whether technology use causes mental health issues, or vice versa, there is some evidence from other studies that there may be a link," says CAMH Senior Scientist Dr. Robert Mann, co-lead of the survey.

[Centre for Addiction and Mental Health, July 25, 2018](#)

Health care costs for typical Canadian family reach nearly \$13,000

A typical Canadian family of four will pay \$12,935 for health care in 2018, finds a new study, [The Price of Public Health Insurance, 2018](#), released by the Fraser Institute.

Canadians pay a substantial amount for public health care through their taxes, even if they don't pay directly for medical services. Using data from Statistics Canada and the Canadian Institute for Health Information, the study estimates that the average Canadian family (two parents, two children) with a household income of \$138,008 will pay \$12,935 for public health care this year. After adjusting for inflation, that's an increase of 68.5 per cent since 1997, the first year estimates could be calculated. For single Canadians, health care costs more than doubled over that same time period – from \$2,115 (in 2018 dollars) to \$4,640 this year.

[Fraser Institute, July 31, 2018](#)

EpiPen shortage highlights problem of having just one supplier

An ongoing shortage of EpiPen injectors has become so dire it is ramping up anxiety and raising questions around Canada's reliance on a single drug company to provide life-saving anaphylaxis medication.

"We have gone from what I would call an inconvenience to a concern," said Jennifer Gerdts, executive director of Food Allergy Canada and the mother of twin 16-year-old boys who both carry EpiPens.

EpiPen manufacturer Pfizer Canada has repeatedly announced shortages of the product over the past year, but people at risk of anaphylaxis – the most severe form of an allergy that can lead to death – have usually been able to find an EpiPen after going to a few different pharmacies, Gerdts said. But Pfizer has said it wouldn't have new stock of the injectors containing a 0.3 mg dose of epinephrine – the active ingredient that treats an anaphylactic reaction – until the end of August. Pfizer is the only manufacturer of epinephrine auto injectors – a needle a patient can jab into themselves – in Canada.

"We really shouldn't be in a situation where we only have one product available for life-saving medication," Gerdts said. "We need to take action ... so that we don't continue to be vulnerable to these outages."

[CBC News, August 1, 2018](#)

Shortage of psychiatrists contributing to crisis in access to mental health treatment

A new report finds that access to mental health services is being severely impacted by the shortage of psychiatrists in Ontario. Released August 8, 2018, by the Coalition of Psychiatrists,

the report finds that there is currently a shortage of 200 psychiatrists across Ontario, and that if action isn't taken soon the shortfall will grow by 75 per cent by 2030.

The report, [Ontario Needs Psychiatrists: Ontario psychiatry shortage contributing to Canada's mental health crisis](#), indicates that the number of psychiatrists per population is expected to decrease by 15 per cent from one psychiatrist per 7,210 people in 2010 to 8,435 in 2030, with remote and rural areas disproportionately impacted. Furthermore, the residency vacancy rate for psychiatry remains the second highest of any specialty.

The coalition believes that the challenge can be reversed and access to treatment improved dramatically if the government takes steps to address the chronic shortage, including:

- Improving psychiatry exposure in medical school by increasing the duration of medical students' pre-clerkship in psychiatry to at least six-weeks to allow for a more comprehensive overview of a career in the field.
- Increasing psychiatry residency spots and reducing residency vacancies
- Make psychiatry attractive again by offering fair incentives to all psychiatrists with a particular emphasis on equalizing incentives in rural and underserved areas to support retention in the profession.

[Ontario Psychiatric Association, August 8, 2018](#)

Predicting medication response in patients with complex mood disorders

Mood disorders like major depressive disorder (MDD) and bipolar disorder are often complex and hard to diagnose, especially among youth when the illness is just evolving. This can make decisions about medication difficult. In a collaborative study by Lawson Health Research Institute, The Mind Research Network and Brainnetome Center, researchers have developed an artificial intelligence (AI) algorithm that analyzes brain scans to better classify illness in patients with a complex mood disorder and help predict their response to medication.

The full study included 78 emerging adult patients from mental health programs at London Health Sciences Centre (LHSC), primarily from the First Episode Mood and Anxiety Program (FEMAP). The first part of the study involved 66 patients who had already completed treatment for a clear diagnosis of either MDD or bipolar type I (bipolar I) – a form of bipolar disorder that features full manic episodes – as well as an additional 33 research participants with no history of mental illness. Each individual participated in scanning to examine different brain networks using Lawson's functional magnetic resonance imaging (fMRI) capabilities at St. Joseph's Hospital.

The research team analyzed and compared the scans of those with MDD, bipolar I and no history of mental illness, and found the three groups differed in particular brain networks. These included regions in the default mode network, a set of regions thought to be important for self-reflection, as well as in the thalamus, a 'gateway' that connects multiple cortical regions and helps control arousal and alertness.

The data was used by researchers at The Mind Research Network to develop an AI algorithm that uses machine learning to examine fMRI scans to classify whether a patient has MDD or bipolar I. When tested against the research participants with a known diagnosis, the algorithm correctly classified their illness with 92.4 per cent accuracy.

[Lawson Health Research Institute, August 8, 2018](#)

Teaching hospitals facing withdrawal as Saudi Arabia recalls sponsored students

Teaching hospitals across the country are scrambling to replace about 1000 Saudi Arabian doctors-in-training after the kingdom ordered all of its sponsored students out of Canada in retaliation for Ottawa criticizing the country's human rights record.

Saudi Arabia is by far the largest source of international medical residents and fellows training in Canadian hospitals, the result of a decades-old visa program under which the kingdom pays approximately \$100,000 a year for each trainee it sends to Canadian medical schools. The Saudi doctors return home after completing residency placements or upgrading their skills through prestigious fellowships. While training in Canada, they treat patients at no cost to Canadian taxpayers. Now that arrangement is in jeopardy, forcing officials at medical schools and hospitals to contemplate what happens next.

According to the Association of Faculties of Medicine of Canada, which represents the country's 17 medical schools, Saudi trainees make up nearly 18 per cent of all the foreign medical graduates training here.

Among medical schools impacted is Schulich School of Medicine & Dentistry at Western University where there are 91 medical residents and fellows from Saudi.

[Globe and Mail, August 7, 2018](#)

Ontario freezes broader public sector executive pay

Ontario has frozen the salaries of executives across the public sector as it reviews how raises are granted to top earners at agencies that include school boards, universities and hospitals.

In a directive issued to public-sector agencies, Treasury Board President Peter Bethlenfalvy said all base salaries for executives cannot increase beyond their current amounts as the government conducts a compensation review that is expected to wrap in June 2019. The move affects those who make \$100,000 or more at public-sector organizations and has raised concerns from those representing executives at school boards and hospitals.

The Ontario Hospital Association (OHA) said executive compensation in that sector has been frozen since 2010. The OHA said it wants to engage in talks with the government on its compensation review to ensure any framework reached is "responsible and equitable."

"In addition to the most recent announcement, there have been 10 substantive changes to executive compensation in hospitals since 2010," says the OHA. "It is confusing and untenable to continue in this manner."

[Ottawa Citizen, August 15, 2018](#)

Successful \$3 million challenge supports concussion research

On August 16, 2018, Western University announced the successful completion of the National Hockey League Players' Association (NHLPA) Challenge. The NHLPA began this process with a \$500,000 gift as the foundation for a \$3.125 million fund to provide support to researchers studying concussions at Western's Schulich School of Medicine & Dentistry. Thanks to the generous support of donors in the community, that challenge is now complete.

The funds will support a team of Western researchers at Schulich Medicine & Dentistry and Robarts Research Institute, who are investigating ways to better understand the symptoms and

biomarkers of concussions and are working toward strategies to arrest the short- and long-term devastating consequences.

The announcement was made as part of See the Line, a 10-year initiative that seeks to educate athletes, coaches, parents and the broader community about the serious impact of concussions, reduce the incidence of concussion and improve care through research.

[Western University, August 16, 2018](#)

Canadian hospitals scrambling as Saudi medical graduates withdraw from duties early

Some Saudi Arabian medical graduates training at Canadian hospitals are withdrawing from their clinical duties ahead of an August 31, 2018 deadline, leaving hospitals scrambling to fill the gaps. The early departures are the latest development in a chaotic situation that's having a "destabilizing effect" on parts of Canada's health care system, said Richard McLean, vice-president of medical affairs and quality at Hamilton Health Sciences Centre.

More than 1,000 Saudi medical graduates working at Canadian teaching hospitals must leave the country by August 31 as the result of a diplomatic row between Canada and the Middle East kingdom.

Canada has had a longstanding program in place to allow Saudi Arabian medical graduates to train at Canadian teaching hospitals. The Saudis pay about \$100,000 for each medical trainee. The doctors-in-training receive valuable experience and help provide care for patients in Canada at no cost to taxpayers.

[Globe and Mail, August 13, 2018](#)

Western assisting Saudi students in transition

Western International is helping Saudi students with academic counselling and social supports as they prepare to leave Western University – and Canada – upon the orders of Crown Prince Mohammed bin Salman.

"Students are obviously very concerned. They're experiencing a lot of stress over this very sudden decree," said Julie McMullin, Vice-Provost (International).

A total of 168 Western students are affected by the Saudi order. Those numbers include: 19 undergraduate students; 42 graduate students; 16 Western English Language Centre students; and 35 medical residents and 56 medical fellows (including 11 who have not yet arrived).

Academically, they are worried whether credits can be transferred to another university, whether they can accelerate their graduation date or push forward a date for defending a thesis, McMullin said. But many of the students also have practical concerns, such as ending an apartment lease or selling their cars or furniture.

[Western News, August 13, 2018](#)

Hundreds of Ontario patients didn't receive full doses of cancer drug

Hundreds of patients in Ontario – including more than two dozen in Southwestern Ontario – did not receive full doses of cancer drugs because of issues with how the intravenous medications were administered, Cancer Care Ontario (CCO) found in a recent review.

CCO said an estimated 1,063 people were affected, and fewer than 10 needed additional treatment as a result. The agency said, however, that the matter was taken seriously and prompted the updating of guidelines to hospitals on how such drugs should be administered.

Out of the 74 Ontario hospitals that deliver cancer drug treatments, 28 hospitals identified patient records for review, including St. Thomas Elgin General Hospital, Bluewater Health, Chatham Kent Health Alliance and Wingham and District Hospital. CCO immediately asked all 74 Ontario hospitals to review their procedures to ensure medication was being administered properly, McLeod said.

[London Free Press, August 17, 2018](#)

Indigenous patients still waiting for equity in health care system

First Nations doctors shared personal stories at a national health summit to demonstrate how Indigenous patients still face racism and unequal access to treatment across the country.

Dr. Alika Lafontaine, a Cree and Anishinaabe anesthesiologist, was among the speakers at the Canadian Medical Association inaugural Health Summit in Winnipeg on August 20, 2018.

"A lot of the issues in Indigenous health actually aren't unique, they are just magnified," said Lafontaine, pointing to things like trust between patients and doctors, communication and compassion fatigue.

Referencing specific cases of misdiagnosis, Lafontaine said that doctors need to recognize how inherent biases can affect how a patient is treated.

[CBC News, August 20, 2018](#)

There are no winners in the senseless withdrawal of Saudi residents and fellows

This Globe and Mail [editorial](#) discusses the far-reaching fallout of the dispute with Saudi Arabia and withdrawal of Saudi residents and fellows from Canadian teaching hospitals.

"One could scarcely imagine a better illustration of the expression 'cutting off your nose to spite your face,'" writes health reporter Andre Picard. "Those being punished most severely by this move are the 1,000 or so Saudi doctors-in-training...Practically that will mean at least an additional year of study and fewer doctors in Saudi Arabia. Take that Canada!

"But petulantly yanking these physicians from their posts is also a blow to Canadian health care, and one that has exposed some of our dirty little secrets."

[Globe and Mail, August 21, 2018](#)

Dr. Gigi Osler takes over as president of Canadian Medical Association

Sir William Osler is commonly known as the father of modern medicine. When the legendary physician was president of the Canadian Medical Association (CMA) in 1884, the profession was almost exclusively male and white. Now, almost 135 years later, his great-great-great niece by marriage, Flordeliz (Gigi) Osler, is poised to become the president of the CMA and she, and the profession, could not be more different.

"Mine is the face of medicine now," she says. "When you go to a hospital today, the face you are very likely to see is female and of a different ethnicity."

As the demographics of medicine – and Canadian society more generally – change, so too must its leadership, Dr. Osler says.

Dr. Osler, a Winnipeg native, is the child of immigrant parents; her father was a physician from India, and her mother a nurse from the Philippines. She studied medicine at the University of Manitoba and works today as an ear, nose and throat surgeon at St. Boniface Hospital.

Dr. Osler takes over the CMA at a tumultuous time. Medicine has changed markedly in recent decades and more dramatic changes are coming with the advent of genomics, artificial intelligence and more. While patient expectations are growing, so too are financial pressures as governments try to limit physician costs. Rates of burnout, mental illness and suicide are soaring among doctors. Against this backdrop, Dr. Osler says her priority will be promoting physician health wellness, and mental health in particular.

[Globe and Mail, August 19, 2018](#)

London Health Sciences Centre strikes deal with American lab testing giant

A multi-gene panel technology developed by London Health Sciences Centre (LHSC) is now available through the global life sciences company LabCorp®.

Dynacare, a LabCorp company based in Toronto, has entered into an agreement with LHSC to perform genetic testing for Charcot–Marie–Tooth disease, epilepsy, and mitochondrial disorders at its Canadian genetics laboratory. The distribution and licensing agreement provides Dynacare with exclusivity to offer the multi-gene panel tests for patients in parts of Canada, and throughout the U.S.

Availability of these genetic tests outside of Ontario through this licensing agreement will not only generate revenue for LHSC that can be used to fund further advances in patient care, but will also lead to benefits for patients and care providers as a result of the rich database of genetic biomarkers that will be interpreted and housed by LHSC's lab. Analysis of that database, which will grow over time as more tests are performed, will allow LHSC, LabCorp and Dynacare researchers and clinicians to better understand how different genetic mutations influence disease, with the potential to help inform decisions on the best course of treatment for each patient.

Using in-house expertise, LHSC became the first clinical lab in Canada to develop a multi-gene panel test that offered the high degree of sensitivity required to produce accurate results. Prior to this technological advancement only single-gene panel tests offered the same sensitivity level, which often meant that physicians would have to send multiple samples to labs located outside of Canada for a series of separate tests.

[London Health Sciences Centre, August 22, 2018](#)

Saudi medical trainees in Canada granted extension

Saudi Arabia has granted a three-week extension to a group of 1,000 medical trainees and fellows who were ordered to return home amid a diplomatic spat with Canada. The extension, confirmed by HealthCareCAN, a national group that represents hospitals and health care organizations, gives the Saudi trainees until September 22, 2018, to leave their hospital posts in Canada. The previous deadline was August 31. The move gives Canadian hospitals more time

to adjust to the sudden move and may also allow some medical students to write their Royal College of Physicians and Surgeons of Canada exams.

[CTV News, August 22, 2018](#)

Saudi Arabia allows medical trainees to stay in Canada

More than 1,000 Saudi Arabian medical graduates will be allowed to stay in Canada to complete their training, a much-needed reprieve for teaching hospitals that were unsure how they would handle the sudden and significant loss of staff. Thousands of other Saudi students studying at Canadian universities will, however, still have to leave the country.

The 1,053 Saudi medical residents and fellows in Canada received an email late afternoon August 27, 2018 from the Saudi Ministry of Education “indicating that they may continue in their positions until an alternative assignment is arranged,” said Andrew Padmos, chief executive of the Royal College of Physicians and Surgeons of Canada.

The kingdom initially told the medical trainees to leave Canada by August 31, 2018, because of a diplomatic dispute that erupted after Foreign Affairs Minister Chrystia Freeland publicly called on Saudi Arabia to release jailed human-rights activists. The deadline was later extended to September 22, 2018.

While the latest email stipulates that the Saudi medical graduates are to remain in Canada only until they can find alternative arrangements in another country, in reality many of them will likely be able to complete their training here, said Paul-Émile Cloutier, president and CEO of HealthCareCAN, which represents hospitals across the country. For instance, some residents and fellows are entering their last year of training. For others, it could take several years before they can find a training spot in a foreign city, which means they will end up finishing in Canada.

[Globe and Mail, August 27, 2018](#)

St. Joseph’s in the News

[When connections break down](#), (expert talks from the Café Scientifique event on neurodegenerative diseases), Lawson Health Research Institute, July 24, 2018

[Ex-psych hospital site up for sale, opening door to city’s biggest infill development opportunity yet](#), London Free Press, July 27, 2018

[Artificial intelligence may be key to mood disorder diagnosis: Study](#), London Free Press, August 8, 2018

[London hospital patients caught in fallout of Saudi-Canada spat](#), London Free Press, August 9, 2018 (also published in the Windsor Star)

[Saudi exodus a blow to London hospital system](#), London Free Press, August 9, 2018

[Using AI to better diagnose disorders and target drug treatment](#), Psych Central, August 10, 2018

[District Energy plant shifts gears on expansion](#), London Free Press, August 12, 2018

[CMHA Elgin supervisor making positive change at organization](#), St. Thomas-Times Journal, August 20, 2018

[Londoners roll up sleeves during "urgent need" for blood donations](#), London Free Press, August 23, 2018

[Lawson researchers working on ways to save bees and our ecosystem](#), CTV London, August 24, 2018