

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



As you may know, performance measurement for Ontario hospitals has evolved considerably in the past 10 years, which has significantly enhanced care. At the same time, the current state of performance management has become burdensome with leaders in a typical Ontario hospital having to report on 500 to 1,000 performance indicators. On October 31, 2018, I was pleased to take part in the first meeting of a provincial roundtable tasked with developing a indicator reduction and management strategy that supports a common system scorecard aligned to the provincial priorities to improve care and outcomes. This will be interesting work that will see the current number of indicators reduced by 50 per cent.

Also in recent weeks, I co-hosted, with Vice President Robin Walker, the Physician Leadership Development Institute at Parkwood Institute Main Building. The session, held November 13, focused on practices, strategies and skills to improve interactions with patients, the culture of service excellence and the learning environment. The facilitator was Dr. Ted James, a clinical chief, medical director and professor of surgery at Beth Israel Deaconess Medical Center/Harvard Medical School. Dr. James serves as faculty for quality improvement and leadership development at Harvard, the Institute for Healthcare Improvement and the Association of Medical Colleges. The invitation to the session was extended to all Chair/Chiefs, St. Joseph's Site Chiefs and postgraduate leaders. About 30 physicians attended.

Then, on November 20, I invited physicians to an informal chat over breakfast. The purpose was to provide physicians with an opportunity to talk about what's important to them, share what is on their minds and to ask questions. Six physicians joined me at this breakfast.

This month also saw me climb to the top of London's tallest building as part of St. Joseph's Share the Spirit employee giving campaign. The Scotiabank StairClimb for United Way on November 8 brought together about 50 St. Joseph's employees at One London Place to ascend the 24 floors and raise money for the highest needs in our community.

And finally, on November 9, I was pleased to take part in a research and evaluation planning meeting for the Biigajiisakaan: Indigenous Pathway to Mental Wellness initiative – a care model that will include both traditional healing and other clinical care that is accessed both in hospital and within the community. This meeting took place in the Okwari:Kowa Healing Space at Parkwood Institute Mental Health Care, where I met the project team, took part in a smudging ceremony, and expressed my support for this important partnership project in collaboration with the Wulaawsuwiikaan Healing Lodge.

REACHING OUT

Remembrance Day service

As always, the annual Remembrance Day service for veterans and their families at Parkwood Institute Main Building was held on November 11. As in past years, the service was televised on closed circuit TV throughout the hospital for those unable to attend the service. Staff who wished to honour our veterans by attending the service were invited to the auditorium once all veterans, their families and wreath presenters had been seated. They could also sit in the overflow seating in the lobby area or watch the service on one of the hospital televisions.

At 11 am across St. Joseph's, two minutes of silence were observed with the beginning and end of this period of silence announced on the overhead speaker system.

Across our organization, and particularly at Parkwood Institute, no other day is more poignant and powerful than November 11 – for those in our care and who provide care. Caring for our veterans is indeed a privilege and St. Joseph's is most proud to serve in this way.

Helpful information made handy

To improve the patient experience within Specialized Geriatric Services, the care team has created a large fridge magnet with key contact information tailored to each patient for patients to take home upon discharge. The idea stemmed, in part, from the response by patients to a question in the patient experience survey that asked whether they had enough information from health care providers about who to call if concerned about their condition after leaving hospital.

The fridge magnet is a large magnetized card that guides patients on who to call about their health. It includes spaces where the team member, when reviewing discharge information with the patient, fills in the appropriate phone numbers for the person's home and community care contact, family doctor and pharmacist. The card also tells patients to call 911 in the case of a medical emergency.

Creation of the magnet aligns with the Strategic Plan and Quality Improvement Plan goals to enhance the patient experience.

Supply chain networking

Healthcare Material Management Services (HMMS) has been reaching out to affiliates to collectively explore new opportunities, process improvements, and supply chain strategies:

- On October 11, 2018, HMMS hosted a service review/strategic session for regional hospital affiliates, which had an excellent turnout. Most of the regional chief financial officers of the affiliates attended, along with materials management staff from hospitals within LHIN 1 and LHIN 2. The agenda focused on the availability of HMMS' hosted supply chain services to assess additional opportunities, and a review of current service procedures for process improvements. A commitment was made to meet twice a year going forward.
- Starting November 21, and recurring on the third Wednesday of each month, a regional sourcing meeting will be hosted by HMMS. The standing agenda will include a roundtable of upcoming sourcing requirements by all stakeholders to develop a regional sourcing strategy, a review of recently awarded requests for proposal to assess feasibility of regional participation, and a discussion of existing collaborative contracts looking at satisfaction and/or troubleshooting.

For the love of golf

The Parkwood Puttin' Place is a valuable recreational resource available for the veterans and all patients within the Parkwood Institute community who have a leisure interest in golf. The putting green, located behind the Western Counties Wing building, is a nine-hole putting green that was recently transformed through funding from St. Joseph's Health Care Foundation. The natural surface has been replaced with artificial turf, which has improved safety by making it accessible from the sidewalk area and allowing mobility devices to be easily navigated onto the surface. The putting green now meets the Accessibility for Ontarians with Disabilities Act standards and is more representative of a traditional putting green area. The changes have also extended the golfing season. The putting green can now be used later in the fall and earlier in the spring.

The Therapeutic Recreation team throughout Parkwood Institute can reserve a golfing time, introduce adaptive aids as needed and resume love of the game for patients and residents.

Celebration of Life

A Celebration of Life service hosted by Spiritual Care was recently held to honour the lives of those in our care at Parkwood Institute who passed away between March 1 and August 31, 2018. This was the first Celebration of Life Service in which patients from Parkwood Institute Mental Health Care were also remembered. About 70 family members and friends attended the service that included music, readings and poems, a reflection, and a table of family mementos and photos. Allied health and nursing from the various Parkwood Institute clinical programs participated and supported families and friends. Volunteer Services also attended to show support and serve food and drinks after the service. In total, 110 patients were remembered.

The Parkwood Institute Celebration of Life Service is held twice a year, in April and October.

At Mount Hope Centre for Long Term Care, a Celebration of Life service will be held on November 25 to honour 29 residents who have died in the past three months.

CONNECTING CARE

Moving diabetes education out of the classroom and into the gym

For those living with type 2 diabetes, it's well known that exercise is medicine and guidance on activity is part of routine diabetes education. St. Joseph's, however, is going further. In an innovative and bold step, diabetes education is moving out of the classroom and into the gym.

At St. Joseph's Diabetes Education Centre, the Living Healthy with Type 2 Diabetes program now includes a 12-week supervised fitness and lifestyle program held at the downtown YMCA. Patients attend twice a week for aerobic activity, resistance exercise, flexibility and balance training, and lifestyle education tailored to each individual and led jointly by St Joseph's rehabilitation trainers and diabetes education clinicians. They also receive a 12-week YMCA membership they can use anytime, and guidance on home-based exercising.

This pilot program is part of St. Joseph's integrated chronic disease management approach where various programs are coming together to combine expertise and redesign care recognizing that many patients have multiple conditions. The diabetes exercise program is collaboration between St. Joseph's Cardiac Rehabilitation and Secondary Prevention Program and the Diabetes Education Centre.

After various test cycles, the exercise program began November 5. It will be evaluated for effectiveness and outcomes over the next year.

Regional visits ease care transitions

The team at St. Joseph's Regional Sexual Assault and Domestic Violence Treatment Program (RSADVTP) has been visiting regional hospital emergency departments to provide education on the program's services in an effort to enhance patient access.

A need for these visits came to light after a pediatric sexual assault case came to the RSADVTP in June 2018. The assault occurred in Sarnia and the family brought the child to their local emergency department. Although Sarnia is equipped to handle adult sexual assault cases, the hospital was unable to support pediatric cases and was unsure where to send the child. While the child was eventually transferred to St. Joseph's, the lack of process and a clear care pathway between the emergency department and RSADVTP raised questions and caused much undue stress for the care providers and the family.

To prevent another event like this from occurring, the RSADVTP team decided to visit all hospital emergency rooms in the region to develop care pathways and a more fluid and smooth transfer of patient care while allowing providers to feel supported when faced with cases they are not equipped to handle.

Since September 2018, the team has visited the emergency departments at Woodstock General Hospital, Tillsonburg District Memorial Hospital, Stratford General Hospital, Alexandra Hospital Ingersoll, Strathroy Middlesex General Hospital, St. Marys Memorial Hospital, and London Health Sciences Centre. Over the next year, the team plans to visit the remainder of the hospitals within our region.

To date, every emergency department visited has requested the RSADVTP return annually or bi-annually to provide a "refresher talk" to staff.

INNOVATING TOGETHER

New clinical protocol after general surgery cuts opioid prescribing in half

Recognizing the role that opioid prescribing plays in the national opioid crisis, a team of researchers at Lawson Health Research Institute and Western University have developed a new clinical protocol called STOP Narcotics.

The protocol includes a combination of patient and health care provider education and an emphasis on non-opioid pain control. A study demonstrating the efficacy of the protocol found surgeons were able to reduce the overall amount of opioids being prescribed after general surgery by 50 per cent while still adequately treating a patient's post-operative pain. By significantly reducing the amount of opioids prescribed, the exposure risk and potential for misuse of narcotic medication decreases.

The study involved 416 patients at St. Joseph's Hospital and London Health Sciences Centre who underwent laparoscopic cholecystectomy or open hernia repair. They received medication for post-operative pain through the new, standardized protocol, specifically acetaminophen (Tylenol) and a non-steroidal anti-inflammatory drug (Naproxen) for the first 72 hours post-surgery.

Before STOP Narcotics, every surgeon had a different approach to pain control, and most surgeons were prescribing more narcotics than are actually needed, say the researchers. The protocol instructs physicians to write a limited prescription of 10 pills of opioids (Tramadol) with an expiry date of seven days after surgery and instructions for the patient to fill this prescription only if adequate pain control was not otherwise achieved. There are also instructions on proper disposal of unused medication for the patient.

For patients in the STOP Narcotics group compared to a control group, there was a 50 per cent reduction in the number of opioids being prescribed. As well, only 45 per cent of patients actually filled their opioid prescription compared to 95 per cent in the control group. The levels of reported post-operative pain were the same in both groups.

Top spot in research intensity

In this year's [Canada's Top 40 Research Hospitals](#) list, St. Joseph's and London Health Sciences Centre (LHSC) posted the highest research intensity (research spending per researcher) among large institutions (\$616,300 per researcher). In total research spending, St. Joseph's and LHSC retained its eighth place ranking with \$123,255 million in research income in 2017 despite a 0.8 per cent drop in research funding from the previous fiscal year.

The top 40 list by Research Infosource Inc. analyzes hospital-based research institutes from across the country on several metrics, including total research income from the previous fiscal year. The ranking looks at funds received from all sources, both internal and external, to support research at the organization.

This year, a special spotlight on intellectual property is showcasing the top Canadian organizations – universities, corporations, hospitals and government departments/agencies – patenting at the US Patent and Trademark Office. Lawson is featured in the top 10 list for 'Hospital Patent Leaders' as measured by ownership of patents granted between 2013 and 2017. Lawson has ranked in the sixth spot with 13 patents owned. Commercialization opportunities are managed through WORLDdiscoveries®, the business development arm of London's extensive research network. [Read more on Lawson's website](#)

Surgery and counseling reduces mortality for drug users with heart valve infection

Cases of endocarditis – infection of the heart valves – have risen dramatically in recent years as a result of the opioid crisis. In London, 55 per cent of people who experience heart valve infections are injection drug users and one third of these individuals die as a result.

In an effort to improve outcomes, researchers at Lawson Health Research Institute and Western University are studying which clinical factors are associated with improved survival in this patient population. In a new study, they showed that both surgery and in-hospital addictions counselling are linked to significantly reduced mortality in injection drug users with first-episode endocarditis. Surgery was associated with a 56 per cent reduction in mortality, while in-hospital addictions counselling was associated with a 72 per cent reduction.

The project was a retrospective cohort study that examined anonymous patient data from 2007 to 2016 at London Health Sciences Centre (LHSC) and St. Joseph's. Of 370 patients with first-episode endocarditis, 202 were persons who inject drugs. Of those 202 patients, 39 had cardiac surgery at LHSC and 40 were referred for addictions counselling to start while they were still in-hospital.

In the past, many centres have not performed cardiac surgery in patients who inject drugs due to concerns about poor outcomes. Continued injection drug use was viewed as a risk for reinfection, according to study author Dr. Michael Silverman, Lawson scientist and Chair/Chief of Infectious Diseases for LHSC and St. Joseph's. As well, patients are not commonly referred for addictions counselling while still being treated for an acute infection because it's believed they are too ill. The study challenges those beliefs.

Café Scientifique

Lawson Health Research Institute hosted its most recent Café Scientifique event on November 20. This free community event provides an informal opportunity for the general public to get involved in science. The topic for the most recent event focused on current research on pain and pain management, including the use of opioids and cannabis. The scientist panel included Drs. Dwight Moulin, Naveen Poonai and Dave Walton, with moderator Dr. Kathy Speechley.

Save the date - Parkwood Institute Research open house

On November 30 from 2:00 to 4:00 pm, Parkwood Institute Research, a program of the Lawson Health Research Institute, will be hosting its second annual open house and interactive tour. This is an opportunity to meet research teams working in the areas of cognitive vitality and brain health, mobility and activity, and mental health. These groups are conducting studies with the goal of improving care for: patients recovering from stroke, acquired brain injury, spinal cord injury and amputation; those with cognitive issues such as dementia and mental illness; and patients needing specialized geriatric care, palliative care and veterans care. [Full event details](#) are available on Lawson's website.

LEVERAGING TECHNOLOGY

Enhancing skills improves efficiency

To improve the efficiency of ultrasound musculoskeletal (MSK) exams at St. Joseph's Hospital, four technologists were sent for advanced training in October 2018 to the Musculoskeletal Ultrasound Course - Upper and Lower Extremities at the University of Michigan Medical School. This completes a nine-month process of enhancing the MSK diagnostic imaging program so that the sonographers can work independently and the MSK radiologists do not have to scan every case. The enhanced skills of the technologists and the development of protocols have resulted in a more streamlined MSK ultrasound service. This has allowed additional MSK slots to be added to the schedule, which has decreased wait times from three months to three weeks.

EMPOWERING PEOPLE

A scrap of difference

St. Joseph's Facilities Engineering team, in partnership with John Zubick Ltd., has donated \$4,000 to St. Joseph's Health Care Foundation in support of Share the Spirit, St. Joseph's annual employee giving campaign. When the Facilities Engineering team, made up of millwrights, plumbers, electricians and painters, learned how staff donations to Share the Spirit positively impact patients in the buildings they help maintain, they came up with an innovative way to participate. By collecting valuable brass, copper and other scrap metal from various jobs, the group took the time to sort and save the material rather than tossing it. Within a year, more than one ton of scrap metal was collected and brought to St. Joseph's scrap metal vendor, John Zubick Ltd., which issued the cheque for the team to donate.

Use of Employee Family Assistant Program continues to grow

At St. Joseph's, the Employee Family Assistant Program (EFAP) is vigorously promoted and encouraged to support employee wellness. Use of the EFAP in Q2 demonstrates continued use of its services above the contracted utilization rate and above the hospital industry benchmark average. Use is trending at 17.9 per cent compared to 17.5 per cent last year and the hospital industry benchmark of 10.9 per cent. This equates to 366 new cases. Reactive services account for 86 per cent of the utilization compared to 14 per cent proactive services. (Reactive services are short term, solution-focused counselling services to address a challenge that may be more than someone can handle. Proactive services aim at providing information and lifestyle and health coaching services on a broad range of topics such as finances, parenting, caring for an elderly relative, nutrition, pre-retirement planning, managing shift work, smoking cessation, and more.)

St. Joseph's Hospital continues to have the highest EFAP utilization rate of all sites at 23 per cent, and Mount Hope the lowest at 11.4 per cent (still above benchmark). Of those using the services, 77.3 per cent are employees and 22.7 per cent are dependents/spouses. The top reason to access EFAP is psychological issues (anxiety, depression, stress), followed by marital/relationship issues.

In Q2, 26 individuals accessed the newly offered, online program for cognitive behavioural therapy called I-Volve – a web-based coaching solution for the treatment of mild depression and/or anxiety focused on helping the individual develop coping strategies and resiliency skills.

Cannabis information and resources for staff

With the federal government's legalization of recreational cannabis effective October 17, 2018, Ontario now has laws in place about how, where and who can buy and possess cannabis in the province.

To provide staff with information about cannabis, an intranet resource site has been developed. The site aims to create understanding on what the legalization means to staff and what is known and not known about health effects and risks associated with cannabis use. The site includes a Q&A related to cannabis in the workplace.

Medical leadership appointments

Dr. James Calvin has been appointed Chief of the Department of Medicine for a second five-year term effective November 1, 2018. In addition, Medical Affairs has announced the appointments of Katelyn Fisher as the Interim Chief of Midwifery effective October 1, 2018, and Dr. John Yoo as Interim Chief of Paediatrics effective October 1, 2018.

ADVOCACY AND COLLABORATIONS

South West Frail Senior Strategy – keeping partners informed

As the lead organization for the South West Frail Senior Strategy (SWFSS), St. Joseph's created an electronic newsletter to provide updates on work underway to improve care for frail seniors across the region. The newsletter, which is being sent to geriatric health care providers and community partners throughout the South West LHIN, will be an important communication tool and an opportunity to gather feedback on the SWFSS. The newsletter links readers to the information and resources on the [SWFSS webpage](#) on St. Joseph's website.

Unlocking the potential of the health and life science sector

HealthCareCAN's annual "H on the Hill" advocacy day was held on October 30, 2018. Canada's hospital CEOs and vice presidents of health research joined HealthCareCAN – the national voice of Canada's health care organizations, community and research hospitals – to meet with Members of Parliament, Senators and senior government staff. Collectively, they issued a call for federal action to unlock the tremendous economic potential of the health and life sciences sector to support better health for Canadians.

Dr. David Hill, Scientific Director for Lawson Health Research Institute and Integrated Vice President of Research for St. Joseph's and London Health Sciences Centre, participated in this lobby day. The diverse areas covered included: health and science research granting councils; hospital infrastructure; health innovation; electronic health technology; opioid crisis response; mental health; aboriginal health; and home care.

Veterans contribute to sculpture destined for Belgium

Veterans Affairs Canada invited veterans at Parkwood Institute to help design a collaborative sculpture that commemorates the sacrifices made by veterans. The sculpture is the creation of Two Smiths, a company based in Kitchener that designs and builds architectural features, furniture and sculpture in forged copper, steel, aluminum and bronze. For the collaborative sculpture, called "The Human Cost: Honouring Canada's Veterans", participation of veterans of all ages was solicited. The design incorporates a series of medallions mounted to the surface of 35 vertical bars.

On Oct. 26, 2018, eight veterans at Parkwood Institute, including two from the Occupational Stress Injury Clinic, met with Lloydie Monestime, a program advisor from Veterans Affairs Canada, and artist Sandra Dunn from Two Smiths. The veterans were interviewed to generate specific words or messages that would be used on the bronze medallions. Suggestions from our veterans were well received.

The idea for the sculpture came from Afghanistan war veteran Bram Porter, who suggested the use of cast coins or medallions made from bronze, citing the fact that the cost of war includes the price soldiers pay to serve their countries. The sculpture was presented in Belgium on November 11. [More information and photos](#) are available on the Two Smiths website.

PARTNERSHIPS WITH PATIENTS, RESIDENTS, FAMILY CAREGIVERS

Patient, family and caregiver voice

Across St. Joseph's, patient/resident and family councils are actively involved in various projects, decision making, events and activities. In mental health care, the Mental Health Care Patient Council and Family Advisory Council are dedicated to ensuring the voices of patients and families are heard. Members of each council have been participating on committees, attending conferences and taking part in events, both within St. Joseph's and in the community. One key initiative saw a member of the Family Advisory Council involved in the development of the recently released quality standard for the care of adults aged 18 years and older with schizophrenia who are seen in an emergency department or admitted to an inpatient setting. This Health Quality Ontario quality standard also includes guidance for the care of people who are transitioning from the inpatient setting to the community.

UNCOMPROMISING QUALITY AND SAFETY

Influenza vaccination campaign – an update

St. Joseph's influenza vaccination campaign, which officially launched on October, 9, 2018, has reached a combined staff/physician vaccination rate of 55.1 per cent as of November 16. This is down from 58.6 per cent at the same time last year. The staff vaccination rate was 54.8 per cent as of November 16 (down from 58.7 per cent at this time last year) and the physician rate was 61 per cent (up from 57.6 per cent at this time last year.)

Vaccination clinics have been extended to November 22 and peer vaccinators – nurses within clinical programs who provide the vaccine to their peers within their clinical environment – will continue to be available throughout the flu season. This year, 64 nurses volunteered to participate in the program, up from 55 last year.

For the second year, the Prescription Shop at St. Joseph's Hospital is offering the flu vaccine to staff, physicians, volunteers, patients and visitors. And new this year, the Prescription Shop 2 at the Parkwood Institute Mental Health Care Building has made the vaccine available. Both pharmacy retail outlets provide proof of vaccination for staff and physicians to present at Occupational Health and Safety Services.

Work is ongoing to encourage staff and physicians to get their flu shot.

Accreditation 2019 – an update

As previously reported, preparations are underway for Accreditation 2019 and the Accreditation Canada onsite visit scheduled for September 30 to October 3, 2019. As an update, implementation of the National Standard of Canada for Psychological Health and Safety in the Workplace is now a leading practice for Accreditation Canada. This is the result of a collaborative effort by 15 health care organizations across Canada including St. Joseph's. Deb Miller, Director, Organizational Development and Learning Services, has been an influential leader on this initiative. Deb currently co-leads, with Cathy Stark at London Health Sciences Centre, a national working group that is preparing to launch a national toolkit to support the implementation of the psychological health and safety standard in health care organizations.

While the standard is applicable to all industries, it has a unique role for health care workers. A psychologically safe workplace promotes a positive culture, can prevent stigma and discrimination and contributes to a productive working environment. Creating mentally healthy workplaces not only benefits staff well-being and satisfaction but also translates to safer, more effective patient, resident and client care.

RECOGNITIONS AND CELEBRATIONS

Veteran becomes volunteer fundraiser

After a 35-year career with the Canadian Armed Forces, retired Master-Corporal Ed Duffney, a resident in the Veterans Care Program at Parkwood Institute, is finding new ways to give back to the profession that means so much to him. In retirement he is embracing a new mission as a volunteer and fundraiser and is selling t-shirts at \$20 apiece to raise money for care and comfort equipment used by veterans. Remarkably, Ed has so far raised \$10,000 through his fundraising efforts – money that will be used to purchase items such as ceiling lifts that help elderly residents in and out of bed and comfortable furniture for family visiting rooms.

Ed is a motivated salesman known throughout Parkwood Institute and beyond for his dedication to the cause. Each t-shirt is designed and approved by Ed before they are pressed by a local print shop. The designs pay homage to the sacrifice soldiers make for the peace and prosperity of Canada.

St. Joseph's is grateful and inspired by Ed's commitment to the veterans served by our organization.

An outstanding physician

The annual awards program of the Ontario College of Family Physicians (OCFP) recognizes outstanding skill, knowledge and dedication of family doctors across Ontario. Recipients exemplify the vital work family doctors do to help keep Ontarians healthy.

Congratulations to Dr. Susan McNair, a family physician at St. Joseph's Family Medical and Dental Centre and Medical Director of the Regional Sexual and Domestic Violence Treatment Program at St. Joseph's Hospital, who has received a 2018 OCFP Award of Excellence. This award recognizes outstanding contributions in a specific area pertaining to the specialty of family medicine. Dr. McNair is recognized for her leadership in improving care for victims of sexual abuse and human trafficking, and working collaboratively to address the issue in Southwestern Ontario. Her tremendous commitment to patients and partnerships is making a difference across the region.

A lifetime of achievement

Congratulations to Dr. Vipin Bhayana, Division Head of Core Laboratories, Point of Care Testing and Specialty Biochemistry, who was selected as the 2018 recipient of the Lifetime Achievement Award from the Ontario Society of Clinical Chemists (OSCC). Each year the OSCC selects a recipient who displays exemplary service, dedication and advancement to the field for clinical biochemistry. This award reflects on Dr. Bhayana's enthusiasm for teaching, research and the clinical service he provides for our patients.

A tribute to Canada and the talents of a loving wife

A quilt made by Jessie Bruce, the late wife of Parkwood Institute veteran Robert Kennedy, will be displayed on Parliament Hill. The quilt represents each of Canada's provinces and is a beautiful tribute to the country. Jessie's mother was a dress maker and the quilt was made from her leftover fabric, hand stitched over a number of years with great pride for Canada. Robert and Jessie were married for more than 60 years before Jessie died in 2010.

Robert initiated the request to MP Irene Mathyssen (London–Fanshawe), who is co-sponsoring a reception for the Canadigm Exhibit. Canadigm is an historical documentation and imaging Group in London that digitally records historic sites, documents and artifacts related to Canadian history. On November 21 on Parliament Hill, the group will be showcasing a small selection of pieces from its Souterrain Impressions Exhibition of carvings created by WW1 soldiers. Jessie's quilt will be on display alongside the exhibit.

OTHER

Family caregiver survey results

The Change Foundation has released its [Spotlight on Caregivers](#) report which looks closely at the role of the family caregiver within the health care system, the type of caring tasks they are engaged in, the time and financial commitment required, and the impact of being a caregiver on

their mental, physical and emotional state. It is based on a survey of 800 caregivers conducted by Pollara Strategic Insights.

The Change Foundation works to inform positive change in Ontario's health care system. With a firm commitment to engaging the voices of patients, family caregivers, and health and community care providers, the foundation explores contemporary health care issues through different projects and partnerships to evolve the health care system in Ontario and beyond.

Ontario releases 2018 Economic Outlook and Fiscal Review

On November 15, Ontario's Minister of Finance Vic Fedeli released the 2018 Ontario Economic Outlook and Fiscal Review, which is projecting a 2018-2019 deficit of \$14.5 billion, down \$0.5 billion from the \$15 billion announced earlier this year.

The review acknowledges the significant capacity challenges facing Ontario's health care system and restates the government's commitment to ending hallway medicine through the additional \$90 million in surge funding announced this fall. This \$90 million is in addition to the \$187 million that had previously been announced in the former government's spring budget. The review also reconfirmed the government's commitment to spending \$1.9 billion over 10 years on mental health and addictions services, matching the federal government's 2017 budget commitment. [Read more](#) on the government's health commitments.

Additionally, the government announced it would be winding down the province's [Self-Directed Personal Support Services](#) agency to reduce the administrative burden on delivering home care. It will also be performing a comprehensive review of Ontario's provincial agencies to reduce the number of legislative officers from nine to six. These changes come as part of Bill 57, which was tabled on November 15.

The Ministry of Finance's news release is available [here](#).

Environmental Scan

Unproven blood tests for food sensitivity widely offered in Canada

Two of Canada's biggest labs, Dynacare and LifeLabs, promote and offer IgG food tests at their labs, marketed as a way to test for food sensitivities. Costing hundreds of dollars, the tests are often advertised as a quick solution to a range of health issues. But medical experts, including the Canadian Society of Allergy and Clinical Immunology, call IgG tests for food sensitivities "unvalidated," and more than two dozen organizations warn about the misuse of such tests and their reports grossly misinterpreted.

Food sensitivities are different from food allergies. An allergy is an immediate immune response and certain foods, like nuts and seafood, are often known to cause allergic responses that can be life-threatening. Sensitivities or intolerances, on the other hand, are not related to the immune system and often take hours, if not days, to take effect, making them very difficult to diagnose.

An IgG test, which measures levels of an antibody known as immunoglobulin G, is an indication of exposure to the foods, not an intolerance of them, said Dr. Douglas Mack, a pediatric allergy, asthma and immunology specialist. Interpreting the test otherwise is potentially hazardous, leading people to unnecessarily eliminate foods.

[CBC News, November 2, 2018](#)

Interest in online mental health portal widespread

The Big White Wall is the London region's newest, around-the-clock mental health initiative designed to reduce isolation for those with mental health issues and improve both their coping skills and emotional health.

The online portal is for individuals aged 16 to 34 with depression or anxiety and offers various mental health supports. It's similar to Facebook but completely anonymous. Individuals can post how they are feeling or what they are going through. Other parts of the wall include self-help modules grounded in cognitive behavioural therapy. It allows individuals to reflect on their mood, look at the triggers keeping them there, and what might help them get out of difficult situations. Modules available through the site are showing high utilization.

Since June 2018, when the Big White Wall was introduced, hundreds of local residents have registered.

[London Free Press, November 5, 2018](#)

Hepatitis A spiking among homeless, illicit drug users

The Middlesex-London Health Unit is warning about an outbreak of hepatitis A among the homeless and illicit drug-using population in the city after a more than five-fold increase in reported cases.

The health unit typically sees about three hepatitis A cases each year that are mostly travel-related. To date, the agency has encountered 16 non-travel-related hepatitis A infections. Fifteen of them have been reported since October 1, 2018.

The health unit is working with other agencies to contact people who might be at risk. It is also asking agencies who work with homeless people or drug users to watch for signs and symptoms of the infectious disease in their clients and offer vaccines to high-risk individuals.

"This situation is a demonstration of the health inequities that exist in our city," said associate medical officer of health Dr. Alex Summers. "The link between most of these cases is that they live on the margins of society, don't have access to stable housing and struggle with addiction. While we can provide vaccines to those we know are at risk, there's a much bigger issue that exists just under the surface that needs to be addressed."

[London Free Press, November 7, 2018](#)

Diabetes Canada warns of epidemic, calls for national strategy

Diabetes experts say Canada could prevent another million type 2 diabetes diagnoses in the next decade if Ottawa helps to fund something it lacks now – a national diabetes strategy.

Diabetes Canada has asked the federal government to earmark \$150 million in the next budget to fund its Diabetes 360 strategy over seven years. Modelled after HIV/AIDS targets, the strategy would establish clear milestones to prevent and manage the disease, which affects about five million Canadians. It would focus on factors contributing to the disease's rise in Canada, such as poverty, poor food security and unhealthy living.

"Canada is facing a diabetes epidemic. Since 2000, the number of Canadians with diabetes has doubled," said Dr. Jan Hux, president and CEO of Diabetes Canada. "A 20-year-old in Canada now faces a 50/50 risk of developing diabetes. For First Nations people, that risk is 80 per cent."

A nationwide strategy, said Russell Williams, the charity's vice-president of government relations and public policy, could prevent more than a million Canadians from receiving a diagnosis of type 2 diabetes in the next decade. It would also prevent 50,000 lower limb amputations and 350,000 hospitalizations.

[CBC News, November 6, 2018](#)

Canada falling short on flu vaccinations

Canada is failing to meet federal flu vaccination goals as Canadians continue to balk at rolling up their sleeves. Just 38 per cent of Canadians were vaccinated during last year's flu season, according to an internal Public Health Agency of Canada report.

While the vaccination programs themselves fall under provincial jurisdiction, the Public Health Agency promotes the vaccinations nationally and monitors the spread of flu and flu-like illnesses. The agency hired the research firm Léger to ask Canadians in early 2018 whether they had received the shot or spray and if not, why not.

The number of Canadians reporting vaccinations has basically flatlined since 2015, the first year the agency started surveying Canadians. At the time, 34.3 per cent of Canadians said they had been vaccinated. Most respondents said they didn't get the shot because they didn't think they needed one, or they believe it doesn't work.

According to the report, the agency set a goal of getting 80 per cent of high-risk Canadians vaccinated, but fell short. Just 39 per cent of adults with chronic medical diseases bothered with the shot. The health agency also found that the majority (63 per cent) of children aged six to 59 months in surveyed households were not vaccinated. On a positive note, about 71 per cent of seniors – another one of the health agency's targeted high risk groups – were vaccinated last winter, getting the closest to the set target.

[CBC News, November 12, 2018](#)

Number of medically assisted deaths in Ontario increasing steadily, coroner says

Grievously ill people in Ontario – most of them cancer patients – are increasingly choosing to die with medical assistance to end their pain and suffering. Nearly one per cent of deaths in Ontario now involve medical assistance, according to statistics from the Office of the Chief Coroner of Ontario that show a total of 2,118 people have died with medical assistance between June 2016 and September 2018.

In the 6 1/2 months after medical assistance in dying was legalized in June 2016, there were 191 Ontario residents who used it. In the following six months, between January 1 and June 30, 2017, that number rose to 362. In the next six months, 477 people opted for an assisted death. In the first six months of 2018, 680 people died with medical assistance.

In Ontario, most of those who died with medical assistance had been diagnosed with cancer (64 per cent), respiratory disease (16 per cent) or a neurodegenerative condition (12 per cent). New federal regulations governing how practitioners report on assisted deaths came into effect November 1, 2018. The new regulations require doctors to use a new federal data portal to

record all written requests for assisted death while also reporting to the provincial coroner on completed procedures.

Meanwhile, a federally appointed review panel is to report in December 2018 on questions related to the expansion of assisted death eligibility in Canada. The panel been asked to examine whether the provision of assisted death should encompass mature minors, advance requests, and cases where mental illness is the sole underlying medical condition.

[Ottawa Citizen, November 13, 2018](#)

Substance use is costing six Canadian provinces over \$1 billion each

In each of the provinces of Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia, the cost of substance use in 2014 surpassed \$1 billion dollars. Ontario's tally was \$14 billion.

On November 14, 2018, The Canadian Centre on Substance Use and Addiction, in collaboration with the University of Victoria's Canadian Institute for Substance Use Research, released [substance use costs by province and territory](#). This comprehensive study examined the costs and harms associated with substance use. Estimates span four broad areas – health care, lost productivity, criminal justice and other direct costs – and cover a range of substances including alcohol, tobacco, cannabis, opioids and other substances.

Lost productivity due to premature death and disability related to substance use accounted for the greatest costs in all the provinces and territories. Alcohol or tobacco was responsible for the largest proportion of costs and harms in all provinces and territories assessed.

[Canadian Centre on Substance Use and Addiction, November 14, 2018](#)

Report finds many caregivers struggling financially and emotionally

Results of an Ontario-based survey of 800 caregivers aged 16 and older released by the Change Foundation paints a picture of people often thrown unexpectedly into a role for which they typically aren't trained and one that has major effects on their physical and mental health, relationships and career paths.

The online survey, conducted in May 2018 by the polling firm Pollara Strategic Insights, found that caregivers overall appreciated the time spent with their loved ones and believed they were improving their lives. But 61 per cent admitted they took on the role because they believed they had no choice, with many at times feeling trapped, helpless, frustrated and overwhelmed.

The survey found 36 per cent of caregivers felt depressed and 33 per cent were resentful of their role, with almost half overall saying caregiving had negatively affected their ability to have personal time, engage in travel or enjoy a social life.

One-third of caregivers said they had experienced financial costs due to caregiving, including out-of-pocket expenses, time off work and turning down career opportunities. Eight per cent lost their jobs due to caregiving responsibilities.

[CBC News, November 15, 2018](#)

Antibiotic resistance a serious health care threat to Canadians, experts say

With cold and flu season upon us, some patients will undoubtedly go to their doctors seeking a prescription for antibiotics, even though the drugs are useless against such viral infections. It is such misuse and overuse that has helped a growing number of bacteria become resistant to most or all antibiotics – a phenomenon doctors are calling a crisis because the pharmaceutical industry is no longer investing time or money looking for new antibiotics to replace them.

And it's not just patients and doctors who are at fault. Decades of liberal use of antibiotics to promote the health of farm animals headed for our tables and environmental contamination by the ubiquitous drugs have led to so-called superbugs like MRSA and VRE that have developed resistance to their effects.

By 2050, drug-resistant infections are predicted to lead to an estimated 2.4 million excess deaths in developed countries alone, according to a recent projection by the Organisation for Economic Co-operation and Development. Other experts warn the annual death toll due to antibiotic resistance will soar to 10 million worldwide by 2050, dwarfing cancer and costing the global economy \$100 trillion US.

[CBC News, November 16, 2018](#)

Ontario urged not to reinstate sick notes for short-term illnesses

The Canadian Medical Association (CMA) is concerned with the Ontario government's plan to reinstate sick notes for short-term illnesses as a way to manage absenteeism.

Bill 47, which would allow employers to force patients to get a sick note from a doctor, walk-in clinic or the emergency room at their own expense, would negatively affect Ontario's patients and physicians, says Dr. Gigi Osler, CMA President. It would also introduce unnecessary public health risks – patients who would otherwise stay home may spread viruses or infection while out getting a sick note. An Ipsos poll published November 16, 2018, reveals that more than eight in 10 respondents in Ontario and Canada-wide would go to work sick rather than get a sick note.

“These are worrisome findings that highlight the potential public health implications of sick notes,” Dr. Osler said in a statement. “For physicians, writing a sick note is added administrative work – time that should be spent providing direct care to patients.”

[Canadian Medical Association, November 16, 2018](#)

Ontario's health care system under increased strain

Many parts of Ontario's health care system are under increased strain, according to [Measuring Up 2018](#), Health Quality Ontario's 12th yearly report on the performance of the province's health system. Among the report's key findings are:

- Visits to Ontario's emergency departments increased by 11.3 per cent over the last six years to 5.9 million in 2017-2018. Among high-acuity patients, visits rose by 26 per cent to 4.1 million.
- The average time spent in emergency by patients admitted to the hospital from emergency increased to 16 hours in 2017-2018 from 15.3 hours in 2016-2017.
- Visits to the emergency department for opioid poisoning more than tripled to 54.6 per 100,000 population in 2017 from 15.2 per 100,000 in 2003.
- In 2016-2017, an average of 4,233 Ontario hospital beds were occupied every day by patients waiting to receive care elsewhere, such as in a long-term care home or rehabilitation facility.

- The median amount of time people waited in hospital before moving into long-term care was 31.4 per cent longer in 2016-2017 (92 days) than in 2015-2016 (70 days). The median wait time for people waiting to move into a long-term care home from the community also increased by 12.9 per cent to 149 days in 2016-2017 compared to 132 days in 2015-2016.
- In 2017, fewer patients (32.3 per cent) reported being able to see a specialist less than 30 days after being referred compared to 37.8 per cent in 2016.
- 26.1 per cent of home care clients who received care for more than two months had a primary family or friend caregiver who experienced continued distress, anger or depression in the first half of 2017-2018, up from 23.6 per cent the previous year.

[Health Quality Ontario, November 16, 2018](#)

Canadians giving up necessities, going into debt to pay for prescriptions, study finds

A study has found that Canadians have reduced their spending on basic necessities to pay for prescription drugs, with 731,000 of them borrowing money in order to pay for drugs prescribed by their doctor.

For the study, researchers at the University of British Columbia (UBC) used data from Statistics Canada's Canadian Community Health Survey conducted in 2016. Senior author, Michael Law, the Canada Research Chair in Access to Medicine at UBC, says people are making financial decisions that pit drugs against food, rent and all the other expenses they face in their everyday life.

And it's not seniors that are most affected. The study found those taking on debt tended to be younger, had lower household income, chronic medical conditions and no prescription drug insurance. Canadians aged 19 to 34 were 3.5 times more likely to borrow money to pay for prescription drugs compared to those aged 45 to 54, and those without private insurance were twice as likely.

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

St. Joseph's in the News

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[Reshaping your mammography experience](#), Canadian Health and Family, October 20, 2018

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[London researchers cutting post-surgery opioid prescriptions](#), Blackburn News, October 24, 2018

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