

To: St. Joseph's Board of Directors  
From: Dr. Gillian Kernaghan, President and CEO  
Date: October 24, 2018

St. Joseph's hosted three important and heart-warming events this month showcasing all that makes our organization a standout.

I was pleased to take part in St. Joseph's Health Care Foundation's Tribute Dinner on October 3, which featured Canadian comedian and political satirist Rich Mercer and honoured local community leaders Peter and Beth Whatmore. The sold out crowd of about 1,200 enjoyed a tremendous evening of entertainment in support of patient and resident care at St. Joseph's. The foundation's *Your Donation Matters Here* video was introduced at Tribute and can be viewed [here](#). A corporate version of this powerful video is coming soon.

Then, at the Leadership Development Institute on October 5, I hosted the annual President's Awards ceremony. The President's Awards recognize individuals, teams and organizations for their commitment and efforts to advance the roles and values of St. Joseph's. They include the Aspiring Leader Award, Kathy Burrill Leadership in Mission Award, Sandra Letton Quality Award, and Community Partner of Distinction Award. Descriptions of each award and this year's deserving recipients can be found in this report.

Also being recognized this month are those celebrating career milestones with St. Joseph's. I have the pleasure, along with Board Chair Margaret Kellow, of hosting our annual Service Recognition Program. This consists of two celebrations at the Best Western Lamplighter Inn: the Evening of Celebration, which recognizes those with years of service in five year increments, was held October 18; and the 25-Year-Dinner recognizing those specifically with 25 years of service will be held on October 25. Always a highlight, this year's celebrations honour more than 700 staff, physicians and volunteers.

Also in recent weeks, I officially began my role as Chair of the Catholic Health Association of Ontario (CHAO) at the association's 2018 Convention and Annual General Meeting, which took place September 27-28, 2018. At the conference, I took part in a panel discussion on servant leadership exploring core servant leadership principles, characteristics and behaviors of a servant leader, and a performance comparison of servant-led vs command-and-control organizations.

Then, as Co-Chair of the SouthWestern Academic Health Network (SWAHN), I hosted SWAHN's "Translating Research into Practice" conference held October 12. The conference was designed to engage SWAHN's contributors in knowledge sharing regarding implementation science, provide an opportunity for SWAHN volunteers and stakeholders to network, and highlight SWAHN's recent activities and successes.

Also this month, I had the pleasure of celebrating the completion of the citywide core lab transformation project. Pathology and Laboratory Medicine has led the most complex and comprehensive transformation ever of the core labs across Victoria Hospital, University Hospital and St. Joseph's Hospital. The goals were to improve the accuracy of test results for patients, turn-around times for the clinical team and efficiency of resource utilization. The scope and scale of the transformation was significant – complete replacement and upgrade of all major equipment along with a citywide redesign of test menus and logistics to improve patient safety and increase access and efficiency at all sites. With this three-year project now complete, a celebration was held October 19.

And finally, on October 23-25, St. Joseph's held the second of three Empowering Women Leaders in Health Learning Labs being presented in Ontario, an initiative funded by the Status of Women Canada (Ontario). The overall goal of the project is to achieve transformative systemic change in health care, health sciences, and indigenous health through the increased participation, visibility and advancement of women in leadership positions. As a leader with this project, I was pleased to have St. Joseph's Hospital host a learning lab, where participants share myth-busting, evidence-informed strategies, promising practices, and tools to empower and support women leaders in health.

## REACHING OUT

### **Dental services for homeless veterans**

The Parkwood Institute Dental Clinic is working with Royal Canadian Legion (RCL) Ontario Command to provide dental services to homeless veterans in our community.

In 2014, when Parkwood Institute's Mental Health Care Building opened, the mental health care dental team merged with the Parkwood Institute Main Building dental team to form one team and provide consistent services for all patients. The clinic specializes in special care dentistry, providing a patient-centred approach to patients with complex medical, physical, or mental health issues.

The RCL Ontario Command requested to partner with our clinic on dental services for homeless veterans – a unique outreach initiative. Meetings were held throughout the summer with Heather Tales, Director, Veterans Care Program, and Dr. Shawn Steele, Site Chief for dental services at Parkwood Institute and Southwest Centre for Forensic Mental Health Care and citywide Interim Chief of the Department of Dentistry. The agreement is in the final stages with the goal of implementing the program in early November. All fees and expenses will be paid for by the RCL Ontario Command.

### **Supply chain community outreach**

Healthcare Materials Management Services (HMMS) recently hosted 11 high school students in Grades 9 to 11 from various schools, who spent a Sunday sorting products to be donated to developing countries.

HMMS works to ensure supplies are not wasted and to donate returned or obsolete supplies that meet the criteria to local organizations that support medicine in developing countries. Products have been sent to Africa, Cuba and many other countries for use in providing medical aid. They have also been donated to veterinarians treating animals in developing countries.

The students had an opportunity to assist in this process, experience the warehouse environment, practice workplace safety, and learn about the supply chain management process and the scope of services provided by HMMS. They were tasked with identifying the product by catalogue or manufacture number, counting and logging each item, and determining if the product meets the criteria (no liquids and or hazardous goods) for developing countries.

The day was a positive learning experience for the students, who earned volunteer hours for their work.

### **Breast Reconstruction Awareness Day**

Nearly 200 people turned out for Breast Reconstruction Awareness (BRA) Day at St. Joseph's Hospital on October 17. BRA Day is a national campaign to promote education for women wanting to know if breast reconstruction after a mastectomy is right for them. The often-emotional evening session organized by St. Joseph's Breast Care Program allows women and their loved ones to learn about the options directly from leading plastic surgeons, hear from women who have undergone the surgery, view real results first hand in the women's only 'show-and-tell lounge', and discover the patient-run Circle of Sharing support group. It was the seventh year for BRA Day at St. Joseph's. Several surgeons presented the various options available and answered questions, and patient Jennifer Murphy shared her [powerful story](#) about choosing preventive double mastectomy and breast reconstruction.

As always, the show-and-tell lounge was also a highlight. About 20 women who have had breast reconstruction graciously volunteered to show their results, easing fears and answering questions of those considering the surgery.

## **CONNECTING CARE**

### **An exciting step in advancing integrated chronic disease management**

As you know, a priority within St. Joseph's strategic plan is to create linkages across programs, with partners and across the region to connect care and services to meet the needs of the whole person. At St. Joseph's Hospital, this work is transforming care for those with chronic conditions. Specialized services are increasingly being coordinated around each person's multiple, complex continuing needs through new and innovative care pathways. Previous board reports have featured updates on wrapping services in new ways around patients with diabetes, heart disease and chronic obstructive pulmonary disease, and coordinating care in various programs so that patients have multiple appointments on the same day.

Building on these achievements, a conceptual vision for the future is emerging called the Complex Chronic Health Integrated Program (CHIPP). The CCHIP concept is focused on the following:

- Continued development of innovative care pathways for new and/or existing clinical services at St. Joseph's Hospital
- Exploration of integrated care delivery with care programs at other St. Joseph's sites
- Alignment, as appropriate, with care programs at London Health Sciences Centre and the community.

To move this exciting concept forward, a new role has been established at St. Joseph's – Project Lead for Chronic Disease Management – and Cynthia Johnston was welcomed into this new role in September 2018. Cynthia, who comes to St. Joseph's from Kingston Health Sciences Centre in the South East LHIN, has more than 25 years of experience in coaching and

leading multi-disciplinary complex system change projects for health and social care organizations. With a Masters in Public Administration (Queens University), Cynthia has also held a Certified Healthcare Executive designation with the Canadian College of Health Leaders since 2006. Further updates on CHIPP will be provided in the months ahead.

### **Improving outcomes, quality of life for breast cancer patients across Canada**

On October 19, Dr. Muriel Brackstone, Medical Director of St. Joseph's Breast Care Program, was the keynote speaker at St. Joseph's Best in Breast Care Conference featuring the latest developments in breast screening, diagnosis, treatment, reconstructive surgery, research, support, and survivorship. Dr. Brackstone is leading a shift across Canada to a new breast surgery approach that is dramatically changing the outcome and quality of life for women diagnosed with breast cancer. Called oncoplastic surgery, the approach combines the latest plastic surgery techniques with breast surgical oncology. When a large lumpectomy is required, the remaining tissue is sculpted and molded to restore natural appearance. It's a new way of thinking for breast surgeons – one that eliminates deformity of the breast after a large lumpectomy. Oncoplastic surgery is also expected to reduce the need mastectomies.

Dr. Brackstone is co-founder of the Oncoplastic Partnership Workshop, Canada's first hands-on oncoplastic surgery course for practicing surgeons across the country. She is also Director of Western University's Oncoplastic Breast Surgery Fellowship, one of two such fellowships in Canada that trains new surgeons in this technique. [Read more about this exciting development in breast cancer surgery](#) on St. Joseph's website.

The Best in Breast Care Conference was open to health professionals, students, trainees and the general public. About 120 people attended.

## **INNOVATING TOGETHER**

### **Reducing diabetes-related amputations – an update**

As previously reported, St. Joseph's Primary Care Diabetes Support Program (PCDSP) has developed a standardized screening, assessment and referral tool designed to improve diabetic foot care across the region. The tool, which is fast, simple and reliable, allows clinicians to quickly look for the red flags before foot ulcers develop so that referrals can be made for preventative care, education can be provided to the patient, and close monitoring can be initiated. Half of all limb amputations in Ontario are directly related to diabetes. Of those, 85 per cent are a result of a foot ulcer (breakdown of the skin) that won't heal.

The tool, called the "Harmonized Diabetic Foot Ulcer Risk Stratification and Referral Algorithm", builds upon the expertise and research of wound care experts and others to create something easy to use in primary care clinics. Validation of this tool was funded through St. Joseph's Health Care Foundation and led the PCDSP to win the 2017 Sandra Letton Quality Award.

Through additional funding from the South West Wound Care Program, the PCDSP team made further changes to the tool, completed another statistical validation in the real world setting with primary care providers, and designed an e-learning package in collaboration with the LearningEdge team for use across the South West LHIN. The updated tool is called the St. Joseph's FURST (Foot Ulcer Risk Stratification Tool) and its reliability is 92.7 per cent – significantly higher than the practice standard of 75 per cent for surveillance tools and a tremendous advance in the care of patients with diabetes in Southwestern Ontario.

The South West Wound Care Program is now disseminating the tool and e-learning across the region. Both the St. Joseph's FURST and e-learning package is now available on the South West LHIN's website.

### **How changes in the brain affect walking while talking in older adults**

As previously reported, research by Dr. Manuel Montero-Odasso, a scientist at Lawson Health Research Institute and a geriatrician at Parkwood Institute, has shown that gait testing, such as walking while performing a cognitively demanding task like counting backwards (dual-task gait), can be an effective predictor of progression to dementia. Now, in a new study, a team at Lawson and Western University's Schulich School of Medicine & Dentistry has discovered changes to the brain that correspond to these findings.

These changes identify a brain mechanism that corresponds with slow dual-task gait among older adults with mild cognitive impairment (MCI), an intermediate stage between the expected cognitive decline of normal aging and the more serious decline of dementia. Through their work, Dr. Montero-Odasso and his team have found that a high dual-task gait cost, or a significant slowdown in walking speed when dual-tasking, is associated with a two- to three-fold increased risk of progression to dementia. However, the brain mechanism underlying this association was unclear.

To address this research question, Dr. Montero-Odasso partnered with Robert Bartha, PhD, an imaging scientist at Schulich Medicine & Dentistry and Robarts Research Institute. The team used magnetic resonance imaging (MRI) to examine the medial temporal areas of the brain, particularly the hippocampus, the parahippocampal gyrus, and the entorhinal cortex, which are regions particularly vulnerable to degeneration in Alzheimer's disease. Participants were 40 older adults with MCI taking part in Dr. Montero-Odasso's "Gait and Brain Study" at Parkwood Institute.

The researchers found that participants with higher dual-task gait costs had a smaller grey matter volume in the left entorhinal cortex. Although grey matter volume loss is a common finding in people with Alzheimer's disease, it is still unclear which areas of the brain are first affected by neurodegeneration. This finding points to the entorhinal cortex as a susceptible brain region in early stages of cognitive decline. This is in line with previous studies reporting that progression to Alzheimer's disease is associated with volume loss in the entorhinal cortex. The study therefore suggests that cognitive and motor dysfunction in older adults with MCI share common changes to the brain. This further supports that dual-task gait changes may be a measurable motor marker for neurological degeneration happening in Alzheimer's disease.

### **Highest honours**

Dr. David Hill, Scientific Director of Lawson Health Research Institute and a renowned diabetes researcher, was this year's invited Jurgen Pedersen Lecturer at the 2018 Diabetic Pregnancy Study Group (DPSG) meeting in Rome, Italy on September 29, 2018. The DPSG is part of the European Association for the Study of Diabetes – a consortium that strives to improve the detection and management of diabetes in pregnant women and their offspring by fostering research, treatment and education in the subject of diabetic pregnancy. The Jurgen Pedersen Lecture is the highest honour bestowed by the group annually.

## LEVERAGING TECHNOLOGY

### **Single Encounters – an update**

As previously reported, St. Joseph's, London Health Sciences Centre and the regional hospitals are the first in Canada to move forward with Single Encounters, which launched on September 16, 2018.

When patients come to hospital, each transition from one care area to another is called an "encounter." A patient may have one medical record number with multiple encounter numbers per facility or organization. Challenges arise when orders are placed on the incorrect patient encounter. Clinicians may not see all the orders entered for the patient, which creates risks and unintended consequences. Single Encounters eliminates patients having more than one encounter recorded. The entire hospital visit becomes one encounter, which allows for easier identification and selection of the correct patient for order entry. Additionally, patient orders and clinical documentation will flow smoothly and consistently from one encounter to the next.

Since the launch, Single Encounter functionality has enabled the seamless transition of patients across settings, from the Urgent Care Centre (UCC) to admission to an inpatient unit, from the Emergency Department (ER) to the inpatient setting, and from a one-day stay to inpatients. It is allowing orders placed in the ER or UCC to follow the patient to the inpatient setting using an orders reconciliation process. Since the launch, thousands of dual encounters have been avoided, which is mitigating the risk of medication errors.

All single encounter transitions will continue to be closely monitored to ensure all intended orders are following our patients.

## EMPOWERING PEOPLE

### **Improving the student experience**

Western University occupational therapy (OT) students are now required to evaluate sites and preceptors upon completing fieldwork placements. Dr. Michael Ravenek, Fieldwork Coordinator at Western's Elborn College, has shared evaluations for two sets of winter 2017-2018 placements with Student Affairs at St. Joseph's. This data contains collated evaluations for sites, as well as collated evaluations for preceptors. In addition to this summarized data, students also provided preceptor-specific comments and feedback. Historically, student evaluations of sites were often only shared internally at the academic site and evaluations of supervisors was inconsistently completed and shared.

Overall, scores and feedback from the winter placements were excellent. The professional practice consultant that supports the OTs was able to use this data in a number of ways:

- Employee recognition – Preceptor-specific feedback was shared with the individual preceptor as a means of thanking employees and recognizing them for their contributions to our academic mandate.
- Promotion of OT student placements – The collated data was shared with the OT Council at St. Joseph's as a way to promote OT placements to new OTs or OTs who have not offered placements in the recent past. The information gives OTs confidence that they will be supported by St. Joseph's to offer a student placement and provides reassurance that OT colleagues can act as a resource/mentor throughout the student placement process.

- Improving in the student experience – Student Affairs looked at site-specific data to analyze differences in scores between sites and prompt discussion on approaches to improve and standardize the student experience across the organization.

While St. Joseph's received excellent scores from the OT students, the data has also sparked discussion on the importance of encouraging students to share feedback (both positive and negative) directly with their OT preceptors at all stages of the student placement. It also highlighted the need to ensure preceptors establish a psychologically safe environment to promote direct dialogue throughout the student placement.

### **Decorated nurse part of St. Joseph's storied nursing past**

She was born the year St. Joseph's Hospital opened and graduated from the hospital's nursing school 20 years later. But the call to serve with respect, excellence and compassion in the tradition of faith and caring would bring this young nurse far beyond the walls of St. Joseph's Hospital and Canada's borders. Her name is Helen Woolson and her extraordinary tale of sacrifice, service, devotion and honour as a decorated military nurse is part of a new exhibit in the heritage corner of St. Joseph's Hospital. Titled "Nursing Nightingales Whose Lamps Burned Bright," this joint exhibit with the Sisters of St. Joseph traces the early history of nursing education in London. As previously reported, the exhibit has been showcased since March 2018 in the Ontario legislature in Toronto as part of a program that provides organizations across the province with an opportunity to showcase their treasures and share their stories with a wide audience. It is now home in St. Joseph's Hospital's history corner.

[Learn more about Helen and the exhibit](#) on St. Joseph's website and be sure to visit the display in Zone A, Level 1, near Richmond Street.

### **Chief of the Department of Psychiatry takes up post**

Medical Affairs welcomes Dr. Chandlee Dickey as the new citywide Chief of the Department of Psychiatry for a five-year term, effective October 15, 2018. Dr. Dickey earned her Bachelor of Arts in East Asian Studies in 1983 from Oberlin College and her medical degree in 1989 at Washington University School of Medicine. She completed clinical fellowships at Beth Israel Hospital and Brigham and Women's Hospital in neuropsychiatry, and a research fellowship in neuroimaging at the Neuroscience Laboratory, Harvard Medical School. She joined Harvard Medical School as an instructor in 1993 and was an associate professor of psychiatry before moving to London.

[Read more about Dr. Dickey](#) on Western University's Schulich School of Medicine & Dentistry website.

### **Share the Spirit kick-off**

For more than a decade, staff and physicians have committed to supporting the health and well-being of our community through St. Joseph's annual Share the Spirit campaign, which continues to grow with great success. This employee and physician giving campaign is one way in which St. Joseph's actively works to pursue our mission: to advocate and care for those who are vulnerable and without a voice. By making a donation to Share the Spirit, staff and physicians have the opportunity to support St. Joseph's Health Care Foundation, United Way London & Middlesex, or both. Monies donated to the foundation assist in supporting the highest priority care needs essential to the lives of patients and residents across St. Joseph's. Dollars contributed to United Way is invested in 109 programs proven to get positive results and create lasting change for individuals.

This year's Share the Spirit Campaign launched on October 15 with a fundraising goal of \$150,000. Incentive prizes and various activities during the campaign aim to stir the giving spirit of staff and physicians.

## **UNCOMPROMISING QUALITY AND SAFETY**

### **Influenza vaccination campaign 2018**

To help prevent influenza and protect our patients, flu vaccination clinics for staff and physicians began the week of October 9. For the first time, the immunization clinics are administering a quadrivalent vaccine designed to protect against four different flu viruses; two influenza A viruses and two influenza B viruses.

Also new for this year's campaign is a change in the masking requirement. Upon review of the recent arbitration decision on the Vaccinate or Mask Policy between the Ontario Nurses Association and St. Michaels Hospital in Toronto, St. Joseph's has made the decision to remove the masking requirement included in our previous Influenza Vaccination for Staff policy. Unvaccinated staff will no longer be required to wear a mask when within two metres of patients. The use of a mask and other personal protective equip, however, will continue to be a part of routine infection control practices and additional precautions measures.

At St. Joseph's, all staff, physicians, students and volunteers are strongly encouraged to get the influenza vaccination and practice good hand hygiene to keep those in our facilities safe. In addition to the vaccination clinics, the influenza vaccine is also available by appointment at Occupational Health and Safety offices or by unit peer vaccinators.

As always, families, visitors and staff are being encouraged not visit or attend to patients if they are feeling unwell with symptoms of influenza.

### **Improving our facilities to enhance safety and accessibility**

Several projects are currently underway across St. Joseph's to enhance safety and accessibility for patients, visitors, staff and physicians. Among them are:

- New pedestrian sidewalks are being installed at St. Joseph's Family Medical and Dental Centre leading from the city sidewalk to the main entrance and around to the rear parking area. The project also includes creation of an improved drop-off and pick up area, barrier-free curb at the front entrance, and a wider roadway to reduce vehicle congestion.
- The drop-off drive-through at Grosvenor Entrance 2 at St. Joseph's Hospital is being repaved to create a single sloped grade that will be level with the sidewalk in front of the building. When complete, the drive-through will be barrier free, similar to the drop-off areas at Grosvenor Entrance 1 and Cheapside Entrance 4.
- Several of the speed bumps on Parkwood Institute roadways are being removed and replaced with pavement and removable speed bumps to better control vehicular traffic on the property.
- As previously reported, construction of a new pedestrian entrance to the Grosvenor Street parking garage is underway. The new entrance will be located directly across from the pedestrian crosswalk on Grosvenor Street to facilitate safe crossing using the crosswalk.



### **'Fake homecoming' emergency planning**

Fake homecoming, or FOCO, is a grassroots student-led event at Western University created three years ago in response to Western's decision to move homecoming events to later in the fall, closer to student mid-term exams, in an attempt to curb the massive crowds drawn to Broughdale Avenue every year.

In the past, this event has resulted in many students being taken to hospital due to injuries, intoxication or drug overdoses. To prepare for this year's FOCO on September 29, 2018, St. Joseph's and London Health Sciences Centre (LHSC) collaborated to create a robust emergency plan should there be a surge in admissions to acute care. At St. Joseph's, all sites participated in developing the plan to respond efficiently and effectively:

- Parkwood Institute Mental Health Care was prepared to accept psychiatric patients who were occupying beds in acute care at LHSC to create capacity at LHSC.
- The Pharmacy Services team collaborated to ensure there was a plan to accept and provide medications to these unanticipated temporary admissions. All Pyxis (medication dispensing) machines and night cupboards were topped up, additional pharmacist and pharmacy technician coverage on site at Parkwood Institute was arranged for event day, and additional pharmacy technicians were available at St. Joseph's Hospital to support on call.
- In the Urgent Care Centre, staff were prepared for the need for increased vigilance and risk assessments, and the possibility of increased volumes on event day and following days.

Ultimately, there was no major impact to operations at St. Joseph's as a result of FOCO and LHSC did not have to move patients to Parkwood Institute.

## **PARTNERSHIPS WITH PATIENTS, RESIDENTS, FAMILY CAREGIVERS**

### **Patient rounding in the Urgent Care Centre**

Urgent Care Centre (UCC) leadership has implemented monthly rounding on patients in the UCC. It's the first time patient rounding has been done in the UCC. Patients are chosen from various stages of the visit to UCC, such as those who are awaiting results of diagnostics, to minimize impact to workflow. Patients are asked about clinical practices such as hand hygiene and use of client identifiers to validate principles of safety. Questions regarding pain and pain control are also asked if applicable, and an opportunity is provided to recognize staff members as well as offer suggestions that would make their visit better in the future.

To date, positive responses from patients reaffirm our staff and physicians commitment to patient safety.

### **Enhancing patient engagement**

A new survey methodology has been developed for mental health inpatients at Parkwood Institute Mental Health Care Building and Southwest Centre for Forensic Mental Health Care.

Previously, mental health inpatient surveys were conducted annually using an interview style format. Patients who had been in hospital for 30 days or more were eligible to participate but with length of stay having decreased in recent years, many patients were being missed. With the new survey methodology, a survey is provided at the time of discharge to better support our

goal of providing an opportunity for every patient to provide feedback. This shift will capture all inpatients at the same point in their care journey.

In October, the new survey process was implemented on two units. Following a review of this pilot, the survey will be implemented in the remaining units and programs.

To facilitate an easy, accessible and welcoming process for patients to complete the survey, library staff and volunteers at Parkwood Institute Mental Health Care Building and Southwest Centre for Forensic Mental Health Care are partnering with Quality Measurement and Clinical Decision Support (QMCDS). QMCDS staff are coaching and supporting library staff to effectively implement the new survey methodology. Patients already use the patient library services at these sites and have relationships with library staff and volunteers so this is an excellent extension of that relationship. Library staff are keen to support and advance our strategic direction of patient engagement.

## **ADVOCACY AND COLLABORATIONS**

### **Seamless care**

The Veterans Care Program team worked closely with Veterans Affairs Canada to support the admission of a 65-year-old homeless veteran who was granted preferred status. The staff in the Operational Stress Injury Clinic collaborated with the inpatient team to coordinate a seamless and individualized admission to support the care needs of this veteran. A hamper of clothes along with other personal items were waiting for the veteran when he arrived.

Leadership reached out to the Royal Canadian Legion (RCL) Sponsorship Program and the Donnybrook Legion prior to the veteran being admitted to ensure he had what he needed. A Legion blanket was on his bed when he arrived, a gesture the veteran found touching.

With the support of the entire Veterans Care Program and the RCL, the veteran is doing very well, has integrated into his new home and is actively involved with other residents, including coordinating card games with the veterans.

### **Southwestern Ontario Memory Clinic Booster Day**

Each year, Dr. Linda Lee, a family physician in Kitchener who developed a primary care memory clinic model and training program, organizes a refresher day for the primary care memory clinics in each LHIN. This year for the first time, under the umbrella of the Frail Seniors Strategy, Specialized Geriatric Services (SGS) at Parkwood Institute partnered with Dr. Lee's team to offer the refresher day at Parkwood Institute Main Building. SGS leadership presented to 75 providers (primary care physicians and team members) on the Frail Seniors Strategy. The day was an excellent opportunity to network with clinicians from primary care.

### **Outreach support and education – Grey Bruce**

Veterans Care Program team members are working with a Grey Bruce Health Services steering committee that is developing strategies to support care in Meaford, Ontario, where there have been a higher number of deaths by suicide and a need for more mental health services. The committee is comprised of Grey Bruce Health Services leaders, Canadian Forces Health Services Group representatives from Canadian Forces Base Borden and Meaford, and the Meaford mayor and emergency medical services. In addition to the steering committee meetings, the St. Joseph's Operational Stress Injury Clinic team participated in outreach

education in collaboration with the Canadian Forces Base Borden surgeon, delivered to Grey Bruce Health Services staff in Meaford. Support for this community is ongoing.

## RECOGNITIONS AND CELEBRATIONS

### President's Awards

St. Joseph's annual President's Awards, which include the Aspiring Leader Award, Kathy Burrill Leadership in Mission Award, Sandra Letton Quality Award, and Community Partner of Distinction Award, recognize individuals, teams and organizations for their commitment and efforts to advance the roles and values of St. Joseph's. This year's awards were presented on October 5 at the Leadership Development Institute. The recipients are:

- **The Sandra Letton Quality Award** recognizes a St. Joseph's team who has made an outstanding contribution toward improvement in quality patient care, raises the level of awareness and shares examples of their excellent work within our organization and beyond, and contributes to an overall culture of quality at St. Joseph's. The 2018 recipient is the Zero Suicide Initiative Team at Parkwood Institute.
- **The Aspiring Leader Award** recognizes an individual who has shown significant skill development, has recently risen to the challenges of a leadership role or activity, and has demonstrated outstanding leadership qualities and contributions to the organization. The 2018 recipient is Dr. Maya Roth, a psychologist in the Operational Stress Injury Clinic at Parkwood Institute.
- **Kathy Burrill Leadership in Mission Award** celebrates efforts to exemplify and advance St. Joseph's roles and values as a Catholic, academic and community-oriented health care provider. The 2018 recipient is Dr. Susan McNair, a family physician at St. Joseph's Family Medical and Dental Centre and Medical Director of the Regional Sexual Assault and Domestic Violence Treatment Program at St. Joseph's Hospital.
- **The Community Partner of Distinction Award** honours a group or organization that collaborates with St. Joseph's in an effort to improve patient care outcomes and the overall patient care experience. The 2018 recipient is the Middlesex-London Health Unit Outreach Team.

[Read about these outstanding recipients](#) on St. Joseph's website.

### Inspiring words by Ciarán McKenna

Spiritual Care Coordinator Ciarán McKenna has published a collection of poems in a book of work entitled, [The Face of the Boy](#), which is now available. Ciarán was inspired to create the anthology after a personal experience with the passing of his father. More information on his inspiration, The Face of The Boy poem and the book can be found on the Prayers and Poems page on St. Joseph's intranet. At St. Joseph's, Ciaran is a valued spiritual care leader of many talents.

### Joan Garrison Award

Congratulations to Heather Tales, Director of the Veterans Care Program at Parkwood Institute, who is this year's recipient of the Joan Garrison Award. The award, which helps support St. Joseph's employees with outstanding leadership qualities to further their development, was presented at a ceremony on October 12.

The award is named for the late registered nurse Joan Garrison who, throughout her 15-year career, consistently demonstrated leadership qualities that earned her the love, admiration and

respect of her many colleagues. Joan began her career in the Intensive Care Unit and advanced to lead the Post Anesthesia Care Unit and operating room. She died suddenly in 1995 at age 36. With memorial donations from family, friends and colleagues, The Joan Garrison Award provides a permanent means to sustain and perpetuate the leadership Joan exemplified. Every year, St. Joseph's Health Care Foundation makes an annual grant from the income of the fund.

### **Excellence in field instruction**

Jean Sommerdyk, a social worker with the Spinal Cord Injury Rehabilitation Program inpatient team, is this year's recipient of the Rose Marie Jaco Award of Excellence in Social Work Field Practice Education. This award recognizes field instructors associated with King's University College School of Social Work who demonstrate excellence in field instruction, qualities of leadership, and commitment to social work education and practice. St. Joseph's congratulates Jean on her dedication to teaching the next generation of social workers.

## **OTHER**

### **Government findings of the Independent Financial Commission**

On September 21, 2018, Minister of Finance Vic Fedeli and President of the Treasury Board Peter Bethlenfalvy released the [2017-2018 Public Accounts](#) and the [full report](#) of the Independent Financial Commission of Inquiry. The commission was established in July 2018 to assess Ontario's past spending practices and provide recommendations to government.

According to the report, Ontario's current deficit is \$15 billion, with the 2017-2018 deficit reported as \$3.7 billion. The government said it is now ready to begin developing a plan to balance the province's budget, while finding \$6 billion in savings without cuts to frontline services.

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

### **Government releases line-by-line review of government spending**

On September 25, 2018, President of the Treasury Board Peter Bethlenfalvy released the results of a line-by-line review of the government's spending over the past 15 years, conducted by Ernst & Young. Titled, [Managing Transformation – A Modernization Action Plan for Ontario](#), the report follows the release of the Independent Financial Commission of Inquiry's final report and complements the government's 'Planning for Prosperity' online consultation.

The government says the analysis will help inform a plan to modernize government and identifies a number of ways to transform programs and services to ensure sustainability and value for money. It also includes an overview of direct and transfer-payment spending in five major sectors including health and long-term care. An additional 11 years of financial data for hospitals was reviewed as part of the analysis. Among the report's highlights are:

- 99.8 per cent of total real growth in operating costs came from increased payments to transfer partners and not government operations. Specifically, the report indicates that the majority (more than 60 per cent) of the costs associated with these transfer payments are dedicated to compensation.
- Provincial debt since 2002-2003 almost doubled, increasing 87 per cent to \$338 billion.
- Annual interest on debt is Ontario's fourth largest expenditure.
- Recommendations are in four overarching areas: Modernizing services through better use of digital and shared service models; finding more cost-efficient ways of

administering government; ensuring government funding is directed to those that require it the most; and maximizing the value of government assets, putting them to their most productive use

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

### **Establishment of a select committee into spending**

Premier Doug Ford has announced plans to establish a special committee tasked with looking further into the government's past spending. The legislative body will have the power to call witnesses, compel documents and gather evidence for a final report expected in December 2018. According to the government, the select committee will investigate Liberal accounting practices, decision making and policy objectives, and will be made up of six government members and three NDP legislators.

### **New funding to address flu season patient volumes**

On October 3, Minister of Health and Long-Term Care Christine Elliott announced new funding to help hospitals and long-term care providers address high patient volumes this coming flu season. The government will spend \$90 million this year to fund a total of 1,100 hospital beds, including more than 400 opened under the previous Liberal government that will have their funding renewed. Some facilities will receive funding immediately to relieve capacity pressures, and others can expect funding during the winter/flu season.

The government also said it will continue an expansion of the province's long-term care beds, adding 6,000 new beds across Ontario in advance of flu season. This represents the first wave of the 15,000 long-term care beds the government has committed to over a five-year period.

**Premier's Council on Improving Health Care and Ending Hallway Medicine – an update**  
Members of the new Premier's Council on Improving Health Care and Ending Hallway Medicine have been announced. [View a list of members and their biographies](#).

The council will recommend strategic priorities and actions to improve Ontario's health outcomes and patient satisfaction, while improving system efficiency. It will articulate critical issues, identify solutions, develop a capacity plan and long-term funding approach, and identify measurable outcomes. The full announcement is available [here](#).

### **Ontario Medical Association announces new CEO**

Allan O'Dette will drive the transformation of the Ontario Medical Association (OMA) as the next Chief Executive Officer, effective November 1, 2018. An accomplished executive with more than 30 years of experience in public, private, not-for-profit and volunteer sectors, Allan brings a proven track record in leading change and organizational renewal. He led the revitalization of the Ontario Chamber of Commerce to become one of the most influential business membership organizations in Ontario. Most recently, he served as Ontario's first Chief Investment Officer, leading the creation of a customer-focused, cross-functional enterprise generating billions of dollars in investment in the province.

Allan is well versed in health system issues having served on the Board of Directors of Markham Stouffville Hospital for the past six years, and in leadership at Sinai Health System in Toronto for several years. He has been Co-Chair of the OMA's Ontario Medical Student Bursary Fund Golf Tournament for five years and was instrumental in raising nearly \$1 million to support medical students in financial need.

### **Government announces structural changes to the Ministry of Health**

On October 19, Minister of Health and Long-Term Care Christine Elliott announced that the Ministry of Health has undergone an organizational realignment as part of the government's plan to tackle the capacity challenges facing Ontario's health care system. She indicated the changes are meant to streamline patient care and enhance the quality and efficiency of the health care system.

The Ontario Hospital Association is awaiting details on how this will impact working with the Ministry of Health going forward. The government's release is available [here](#).

## **Environmental Scan**

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### **Opioids killing more than 11 Canadians daily**

More than 11 Canadians are dying every day on average because of opioids, according to new data from the federal government.

Canada is the world's second highest per-capita consumer of opioids after the United States, which has led to widespread misuse, dependence and addiction.

The report, released on September 18, 2018 by a special federal advisory committee, shows that 1,036 people died from causes related to using opioids, mainly overdoses, from January to March 2018. That brings the total number to more than 8,000 since the start of 2016. Most of the deaths were ruled to be unintentional.

The rate of death is up five per cent from the same time period last year, and 44 per cent compared with the same time in 2016.

The powerful painkiller fentanyl was involved in more than 70 per cent of the deaths from January to March, an increase of 16 per cent from the same period last year and double the rate in 2016, the report said.

[Globe and Mail, September 18, 2018](#)

### **South West LHIN mulls change to assisted death policy**

The South West Local Health Integration Network (LHIN) wants to expand the health care providers allowed to provide medically-assisted death to patients. Allowing nurse practitioners both to assess patients and complete the end-of-life procedures aligns with their legislated scope of practice, a report to the South West LHIN board of directors said.

If it's approved by the board, the South West LHIN will become the latest of Ontario's 14 LHINs to allow nurse practitioners to provide medical assistance in dying.

The Toronto Central LHIN, Champlain LHIN near Ottawa and the North East LHIN in northern Ontario all allow nurse practitioners to act as assisted death providers, the report said.

The South West LHIN's step is good news, advocates say, and could help expand access to eligible patients in the region.

[London Free Press, September 23, 2018](#)

### **CUPE fears Ford government will make more cuts to hospital budgets**

A new study by the hospital division of the Canadian Union of Public Employees (CUPE) concludes that the hospital system faces unprecedented underfunding and lack of capacity. The study projects significant cuts to hospital beds in London and job losses for health care employees.

The study said provincial underfunding has overwhelmed the home care system and led to hallway medicine in hospitals. Provincial hospital funding per capita is 28.3 per cent higher in the rest of Canada than in Ontario – \$404.09 more per person per year – the report finds.

Michael Hurley, President of CUPE's hospital division, predicts it will get worse under the Doug Ford government. While the Ford government promised to end hallway medicine, which the labour leader said would mean adding 8,400 acute care beds to stop the practice, it has also promised \$7.5-billion personal and corporate tax cuts, and have warned that a now \$15-billion deficit will require sacrifices on the part of every Ontarian.

"If we apply the financial assumptions ... the Conservatives would have no choice in balancing the budget and reducing income taxes but to cut health care, which is 61 per cent of provincial spending."

The projected cuts, said Hurley, would result in the loss of 3,500 beds and 16,500 hospital staff province-wide to meet the government's targets. In London, the study forecasts the loss of between 113 and 183 permanent and seasonal beds at the London Health Sciences Centre.

[CBC London, September 25, 2018](#)

### **Ontario man with dementia on crusade to plan his own death**

A London man in the early stages of dementia wants the right to end his life with medical assistance when his condition gets worse. He is willing to do whatever it takes to end his life on his own terms, including challenging the law.

Ron Posno, 79, wants his death to occur at the beginning of the severe stage of Alzheimer's, and not the end. But unless the law changes, he will not be eligible for an assisted death. In 2016, changes to the Criminal Code made medical assistance in dying available to competent adults with a serious and incurable illness or disability, in an advanced state of irreversible decline, with a reasonably foreseeable death. Assisted death is not available to children or people with mental illnesses. Most importantly to Posno, the law makes no provision for advance requests – effectively excluding people with Alzheimer's and dementia. The individual must confirm their wish to proceed at the time of the assisted death.

Gary Rodin, a psychiatrist at Toronto's University Health Network who specializes in end-of-life care, is cautiously in favour of extending the legislation around advance requests and legalizing substitute decision-making. He serves as an assessor who decides whether requests for assisted dying should be granted. He says there is a growing consensus in the medical community that the law should be amended.

"As we've developed frameworks which have a lot of safeguards in them, I think we've seen that this protective clause ... has had an unintended effect of depriving some people of their rights."

[CBC News, September 29, 2018](#)

### **Half of women are at risk of dementia, Parkinson's, stroke: study**

Nearly half of women and one in three men are at risk of developing stroke or degenerative neurological diseases such as dementia and Parkinson's during their lifetime, according to a study published October 1, 2018.

Dutch researchers considered all three conditions "in order to grasp how big the problem of incurable brain diseases in late life really is," said the study's senior author Arfan Ikram. "We grouped these diseases together not only because they are common but also because there are indications that these often co-occur and might share some overlapping causes," said Ikram of the Erasmus MC University Medical Center Rotterdam in the Netherlands.

For the study, published in the *Journal of Neurology Neurosurgery and Psychiatry*, researchers tracked more than 12,000 healthy people over the age of 45 from 1990 to 2016. Over the 26 years, 5,291 people died, nearly 1,500 were diagnosed with dementia (80 per cent with Alzheimer's), 1,285 had a stroke, and 263 developed Parkinson's.

The results indicated that the likelihood of women aged 45 years or older getting the diseases was 48 percent, while it was 36 percent for men.

[CTV News, October 2, 2018](#)

### **Talks shut down between Ontario doctors and provincial government**

Ontario doctors have walked away from bargaining with the provincial government once again, calling the breakdown of negotiations a "frustrating development" in the years-long contract battle. The group has officially triggered arbitration, which will take place from October 22-26, months later than it was originally planned.

Physicians in Ontario have been without a contract for four years, over which time their fees have been cut by approximately seven per cent. In addition to making up the lost income, the Ontario Medical Association (OMA) is looking for a 4.26 per cent fee increase and is fighting a cap being placed on physician services budget increases. Billions of dollars in health care spending are at stake in the protracted negotiations.

Earlier this summer, after the change of guard at Queen's Park, Doug Ford's Progressive Conservatives expressed a desire to "reset the relationship between doctors and government" that existed under the previous Liberal government. The OMA agreed to "cautiously" return to the bargaining table instead of proceeding with planned arbitration dates.

[Globe and Mail, October 5, 2018](#)

### **One in four Canadian physicians report burnout**

A survey by the Canadian Medical Association (CMA) shows physician health is a growing concern within the medical profession in Canada. The [CMA National Physician Health Survey: A National Snapshot](#) is the first in a series of reports on the current state of physician health in the country. Overall, nearly 60 per cent of respondents reported good overall mental health. However, the survey highlights areas of concerns including burnout, depression and suicidal ideation, with rates being higher among residents than physicians, and among women than men. Among the key findings are:

- While 82 per cent of physicians and residents reported high resilience, more than one in four reported high levels of burnout and one in three screened positive for depression,



suggesting that the issue is broader than individual factors and extends to other systemic factors.

- Residents were 48 per cent more likely to report burnout and 95 per cent more likely to screen positive for depression than all other physician groups. By comparison, physicians in practice for 31 years or more reported the highest emotional, social and psychological well-being.
- Women physicians were more likely to report burnout (23 per cent higher) and screen positive for depression (32 per cent higher). But they also reported higher emotional well-being (88 per cent) and higher psychological well-being (82 per cent) than their male counterparts.
- Despite 81 per cent of physicians and residents reporting being aware of the physician health services available to them, only 15 per cent reported accessing them in the last five years. Among the most cited reasons for not accessing these services were believing the situation was not severe enough and being ashamed to seek help.

[Canadian Medical Association, October 10, 2018](#)

### **Emergency department first mental health care contact for immigrant and refugee youth**

More immigrant and refugee children and youth who arrive at an Ontario emergency department for mental health needs have not received previous outpatient mental health care compared to their Canadian-born counterparts, according to a new study from the Institute for Clinical Evaluative Sciences (ICES) and The Hospital for Sick Children (SickKids).

For most mental health disorders, primary care would be the most appropriate place for treatment and referral to specialized services, says lead author Dr. Natasha Saunders, a physician at SickKids and adjunct scientist at ICES. The high proportion of immigrant and refugee youth who seek care in the emergency department without being previously assessed for mental health problems suggests a need to understand specific cultural and other barriers and enabling factors related to the use of mental health services and access to care.

The study, published October 9, 2018, in the *Canadian Medical Association Journal*, examined data representing emergency department visits for mental health issues by youth between the ages of 10 and 24 years in Ontario over a five year period (2010-2014). Instead of presenting first to primary care, 61.3 per cent of refugee youth and 57.6 per cent of non-refugee immigrants versus 51.3 per cent of non-immigrant youth presented to the emergency department with a mental health concern.

[Institute for Clinical Evaluative Sciences, October 9, 2018](#)

### **High-dose radiation can improve survival in cancer patients once thought incurable**

Cancer that spreads from an original tumour to other parts of the body is generally considered incurable. In an international study led by Lawson Health Research Institute, researchers challenged this idea by showing that high-dose radiation can improve survival in patients with cancer that has spread to five or less sites.

The study, called SABR-COMET, was the first randomized phase II clinical trial of its kind. It included 99 patients with oligometastatic cancer – cancer that has metastasized or spread to a limited number of sites in the body. In particular, SABR-COMET patients were those previously treated for cancer that had returned in up to five different places in the body. Research participants were recruited from across Canada, Australia, the Netherlands and Scotland,

including 51 patients from the London Regional Cancer Program at London Health Sciences Centre.

The study examined the use of stereotactic ablative radiotherapy (SABR) to improve patient outcomes. SABR is a technique that precisely delivers radiation to a tumour in substantially higher doses than normal with the goal of destroying cancerous cells. Patients were randomly selected to receive either standard treatment, consisting of chemotherapy or radiation therapy, or standard treatment combined with SABR to target every known tumour in the patient's body.

The research team found that patients who received SABR lived longer than patients who did not. Median survival for patients who received SABR was 41 months compared to 28 months for those who received standard treatment. SABR also doubled the amount of time patients lived without further cancer growth – a median of 12 months for patients who received SABR and six months for those who did not. After five years, 46 per cent of patients treated with SABR were still alive compared to 24 per cent of those who received standard treatment.

[Lawson Health Research Institute, October 18, 2018](#)

### **London psychiatrist leads stigma reduction training**

Psychiatrist Dr. Javeed Sukhera, a professor at Western University, is creating a free online training resource aimed at reducing mental health-related implicit bias and stigma among health care professionals. Since launching an in-person training program in March 2016 through the Schulich School of Medicine & Dentistry, he has now received a grant to design, implement and evaluate a digital format of the curriculum.

“The idea came from my own lived experience working in mental health, recognizing that, oftentimes, patients of mine weren't treated well despite the people who are treating them being very good, highly professional people,” said Dr. Sukhera.

Dr. Sukhera and his team conducted research on the social process of stigma to understand what was happening in these settings. They found that health care professionals often label patients with mental illnesses as “time-consuming” or “unfixable” at a subconscious level. As a result, health practitioners begin to avoid the patients because they feel they cannot help them, leading to frustration for both patients and health care professionals.

The curriculum was designed to humanize the patient for health professionals to help them recognize this person, not as a label, but as someone who's looking for help, says Sukhera. The training aims to make professionals feel more useful and patients more cared for and appreciated. It includes a component of intentional engagement, where health care professionals are encouraged to make an active effort to connect with patients. It also fosters health care professionals' ability to be agents of change within their workplaces and to address problematic stigmas.

[Western Gazette, October 18, 2018](#)

### **London can meet new supervised drug-use site rules: local officials**

Ontario will approve supervised drug use sites in the face of a deadly opioid crisis, but only if they offer a “relentless focus” on getting people treatment, the province's health minister has said.

The Progressive Conservative government's new approach to drug addiction, called Consumption and Treatment Services, will replace the model overseeing the temporary drug-overdose prevention site in London and a planned, permanent supervised drug-use site. The new model would provide a pragmatic approach to overdose prevention "rooted in a relentless focus" on connecting people with treatment, Health Minister Christine Elliott said. Organizations running the new sites will have to provide treatment and rehabilitation, and link people to health and social services, including housing, employment and mental health care.

That won't be a problem in London, said proponents of a temporary site in operation and a proposed permanent site or sites. Treatment response is already something the temporary model has been providing, with 150 referrals in the first 100 days of operation, said Brian Lester, executive director of Regional HIV/AIDS Connection in London, which operates the temporary overdose prevention site.

The new sites would have to ensure community concerns are dealt with and implement monitoring programs, the province announced. Existing sites can apply to continue under the new model. The province expects that already approved sites could be operating under the new model by January 2019, with the rest running by April 2019.

"This is a turning point. We have been fighting an uphill battle for a long time and I think we finally arrived," said Dr. Chris Mackie, medical officer of health for the Middlesex-London Health Unit.

[London Free Press, October 22, 2018](#)

## St. Joseph's in the News

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['I am mine': This is what Alzheimer's is like at 41](#), Mclean's Magazine, September 18, 2018

[Study probes possibility of walking-talking test to predict dementia](#), London Free Press (also published in the St. Thomas-Times Journal, Sarnia Observer and Sudbury Star), September 19, 2018

[Veterans help create set for Grand Theatre's production of 'The Wars'](#), Global News/980CFPL, September 19, 2018

[Western prof's homelessness prevention project receives federal grant](#), Western Gazette, September 19, 2018

[Veterans help make poppies for set of upcoming Grand Theatre production](#), CTV London (at the 16:04 mark) September 19, 2018 (at the 16:04 mark)

[Grand Theatre, veterans team up to make 4,000 poppies for The Wars](#), London Free Press, (also published in the Peace River Record Gazette) September 20, 2018

[London doctor blends breast cancer, plastic surgery techniques](#), London Free Press, September 27, 2018 (Also published in the Woodstock Sentinel-Review, St. Thomas-Times Journal and Sarnia Observer)

[There are questions about how the Medical Innovation Network is spending a municipal grant](#), CTV London, September 27, 2018

[Interview with Dr. Muriel Brackstone featuring oncoplastic surgery](#), London Live with Mike Stubbs, AM980, September 28, 2018 (begins at the 57:27 mark)

[London surgeon blends oncology and plastic surgery](#), Blackburn News, October 1, 2018

[How her family history motivated one woman to undergo a double mastectomy](#), CTV London, September 28, 2018

[Mayor Matt Brown's thoughts on London's Medical Innovation Network](#), CTV London, October 1, 2018

[Bridging the gap from discovery to patient care](#), Hospital News, October 2018

[Depressive symptoms have greater negative effect on MS functional outcomes than anxiety](#), Psychiatry Advisor, October 2, 2018

[Tickets now on sale for fall Dream Lottery](#), CTV London, October 4, 2018

[\\$1.8M London home up for grabs in fall edition of Dream Lottery](#), Global News/980 CFPL, October 4, 2018

[\\$1M mansion? Chic downtown condo? \\$1M cash? Dream Lottery returns](#), London Free Press, October 4, 2018

[Dream Lottery looks for third straight sellout](#), Blackburn News, October 4, 2018

[New breast cancer surgery approach improves survivorship and leaves women looking and feeling whole](#), CTV London, October 5, 2018

[Small tweak, big impact: What can London do to immediately to help the vulnerable?](#), CBC London, October 9, 2018

[Grand Theatre presents Timothy Findley's THE WARS](#), Broadway World, October 10, 2018

[Your health questions](#), Good Times Magazine, November 2018

[How one researcher is blocking the road from hospital to homelessness](#), The Tyee, October 15, 2018

[Made-in-London surgery that is changing breast cancer treatment](#), (interview with Dr. Muriel Brackstone) CBC London, October 15, 2018

[St. Joseph's highlights breast reconstruction options](#), London Free Press, October 17, 2018

[Tax-funded medical fund sent London job cash to out-of-town firms](#), London Free Press, October 20, 2018