



To: St. Joseph's Board of Directors

From: Dr. Gillian Kernaghan, President and CEO

Date: December 21, 2018

Although the board does not meet this month, I am providing you with a full report to read at your leisure over the holidays. Also for you to review is the Catholic Health Association of Ontario's Board Chair and CEO Report, September to December 2018, prepared by Ron Noble, President and CEO, and myself as Board Chair. This report is attached.

This month, I hosted my December staff and physician engagement sessions – seven in total. All of the sessions this round were joint with the clinical vice presidents. At these sessions, staff and physicians heard updates on flu vaccination efforts, accreditation preparation, the current political landscape, site-specific developments and performance, and more.

Also this month, I completed my four-year term as Co-Chair of the Canadian Health Leadership Network Secretariat. I have enjoyed my term with this network of partners from across the country, who are all dedicated to the same cause – advancement of exemplary health care leadership in Canada as a strategic enabler of system transformation.

On December 7, I co-chaired the Hospital/LHIN CEO Leadership Forum, which brings together the region's hospital CEOs and South West LHIN CEO to identify and advance key initiatives that will advance system collaboration and integration. At this meeting, we welcomed the LHIN's new interim CEO – Renato Discenza. Joining the South West LHIN on December 3, Renato brings with him more than 30 years of leadership in the public and private sector, including Executive Vice President, Strategy and Innovation, at Hamilton Health Sciences, President and CEO at Invest Toronto, Senior Vice President, IT Delivery, at Infrastructure Ontario, and Senior Vice President, Enterprise Sales, at Bell Canada.

Finally, I would like to congratulate London Health Sciences Centre on being awarded Accreditation with Exemplary Standing by Accreditation Canada. This designation is the highest award available through the hospital accreditation program and a testament to much hard work focused on continuous improvement, quality and safety.

At this time, I would like to wish you a very Merry Christmas and a healthy, happy New Year. Thank you for all you bring to St. Joseph's as board members throughout the year. I also thank you for the support and encouragement you give to me in my role and to the other members of the Senior Leadership Team. Please enjoy this year's [Christmas card](#) from St. Joseph's.

REACHING OUT

Diabetes Half Century Awards

The 2018 Diabetes Half Century Awards were presented on November 28, 2018, with 17 recipients – one of the largest groups to date. The awards are presented annually by St. Joseph's and Novo Nordisk Canada to patients with type 1 diabetes who reach 50 or more years since their diagnosis. The patients, who are nominated by their endocrinologist, are honoured for their personal commitment and diligence in looking after their health, and for acting as a role model to all those living with the condition. Each recipient receives a print of London's Banting House and a special medal to commemorate their achievement.

A touching moment occurred this year when one recipient, Doug Howe, accepted the award with his five-year-old granddaughter in hand, and then gave her his award. The youngster was recently diagnosed with type 1 diabetes – at the same age Doug was diagnosed 58 years ago. He wanted his granddaughter to have the medal hoping it's the only one she receives – that advances in treatment will make such awards unnecessary.

The story of [Doug and his granddaughter](#) is on St. Joseph's website, along with [memories shared by some of the other recipients](#).

Improving access to rehabilitation

The Rehabilitation Program team at Parkwood Institute Main Building has been working hard to improve access to care by focusing on the triage model and strategies to identify shorter turn-around opportunities on consults. As a result, wait times have been significantly reduced:

- The wait list for physiotherapy for inpatients discharged from the Regional Rehabilitation Program and waiting for an outpatient physiotherapy appointment is approximately six to eight weeks, down from four months in May through September 2018.
- The wait list for occupational therapy is now approximately 3 ½ months, down from 11 months in May 2018.
- The wait list for the Adult Wheelchair and Seating Program is currently approximately 3½ months, down from 11 months in May 2018. The team made access to seating assessment the highest priority given the need to ensure patients are sitting in safe equipment that reduces skin breakdown.

Bravery in a bead

Veterans Arts at Parkwood Institute has launched a new program – the Bravery Bead Group – to help support veterans who want to give back to the community.

At London Health Sciences Centre's Children's Hospital, the Bravery Bead Program allows children the chance to collect a different bead for each procedure or event while visiting the hospital for treatment. The goal of the program is to make a necklace with colourful beads that represent the unique and special journey of a particular child and to make something that they are proud of and want to share with family and friends.

Veterans in the Bravery Bead Group began by learning about bravery beads and why the children get them. As a group, the veterans decide on a bead design, what each bead means and how to portray that meaning in a bead. The first bead they created was close to their heart – a Remembrance Day, worry and hope bead in the shape and colour of tiny poppies. The veterans are involved in the entire process, from rolling out the clay, cutting out the beads and

glazing of the beads. The veterans are enjoying the group and look forward to delivering the beads to the Children's Hospital.

CONNECTING CARE

Learning about laundry

Seven veterans at Parkwood Institute recently had a tour of London Linen Services to help them understand the laundry process after laundry leaves their care unit. The tour was organized in response to complaints from residents that it was taking too long for their clothing to be returned, or that items would sometimes not come back or come back damaged. London Linen Services initially attended a Residents' Council meeting, which led to an invitation for a tour. Veterans were welcomed to the facility by management and given a guided tour that detailed the laundry process from beginning to end.

The experience was educational for both veterans and staff who accompanied them. They learned how efficient the process actually is given the enormous volume of laundry received from across Southwestern Ontario, and the challenges faced when items arrive without labels and when non-laundry items are mixed in with the laundry. Veterans and staff also learned how they can contribute to the efficiency of the laundry process by ensuring linen and personal items are properly separated. They also gained an appreciation for how challenging it is to match clothes to individuals when labels fall off and the effort made to reunite veterans with missing items.

Residents who attended were intrigued by the enormity of the laundry process and have since made suggestions on how to improve the system at Parkwood Institute. Staff who attended will educate all veterans about the laundry process to help reduce issues and ensure it's as efficient as possible.

Partnering for a successful transition to the community

With tremendous collaboration, a patient from the Neurobehavioural Rehabilitation Centre (NRC) at Parkwood Institute, which serves individuals with acquired brain injury and moderate to severe behaviour problems, was recently discharged after one year. This was a connecting care achievement that involved the NRC, NeuroTrauma Rehabilitation at Parkwood Institute, the Workplace Safety and Insurance Board (WSIB), a home care agency, and a nursing home in Sarnia. The patient's successful transition to Sarnia involved many steps and much planning:

- Over several months a discharge plan was negotiated with WSIB.
- Once approved, NRC staff provided training to many registered practical nurses, personal support workers and rehabilitation therapists from the home care agency that would be providing care for the patient once he left the NRC. The home care provider's staff came for three training sessions to ensure that they received adequate information and had developed a level of comfort working with the patient. NRC rehabilitation therapists provided helpful background information, had the home care staff shadow them throughout daytime and afternoon shifts, answered numerous questions and provided opportunity for hands on care. Feedback from the home care agency staff and management was extremely positive.
- There were many meetings, emails and conference calls between agencies to ensure every detail was discussed and prepared for to ensure a successful discharge and transition to the community.

- On day of discharge, two NRC staff accompanied the patient to Sarnia to ensure his safe arrival and successful handoff to those waiting for him.

INNOVATING TOGETHER

Provincial grant supports innovations in mental health care for youth

On November 23, 2018, the Mental Health INcubator for Disruptive Solutions (MINDS) of London-Middlesex welcomed community members and stakeholders at Innovation Works for an update on the work of the MINDS team and announced the generous contributions of the Ontario Trillium Foundation (OTF). A \$75,000 OTF grant will contribute to the mental health of transitional-aged youth in the London and Middlesex region.

MINDS is a unique research project through Lawson Health Research Institute and has the support of a diverse network of key individuals and partnering organizations including cross-sectoral service providers, community leaders, mental health advocates and youth from the region. As a social innovation lab, the mission of MINDS is to address the complexity of the mental health system for youth and approach the entirety of its broad-ranging factors. Based on their work consulting with youth themselves, the team will use a collective impact framework to develop and test high impact solutions to promote mental and emotional wellbeing, and prevent mental illness and addictions among transitional-aged youth.

The director and principal investigator for MINDS is Dr. Arlene MacDougall, Director of Research and Innovation for mental health care programs at Parkwood Institute and Southwest Centre for Forensic Mental Health Care.

Clinical trial shows benefit of meditation for treating late-life depression

A new research study from Lawson Health Research Institute and Western University has found that meditation can be implemented easily and effectively as a therapy to treat late-life depression and mood-related symptoms.

Depression in older adults can be a disabling and debilitating condition often leading to other chronic problems such as heart disease.

“Current treatment options include cognitive behavior therapy, supportive therapy and medications that can have side effects and are often not preferred by these patients,” explains Dr. Akshya Vasudev, associate scientist at Lawson and associate professor at Western University’s Schulich School of Medicine & Dentistry. “Older adults have a higher rate of co-morbid medical conditions that may be associated with poor tolerability of antidepressants and a poorer response to medications.”

The research team conducted a unique study exploring a meditative technique that has not been investigated before with people experiencing late-life depression. The randomized clinical trial involved 83 research patients ages 60-85 from London Health Sciences Centre, St. Joseph’s and the regional community, who either received the standard treatment or the meditation technique.

Those practicing the meditation reported a significant improvement in the depressive symptoms compared to the group who received only the regular treatment. The meditation group had a reduction of 50 per cent or more in depressive symptoms and no negative side effects.

Parkwood Institute Research open house

On November 30, 2018, teams at Parkwood Institute Research hosted the second annual open house and interactive tour to showcase research happening in the areas of cognitive vitality and brain health, mobility and activity, and mental health. Both internal and external stakeholders were in attendance, including about 200 members of the community. Local MPPs Peggy Sattler and Terence Kernaghan were also on site for the tour.

Ontario Institute for Cancer Research visit to London

London was pleased to host a senior management delegation from the Ontario Institute for Cancer Research (OICR) over a two-day tour, December 3-4. Dr. Laszlo Radvanyi, the new President and Scientific Director, along with six members of his senior management team, came to London to meet with cancer investigators from across the city, as well as with senior administrators from the Schulich School of Medicine and Dentistry, Lawson Health Research Institute, Robarts Research Institute, and Research Western with the intent of getting to know London's top translational-clinical and health services researchers in oncology.

The OICR leadership team was keen to learn as to how OICR can better help to facilitate basic and clinical trials research, and to identify specific areas where OICR can help drive collaborative research across our region. Sixteen key researchers provided overviews in a TED-talk format, showcasing a strong translational and highly accomplished scientific program that clearly impressed the OICR guests. Medical physicist Dr. Ting Yim-Lee with Lawson Imaging based at St. Joseph's Hospital was among the presenters.

LEVERAGING TECHNOLOGY

Improving ultrasound services

In a review by St. Joseph's and London Health Sciences Centre (LHSC) of the process for booking ultrasound requests at the two hospitals, the need for a modality-specific ultrasound requisition (referral form) was identified. In the past, both organizations were using a general radiology requisition form.

The intention of the ultrasound-specific requisition, now being launched, is to standardize the approach by providing a single, clear and concise requisition that will improve the ultrasound booking process. This will create efficiencies for both organizations and ensure the correct patient information is obtained at the start of the requisition process. Previously, bookings clerks would often have to contact the referring physicians for additional information. Better communication between referring offices and the hospitals will mean quicker appointment times for patients.

Automated image retrieval streamlines care

For patients who undergo mammography exams, image comparisons are crucial for the radiologist to document subtle changes that may occur over time. The current mammogram is compared to previous mammograms, breast ultrasounds and breast MRIs done years before. To do this, St. Joseph's mammography booking staff have been tasked with retrieving or "pre-fetching" the prior exams from the archive to allow radiologists to compare images while reporting. Manually pre-fetching images is time-consuming, partly because mammography images are very large, and can take 30-40 minutes to retrieve.

The Information Technology Services' clinical applications team collaborated with radiology at St. Joseph's to install a new server – Candelis by GE Healthcare – that can automatically retrieve prior and relevant images for the radiologist. When the radiologist reports the current mammogram, previous imaging from up to 10 years ago automatically populates on the monitors. This gives support staff more time to focus on other duties. The new server went live on November, 5, 2018.

EMPOWERING PEOPLE

Free online training for French language health services

The Réseau du mieux-être francophone du Nord de l'Ontario has developed "[The Active Offer of French Language Health Services: Why it Matters and How to Put it into Practice](#)", a free online training module on the important role individuals can play in ensuring ongoing improvement of the active offer of French language services. This training is geared towards people who study or work in health care in Ontario and is being promoted across St. Joseph's to staff, physicians, students and volunteers.

Medical leadership appointment

Dr. David Steven has been appointed Chief of the Department of Clinical Neurological Sciences for a five-year term, effective January 1, 2019. Dr. Paul Cooper has been the Chief of Clinical Neurological Sciences since 2012 and served as Interim Chief from 2010-2012. Medical Affairs thanks Dr. Cooper for his superb leadership and guidance to the department.

Share the Spirit – the results are in

After four weeks of high-spirited events including stair climbing, waffle eating, lip synching and even goat yoga, St. Joseph's 11th annual Share the Spirit campaign officially wrapped up at a celebration breakfast on November 23, 2018. The employee giving initiative, which ran from October 15 to November 9, 2018, encourages staff and physicians to make a donation to St. Joseph's Health Care Foundation and/or United Way Elgin Middlesex. This year's campaign was the most successful to date, raising a total of \$149,327, with just over \$66,000 going to St. Joseph's Health Care Foundation and \$83,316 going to United Way Elgin-Middlesex.

This year's campaign also led to 99 new donors or increased donations through payroll deduction. As an organization, we moved from 11.7 per cent of St. Joseph's employees participating in payroll deduction to 14 per cent. Overall, the results are reflective of the high level of staff engagement in this worthwhile cause.

OUR FINANCES

Funding approved for expansion of stroke-specific day programs

The Community Stroke Rehabilitation Team (CSRT) has received funding approval from the South West LHIN to expand the stroke-specific day programs.

The stroke-specific day programs were introduced in the South West LHIN to provide stroke survivors with an opportunity to continue with their rehabilitation goals after being discharged from post-hospital care services such as community or outpatient rehabilitation programs. The stroke-specific day programs are meant to be transitional in nature – clients are discharged once they have reached their identified goals to allow new clients to enter the programs.

Currently there are stroke-specific day programs in Clinton, Woodstock and Aylmer. The CRSTs in the region are the referral sources for the stroke-specific day programs. The CSRT staff provide clients with a warm hand-off to the day program staff and offer to support the client in their transition to the day programs. The CSRT staff also provide the day program staff with education and training in relation to stroke best-practice guidelines, and provide consultations to clients during their involvement in the stroke specific day programs.

To increase accessibility to stroke care across the LHIN, new stroke-specific day programs will be starting in Strathroy, London, Stratford and Hanover. St. Joseph's CSRT, which covers the Thames Valley region, will support the Strathroy and London groups, while the Huron-Perth CSRT will support Stratford and the Grey Bruce CSRT will support Hanover. In addition, the South West LHIN has increased base funding for 1.0 full-time equivalent (FTE) rehabilitation therapist for the Thames Valley team and 0.5 FTE rehabilitation therapist each for both Huron-Perth and Grey-Bruce CSRT. This funding supports and recognizes the need to provide equitable access to best-practice stroke care across the region.

ADVOCACY AND COLLABORATIONS

The gift of the 'Bag Ladies'

On November 29, 2018, more than 20 members of the Canadian Embroiderers' Guild, London, gathered for their annual Bag Ladies Day in support of St. Joseph's Breast Care Program. These women are known as the "Bag Ladies" because they make fabric bags to hold the surgical drains and tubes required by breast cancer patients after surgery. The drains are inserted during surgery and remain for three to five days, sometimes as long as two weeks, post-operatively. The fabric bags, which can be worn on a belt, neatly contain the drainage containers and tubes making them easier and more comfortable for the patient to manage.

Bag Ladies Day – which began 20 years ago – is a cherished annual gathering for the guild that yields a vital supply of the bags for the Breast Care Program. In the basement of Wesley-Knox United Church, the women created a factory-style set up with various tables for cutting, folding, serging and sewing. They worked all day to produce about 400 of the hand-crafted bags using donated, brightly-coloured fabric of various patterns. At St. Joseph's Hospital, every breast surgery patient with drains receives a bag lady bag, and each bag comes with a card clipped to the pocket with the group's mission stated in a simple sentence: "Women supporting women, to rest, to heal, to become strong again." [Read the full story](#) on St. Joseph's website.

Cycling without Age

Since October 201, therapeutic recreation specialists Katherine Plested at Mount Hope Centre for Long Term Care and Tichelle Schram at Parkwood Institute Main Building, along with Pam Bushell, Coordinator, Veterans Care Program, have been mentoring a group of Western University health science students involved in the Gerontology in Practice course. A team of five students developed an implementation resource, called "Cycling without Age in a Long Term Care Setting," for long-term care homes interested in establishing a cycling program for residents.

[Cycling without Age](#) is a movement that started in 2012 in Denmark. It allows residents in long term-care facilities to engage in cycling, experience the outdoors, break barriers with their

mobility, and be an active part of society and the local community. Using a cargo bike called a triobike or trishaw, volunteers can take residents on bike rides.

St. Joseph's staff provided specific guidelines and considerations that needed to be captured when implementing this program in long-term care. As part of the students' final presentation, a veteran was interviewed about the significance this program would have on the well-being of veterans and seniors in general. He attended the presentation at Western and actively participated in the discussion.

Medical students become volunteers

In a collaborative initiative with Western University's Schulich School of Medicine and Dentistry, 13 medical students are now volunteering at Mount Hope Centre for Long Term. The students, who will volunteer until April 2019, are doing one-on-one visiting and helping out with recreational programs such as music, floor hockey, shuffleboard and resident pub nights.

While there have been medical student volunteers in the past, there is now a mandatory social medicine course for medical students, which provides a forum for students to examine health care delivery and the social determinants of health, and consider their place within the health care "ecosystem." As part of the course, the students choose a demographic population to study and are encouraged contribute to the well-being of the community by participating in a community placement that corresponds with their chosen demographic. The purpose is to enhance their communication skills as well as become familiar with working with different populations throughout the community.

During a typical shift at Mount Hope, each student spends three hours working with staff and residents.

UNCOMPROMISING QUALITY AND SAFETY

Influenza vaccination – an update

Flu season is now underway with the first influenza cases reported to the Middlesex-London Health Unit the week of December 2. Between December 2 and 8, there were four laboratory-confirmed cases of influenza A, three of whom were hospitalized

Across St. Josephs, staff, physicians and volunteers continue to be encouraged to get the influenza vaccine. While the vaccination clinic blitz ended on November 22, 2018, the flu vaccine is still available through peer vaccinators, Occupational Health and Safety Services, family care providers and pharmacies, including the Prescription Shop at St. Joseph's Hospital and the Prescription Shop 2 at Parkwood Institute Mental Health Care Building.

As of December 14, St. Joseph's combined staff/physician vaccination rate was 59.1 per cent, up from 55.1 per cent last month but down from 65.3 per cent at this time last year. The staff vaccination rate was 58.6 as of December 14, up from 54.8 per cent last month, and down from 65.2 per cent at this time last year. The physician rate was 68.1 per cent as of December 14, up from 61 per cent last month and above the 67.7 per cent rate at this time last year.

Reducing opioid prescriptions

To help address the opioid crisis in London and the region, the Opioid Stewardship Council (OSC) was created by the Joint Medical Advisory Committee (MAC) to develop a citywide plan to decrease the amount of narcotics being prescribed for acute pain within our hospitals.

Composed of key physician and pharmacy stakeholders from St. Joseph's and London Health Sciences Centre, as well as representation from nursing, surgical trainees and Clinical Informatics, the OSC, led by Dr. Brian Rotenberg, Vice Chair, MAC, has worked to define the scope of the challenge and develop new processes to alter prescribing habits for acute pain.

Addressing the opioid issue is complex and requires multiple strategies, but a central component is more judicious prescribing by physicians and exploring other pain management alternatives. Four key strategies have been initiated:

- Tamper-resistant prescriptions have been developed and will be used for any new narcotic prescription at both hospitals.
- A patient education sheet regarding opioids has been developed and will be printed automatically with any narcotic prescription. It's intended to be reviewed with patients by their health care provider.
- Many providers who create order sets on the Powerchart system list their medications in alphabetical order, but the World Health Organization recommends medication listing by potency. To address this, all order sets will be re-aligned to be grouped by potency instead of alphabetical order, so as to guide prescribing by level of analgesia required.
- With any new narcotic prescription start, at any hospital site, the new default will be a three-day supply maximum. Prescribers can change this if needed, but the default value is based on evidence guidelines and is considered sufficient for most types of acute pain management.

The development of this initiative is considered a significant accomplishment. In addition to the London hospitals, the OSC has worked to engage all hospitals in LHIN 2 that use our Cerner system, as well as those that do not. Dentists and primary care providers are also being educated and offered resources to ensure a strong culture of change. The roll out is planned for January 2019.

Accreditation 2019

Preparations are ongoing for Accreditation 2019 and the Accreditation Canada on-site visit scheduled for September 30 to October 3, 2019. As an update, team self-assessments have now been completed.

In preparing for accreditation, team self-assessments are key to helping clinical areas become familiar with accreditation standards and identify where teams need to focus their attention. The self-assessments closed November 26, 2018, with a 31 per cent response rate (842 responses).

On February 1, 2019, a full-day tracer training session will take place with Accreditation Canada surveyor Ron Noble. Ron was our lead surveyor at the last accreditation in 2015 and is very familiar with our organization. Through discussions, case studies and exercises, he will train staff in tracer methodology used during the accreditation on-site survey.

Tracers are designed to "trace" the care experiences of patients in our organization. It is a way to analyze the organization's system of providing care, treatment or services using actual patients as the framework for assessing standards compliance.

The tracer training session will provide a step-by-step approach to planning and conducting our own tracers to assess compliance with accreditation standards, identify strengths and opportunities for improvement, and, overall, help prepare for the accreditation on-site survey.

PARTNERSHIPS WITH PATIENTS, RESIDENTS, FAMILY CAREGIVERS

Fine-tuning the feedback loop

Food and Nutrition Services (FNS) recently reached out to patients and at Southwest Centre for Forensic Mental Health Care and veterans at Parkwood Institute to enhance feedback opportunities:

- FNS attended the Mutual Help Meeting of the B1 unit at Southwest Centre to engage patients on their experience with FNS. Held weekly on B1, the Mutual Help Meeting is a component of the Safewards Program. It's a voluntary meeting of all patients and staff on shift, which follows a structured agenda and determines how everyone can help each other during the rest of the day or week.

While FNS has attended meal service in the past to gather feedback on new menu items, it's the first time the team has been invited to attend the Mutual Help Meeting. At the meeting, patients tested several menu items and provided feedback. FNS has since been invited to attend most of the other unit meetings at Southwest Centre.

Feedback on food service is also gathered at Southwest Centre through: the Thumbs up/Thumbs down survey cards when new menu items or specials are offered; by FNS occasionally attending Patient Council; and from information provided by nursing, dietitians and dietary aides.

- FNS held a co-design initiative with veterans in the Western Counties Wing at Parkwood Institute to refresh the comment card and feedback process. The initiative was launched in response to a concern raised by a resident about the format and location of the comment cards, and having assistance available for residents in filling in the card. Through the co-design event, FNS was able to better understand what residents wanted included on the card, font size, how big the card should be, where the cards should be kept, the best process for handing them in, and the follow-up they would prefer. The purpose was to ensure the residents had input into this important piece of feedback used by FNS.

Refreshed cards have been now been created. Each comment card will have appropriate follow-up with the resident who submitted it to ensure they receive a response.

RECOGNITIONS AND CELEBRATIONS

Excellence in dental education

Congratulations to Dr. Henry Lapointe, an oral and maxillofacial surgeon at St. Joseph's Family Medical and Dental Centre and St. Joseph's Hospital, who is this year's recipient of the W.W. Wood Award from Schulich Dentistry at Western University. The award was established by the Association of Canadian Faculties of Dentistry to commemorate Dr. Bill Wood, whose academic career exemplified dedication to research, teaching and service. This full-time faculty award recognizes excellence in dental education. St. Joseph's is fortunate to have the dedication and excellence of Dr. Lapointe, who has contributed tremendously to dental care and education citywide.

2018 Medical Advisory Awards

Congratulations to all nominees and recipients of the 2018 Medical Advisory Committee (MAC) Awards for their commitment to the vision and mission of St. Joseph's and London Health Sciences Centre (LHSC), their leadership, integrity and motivation each provide to their peers.

This year's recipients are:

- **Dr. Andrew House**, Chief of the Division of Nephrology, is the recipient of the Joint MAC Award presented to an individual for demonstrating qualities of leadership within the scope of their position or providing outstanding contributions to the success of initiatives aligning with the strategic directions of both LHSC and St. Joseph's.
- **Dr. Louise Moist**, nephrologist, is the recipient of the Joint MAC Chairs' Award presented to an individual who has actively contributed to the recent success and best practices of the MAC or its subcommittees.
- **Dr. Tim Doherty**, citywide Chair/Chief, Physical Medicine & Rehabilitation, and consultant physiatrist at Parkwood Institute, is the recipient of St. Joseph's MAC Award for demonstrating qualities of leadership and providing outstanding contributions to the success of initiatives aligning with the strategic directions of St. Joseph's.
- **Dr. Alan Gob**, hematologist, is the recipient of the LHSC MAC Award for demonstrating qualities of leadership and providing outstanding contributions to the success of initiatives aligning with the strategic directions of LHSC.

OTHER

Western University announces new president and vice-chancellor

Dr. Alan Shepard, one of the country's most innovative post-secondary leaders, will become the 11th President and Vice-Chancellor of Western University, effective July 1, 2019.

Dr. Shepard comes to Western from Concordia University in Montreal, where he has served as President and Vice-Chancellor since 2012 and worked to position its national and international reputation as a dynamic, next-generation university. Prior to Concordia, Dr. Shepard served as Provost and Vice-President (Academic) at Ryerson University, where he intensified the institution's research and teaching capacity while furthering investments in entrepreneurship and innovation with a particular focus on student-led initiatives. [Read more on Western's website.](#)

Framework on Palliative Care in Canada tabled in Parliament

On December 4, federal Minister of Health Ginette Petitpas Taylor tabled a [Framework on Palliative Care in Canada](#). The framework was developed in consultation with provincial and territorial governments, as well as palliative care providers. It will help support improved access to palliative care by providing a useful reference point for governments, stakeholders, caregivers and communities to help identify common directions and opportunities, address gaps, and share best practices. Over the coming months, Health Canada will develop a federal implementation plan that will define next steps and federal actions linked to this framework. It is expected that the implementation plan will be completed by summer 2019.

Development of the framework follows enactment on December 12, 2017, of the Framework on Palliative Care in Canada Act.

2018 Ontario Auditor General Report

On December 5, Ontario Auditor General Bonnie Lysyk released her office's [2018 Annual Report](#). Three health-related value-for-money audits were released of relevance to hospitals. These include an audit on Health Quality Ontario (HQO), MRI and CT scanning services, and interprovincial and international health services. The fourth health-related audit was on the province's Assistive Devices Program. Among the findings are:

- HQO has a mandate to help improve health care by offering evidence-based recommendations on which medical services and devices to publicly fund and by developing clinical care standards. However, its recommendations to health care providers are optional, so Ontarians may not be receiving the full benefit of its work. It has spent more than \$240 million over the last seven years.
- Ontario has the lowest wait times for MRI and CT scans of the six provinces that measure them. However, while most Ontario patients assessed as emergency or urgent cases got scans within provincial target times, lower-priority cases waited longer than Ontario's own target.
- The Assistive Devices Program paid \$514 million in 2017-2018 to supply basic assistive devices to about 400,000 people. While the program enhanced service delivery since the last audit in 2009, efforts to improve oversight by identifying ineligible claims remain inadequate. Also, efforts to ensure that vendors are only being paid reasonable prices for devices remain inadequate.

Ontario government announces new hospice beds

On December 10, the Ontario government [announced](#) it is moving forward with plans to build 193 new hospice beds across Ontario. When these beds open, the government will provide \$20.3 million each year in operational funding for nursing, personal support, and other services.

Hospices provide patients with palliative care in a comfortable space, where they can be close to loved ones and have access to appropriate end-of-life care. Hospice care focuses on relieving suffering and providing services like psychological, spiritual and bereavement support.

Mental health and addictions funding announced

On December 19, Ministry of Health and Long-Term Care [announced](#) the first wave of the government's direct mental health and addictions funding, which includes more than 50 new mental health beds at 12 hospitals across Ontario. Details have not yet been released.

The government also announced that it will be engaging with health care leaders, subject matter experts, sector partners and associations, health service providers and people with lived experience to identify mental health and addiction needs across the province

Environmental Scan

Guidelines aimed at improving HIV prevention access too narrow: report

National guidelines meant to improve access to HIV prevention medication are too restrictive, overlooking the needs of women and people of colour, a new report says.

A year ago, the *Canadian Medical Association Journal (CMAJ)* published guidelines for health care providers trying to determine who might be an appropriate candidate for pre-exposure prophylaxis (PrEP), the daily use of antiretroviral medications by people who are at high risk of

HIV infection. The guidelines recommend PrEP for men who have sex with men, transgender women and heterosexual couples when one partner is HIV positive.

As a result, doctors may hesitate to prescribe the regimen to other patients, even if there are behavioural, clinical and social factors that are known contributors to HIV risk, such as having condomless sex with multiple partners or intravenous drug use, according to an editorial published November 22, 2018, in the *Canadian Journal of Human Sexuality*. This is especially true for women and people of colour, whose lives are not fully understood by the guidelines' experts, says LaRon Nelson, a public health nurse, research chair at the Ontario HIV Treatment Network and lead author of the report.

“We should create guidelines that are consistent with the way people live their lives – however complex that may be – and not how doctors think people should act,” he said. The guidelines should be based on behaviour and the patients' clinical history and not their sexual orientation or the HIV status of their partner.”

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

Canada's oversight process for implanted medical devices stuns suffering patients

Millions of Canadians rely on surgically implanted medical devices in order to function. Yet many of those devices are approved for use in Canada with scant scientific evidence to show they are safe and effective, a new CBC/Radio-Canada/Toronto Star investigation has found.

An analysis of Health Canada data obtained through Access to Information also reveals that in the past 10 years, devices such as replacement hips, insulin pumps and pacemakers are suspected to have played a role in more than 14,000 reported injuries and 1,416 deaths. Since Health Canada relies primarily on the companies that make the products to flag any safety issues, the agency itself acknowledges many cases likely go unreported.

Toronto-based surgeon Dr. David Urbach says patients – and even some doctors – may not realize the limitations of pre-market testing of medical devices in this country. Testing high-risk devices that require surgery is more difficult than conducting drug trials and often involves smaller groups and shorter time frames, he says. As a result, potential complications sometimes don't reveal themselves until after a device hits the market.

[CBC News, November 23, 2018](#)

Insulin pumps linked to more reports of injury and death than any other medical device

A CBC News/Radio-Canada/Toronto Star investigation finds that for some people with diabetes, depending on their level of training and knowledge, an insulin infusion pump might not be the safest way to regulate their blood glucose levels.

Health Canada data obtained under Access to Information reveals that in the past 10 years, insulin pumps have been the subject of at least 40 recalls and may have played a role in 103 deaths and more than 1,900 injuries – more than any other high-risk medical device in the health agency's database. The device slowly drips insulin through a tube and needle under the skin, helping a person with diabetes to control their blood sugar levels. Many people with diabetes say insulin pumps are convenient and provide them with more control over their blood glucose levels than the traditional syringe or pen methods. But some doctors warn the convenient device requires considerable knowledge and skill to be used safely and effectively.

[CBC News, November 23, 2018](#)

New national guidelines recommend earlier screening for colorectal cancer

People whose parent, sibling or child has been diagnosed with colorectal cancer should undergo earlier and more frequent checks for the disease, according to new national guidelines from the Canadian Association of Gastroenterology.

The screening guidelines, published November 27, 2018, in the journal *Gastroenterology*, are designed to encourage more high-risk people to get checked, regardless of their age. Provincial programs typically start screening people at age 50, but for some people, that's too late, said Jill Tinmouth, a member of the guidelines working group and a gastroenterologist at Toronto's Sunnybrook Health Sciences Centre.

The new guidelines recommend people with a history of the disease in their immediate family get colonoscopy screening between 40 and 50, or 10 years earlier than the age at which their first-degree relative, which includes parents, children and siblings, received a cancer diagnosis – whichever comes first. So if a parent was diagnosed with colorectal cancer at age 45, his or her child should start getting screened at age 35.

Similar screening recommendations apply to people with an immediate family member who has a history of advanced pre-cancerous polyps, which can develop into cancer if left untreated. But for people with a history of colon cancer in a second-degree relative, such as an aunt, uncle or grandparent, the guidelines recommend the same screening schedule as the general population, which begins at age 50.

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

Mobile app cuts emergency room visits by half for segment of local patients

The South West LHIN is looking at ways to use a mobile app that connects nurses with in-home personal support workers in real time, a cutting-edge cyber link that has slashed emergency room visits for one patient group in half.

New data from the South West LHIN show that the smartphone app has reduced emergency room visits to London Health Sciences Centre (LHSC) by 50 per cent and hospital readmission rates by 42 per cent among home care patients with chronic obstructive pulmonary disease (COPD). The patients are part of LHSC's Connecting Care to Home program.

With the mobile platform, a single nurse or nurse practitioner can give real-time directions to personal support workers in up to six different locations. Nurses can instruct the personal support workers to take action within their scope of practice if there's a change in the client's condition. The instant feedback also means workers can set the wheels in motion for additional health care supports before a crisis emerges.

This 'eShift' program has been used in the South West LHIN since 2012 but only for palliative care clients and home care patients with complex illnesses. Within the past few years, it was rolled out to serve patients living at home with COPD or congestive heart failure.

[London Free Press, November 29, 2018](#)

Canada's median health care wait times improve slightly

The median wait time for medically necessary treatment in Canada this year was 19.8 weeks, shorter than the wait of 21.2 weeks reported in 2017, finds a new study released by the Fraser Institute.

In 1993, when the Fraser Institute first reported national wait times for medically necessary elective treatments, Canadian patients waited just 9.3 weeks.

[Waiting Your Turn: Wait Times for Health Care in Canada, 2018](#) examines the total wait time patients face across 12 medical specialties – from referral by a general practitioner to consultation with a specialist, to when the patient ultimately receives treatment. Nationally, wait times were longest for orthopedic surgery (39.0 weeks) and plastic surgery (28.5 weeks) and the shortest for medical oncology (3.8 weeks).

It is estimated that, across the 10 provinces, the total number of procedures for which people are waiting in 2018 is 1,082,541. This means that, assuming each person waits for only one procedure, 2.9 per cent of Canadians are waiting for treatment in 2018.

[Fraser Institute, December 4, 2018](#)

Province unloading surplus turf in Southwestern Ontario

Huge land parcels, historic buildings and even a radio transmitter are among the Southwestern Ontario properties the provincial government is unloading as it speeds up the sale of surplus assets in the face of a \$15-billion budget shortfall.

The 243 properties province-wide include parcels that make up the former London Psychiatric Hospital site and sprawling former St. Thomas Psychiatric Hospital site. Some of the sites listed on the inventory of properties for sale are already on the market, including the former psychiatric hospital on Highbury Avenue in London and its lands totalling about 65 hectares. That site, commercially listed for sale at \$694,000, has been held up as a site for potential housing.

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

Doctors under observation: How coaching is changing medical education in Canada

Upending decades of policy on how medicine is taught, a new medical education model called competency-based medical education (CBME), which launched at teaching hospitals across the country on July 1, 2018, requires senior doctors to directly observe residents. When they have been seen to perform well at a function deemed essential to their training, they can be declared "entrustable" in that area, meaning they may no longer require supervision to do it. Once they have reached those milestones, they progress to more independence and responsibility. Like residents in the old system, they will also take a final exam.

The new system is meant to identify struggling residents early, so educators can intervene and make sure they have the skills they need. But the new system may also accelerate learning for some, possibly shaving an entire year off residency.

In this Globe and Mail article, the impact CBME may have on physicians and the health care system is explored.

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

Updated breast cancer screening guidelines in Canada consider woman's preference

New guidelines for breast cancer screening are intended to give women more of a voice in their health care decisions, taking into account their personal values and preferences rather than age and risk factor alone.

The [guidelines](#), released December 10, 2018, by the Canadian Task Force on Preventive Health Care, encourage women aged 40 to 74 to discuss breast cancer screening with their doctors and make a shared decision about whether to get a mammogram based in part on a woman's preferences. The previous guidelines from 2011 recommended against women aged 40 to 49 having routine mammograms, while those aged 50 to 74 were advised to get the screening test every two to three years.

While mammography can reduce the risk of death from breast cancer, the test can also result in significant harms. False positives, which can cause women unnecessary distress, are common and can lead to additional testing and possibly an invasive biopsy. The latest medical evidence, on which the updated guidelines are based, suggests there can be a narrow margin between benefits and harms, leading the task force to make "conditional" recommendations based on patient preferences.

[Toronto Star, December 10, 2018](#)

London's opioid hospitalization rate among Canada's highest

More than 2,000 people died as a result of opioids from January to June 2018, a slight increase over the same period in 2017, and 17 people are hospitalized across the country every day as a result of opioid overdoses, according to [data](#) released on December 12, 2018, by the Public Health Agency of Canada and the Canadian Institute for Health Information (CIHI). Overall between January 2016 and June 2018 more than 9,000 lives were lost in Canada.

Of the deaths reported in the first half of 2018, 94 per cent were the result of accidental overdoses, of which nearly three quarters (72 per cent) involved fentanyl-related substances. This indicates the continuing role of fentanyl contamination of the street drug supply in this crisis, highlighting the vital importance of increasing access to a safer supply of drugs to prevent death and other harms.

In addition to these deaths, thousands of Canadians have also experienced non-fatal opioid overdoses and related harms. The data show a 27 per cent increase in hospitalizations due to opioid-related poisonings over the past five years. In 2017, hospitalization rates were 2.5 times higher in smaller communities with a population of between 50,000 and 100,000, compared to Canada's largest cities.

The Brantford area ran second only to Kelowna, B.C. with an opioid poisoning hospitalization rate of 41.2 per 100,000 people in 2017, more than double the rate in Vancouver. The wider London area was sixth highest with a hospitalization rate of 22.5 per 100,000 people.

[Canadian Institute for Health Information, December 12, 2018](#)

How the way we talk about addiction can make it harder for people to recover

Language around addiction can affect a person's recovery, say medical professionals who are urging the adoption of terms that are less dismissive and more human. A recent [U.S. study](#) found that terms like "opioid addict" and "substance abuser" were strongly associated with

"negative explicit bias," and concluded they should not be used by either the medical community or the general public.

Language is an important purveyor of social stigma, said Kenneth Tupper, of the B.C. Centre on Substance Use. Terms such as "drug abuse" or "drug abuser" dehumanize people who are suffering and shifting language can help alter people's perceptions of marginalized groups. The term 'addict' represents people who have lost control, who are morally blameworthy for the problems they are suffering from and perhaps don't deserve the full compassion of the health care system, he said.

At the Centre for Addiction and Mental Health in Toronto, most physicians and nurses no longer use words like "addict," "abuser" and "clean." Instead, they're treating "patients" with "a substance use disorder" and informing them of "positive or negative" toxicology test results.

Health Canada, too, supports changing the language of substance use. Stigma in the health system reduces the quality of care for individuals and makes the person less likely to follow through on a treatment program out of fear they will face stigma again, says the federal health agency.

[CBC News, December 13, 2018](#)

Should people with mental disorders be allowed assisted death? Experts divided

Experts charged with looking at whether people suffering only from mental disorders should be eligible for medically assisted death couldn't even agree on what evidence is relevant to the question, according to reports tabled in Parliament on December 12, 2018. There was more consensus on two other issues: whether mature minors should be eligible for assisted dying and whether those facing eventual loss of mental capacity should be able to make advance requests for assisted deaths.

The three issues were examined by working groups created by the independent [Council of Canadian Academies](#). Since the government specifically instructed the council to make no recommendations on any of the three issues, the reports released only summarize the "state of knowledge" on the issues and canvass the pros and cons of extending the right to an assisted death to each group.

For the report on mental disorders, members of the working group – psychiatrists, a nursing professor and medical and legal ethicists, among others – could not agree on some of the most fundamental questions. For instance, some believed permitting mentally ill people to access assisted dying "may reduce mental health stigma by demonstrating that people with mental disorders have capacity, that their suffering is serious, that mental disorders are not due to character flaws or circumstances within their control and that their right to self-determination should be respected." Other members, however, believed that it could "increase mental health stigma because it might bolster the belief that the lives of people with mental disorders are intolerable, not worth living."

The report says the issue is particularly challenging because a desire to die can be a symptom of a person's mental disorder, clinicians disagree on which disorders can be considered incurable, and most of those suffering are not near death.

The report on advance requests says they could "provide comfort and relieve anxiety" for those facing the end of life with diminished competence. However, removing the requirement for

express consent immediately prior to receiving an assisted death also raises the possibility that a person's life could be ended against their wishes.

[CTV News, December 12, 2018](#)

Suicide note study highlights at-risk groups, London researchers say

A new study by London researchers is taking a closer look at suicide notes left by people across Southwestern Ontario – and the characteristics of the people leaving them – in a bid to reach and assess an easily undetected at-risk population.

People who leave suicide notes aren't likely to have been admitted to hospital for a mental health reason, and may not have a diagnosed mental health issue at all, researchers studying three years of suicide cases in the region say. More concerning still, 58 per cent of the individuals who left notes saw a doctor within four weeks of their death – most for routine, non-urgent care, said Rahel Eynan, adjunct professor at Western University's Schulich School of Medicine and Dentistry and a Lawson Health Research Institute scientist.

Eynan wants to see screening assessments – as simple as a questionnaire – become routine for every patient in primary care settings. If the right questions are asked, she said, people at risk of suicide could be detected

Using data from the West Region office of the Chief Coroner of Ontario – which includes Chatham-Kent, Bruce, Elgin, Essex, Grey, Huron, Lambton, Middlesex, Perth and Oxford counties – Eynan and her team reviewed 476 suicide case files from 2012 to 2014. Researchers followed up with the person's family physician whenever possible. Among the findings were:

- 75 per cent of the suicide cases studied were men. Of that group, 75 per cent were between the ages of 40 and 65 at the time of their death.
- There were 383 separate suicide notes left, either electronically or on paper.
- Of the people who left notes, 70 per cent had never been admitted to a mental health unit before their death compared to 58 per cent who didn't leave notes.

[London Free Press, December 16, 2018](#)

Long-term and dementia care urgently needed in mother tongue for multilingual patients

As the population of older adults increases in Ontario, policy experts and advocates such as are pointing to an urgent and growing need to bolster long-term care and dementia care for patients in their mother tongue. Providing services in a common language is far from a frill, they argue. It's critical for patients' health, safety and quality of life – especially since many with dementia revert to their first language when their mental abilities decline.

Currently, the waiting times for a spot in a long-term care facility that provides services in French can be up to five years, says Lisa Levin, chief executive officer of AdvantAge Ontario, an association representing not-for-profit long-term care, housing and services for seniors.

Access to French-language long-term care services is not equitable across the province, she adds, with only a few homes in the province that have bilingual staff, mostly in the northern and eastern parts of the province.

When care providers and patients can't speak the same language, it poses risks not only to the patient, but to the entire system, says Dr. Sarah Bowen, a published authority on the impact of language barriers on health and health care, who has prepared reports for Health Canada and

Société Santé en français. Language barriers can limit patients' access to health promotion and prevention efforts, such as cancer screening, and seriously hamper the management of chronic conditions, such as asthma or diabetes, which depends on good communication between patients and their health team. Moreover, language barriers can affect those with mental health issues, especially given that the process of making diagnoses can yield very different results, depending on whether patients are tested in their first or second language.

[Globe and Mail, December 16, 2018](#)

Crohn's and colitis cases projected to rise in Canada

A report by Crohn's and Colitis Canada warns that cases of inflammatory bowel disease (IBD) in Canada will soar in the coming years.

IBD is an umbrella term used to describe Crohn's disease or ulcerative colitis. Currently, Canada has among the highest rates of IBD in the world with about 0.7 per cent of the population – or 270,000 Canadians – living with Crohn's disease or ulcerative colitis. According to the report's forecasts, those figures will grow to a full one per cent of the population – or 400,000 people – by 2050.

The [2018 Impact of Inflammatory Bowel Disease in Canada](#) report is the first wide-ranging examination of the disease and its impact on Canada since 2012. In the six years that elapsed between reports, researchers have uncovered new findings about the disease, about the people who are living with it, and how Canada can take strides to better care for those affected. Among the recommendations are to:

- Increase funding for research into preventing and treating IBD and to address the physical, psychological, and social issues caused by IBD.
- Recognize that IBD is a national health priority and increase resource allocation for chronic care models that reflect the episodic nature of IBD to optimize health care delivery to this population.
- Enact a national public health campaign and patient education programs to raise awareness and knowledge among the general public and health care professionals to facilitate earlier diagnosis and reduce social stigma associated with IBD.

[Crohn's and Colitis Canada, December 18, 2018](#)

Survey finds nearly 20 per cent of women report workplace harassment

About 19 per cent of Canadian women and 13 per cent of men reported being harassed in the workplace, with the highest level of harassment in health care jobs, according to [Statistics Canada](#). Verbal abuse was the most common form of harassment for both men and women.

These results are from a new study published in *Insights on Canadian Society*, titled "[Harassment in Canadian workplaces](#)," based on 2016 data from the General Social Survey on Canadians at Work and Home. The survey, conducted from August to December 2016, questioned 19,609 men and women aged 15 to 64, who had worked for pay in the preceding year. Survey questions asked people whether they had experienced verbal abuse, humiliating behaviour, threats, physical violence, and unwanted sexual attention or sexual harassment in the workplace in the past year.

People working in the health-care related jobs experienced the highest levels of harassment, with about 23 per cent reporting they had been harassed in the past year. In health occupations,

including doctors and nurses, 27 per cent of women and 21 per cent of men reported harassment in the past year.

[CBC News, December 17, 2018](#)

Inclusive primary care improves health, study finds

Respectful, inclusive practices in primary care clinics can significantly improve the health of low-income, marginalized people who may have previously experienced trauma or discrimination in society, says a new study from the University of British Columbia and Western University.

These practices and policies – which can be as simple as greeting patients warmly and being genuinely concerned about what’s important in their life – were the focus of a study on the impact of what the researchers call equity-oriented health care. For the study, researchers worked with four primary care clinics that serve large numbers of low-income groups, including Indigenous communities and people with complex health conditions. They developed information and educational modules on providing equity-oriented care for the clinic staff. Each clinic then tailored the recommended practices and policies to fit their specific clinic and community needs. Afterwards, the team interviewed 395 individuals who had received care at the clinics.

“We found that participants felt comfortable about the care they received, and this in turn gave them more confidence in their ability to prevent and manage health problems,” said Marilyn Ford-Gilboe, a professor in Western’s Arthur Labatt Family School of Nursing, who co-led the study. “As these things happened, clients started reporting less pain, fewer depression and trauma symptoms, and improved quality of life.”

[Western University, December 17, 2018](#)

'You are where you live': New study finds your postal code may affect your health

Where you live may affect your risk of major diseases like cardiovascular disease, diabetes and cancer, according to a new study from McMaster University in Hamilton. The study, published December 18, 2018, in the scientific journal *Cities and Health*, links regional trends in health to lifestyle factors in an attempt to find the “causes of the causes.” It explores the environmental factors that lead people to develop various conditions.

The study is the culmination of 2,074 on-the-ground community audits undertaken between 2014 and 2016 across 10 provinces. The researchers found that significant differences in environmental factors may contribute to health, with significant difference between urban and rural communities, as well as between eastern and western, and northern and southern communities. Some of the main factors highlighted by the study include:

- Access to public transportation
- The variety of fresh fruits and vegetables in stores
- Prices of popular foods
- Availability and prices of cigarettes and alcohol
- Advertising, or lack thereof, of healthy foods in restaurants

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

MRI technique shows unique signatures of concussion in rugby players

Using MRI to study the brains of young female athletes has helped researchers develop an objective way to monitor a concussion injury. By using a technique that combines both structural and functional MRI information, Western University researchers were able to identify three unique signatures – one that shows acute brain changes after an athlete has suffered a concussion, another that can identify persistent brain changes six months after the concussion, and a third that shows evidence of concussion history.

“Diagnosis of concussion is subjective right now,” said Ravi Menon, PhD, professor at Western’s Schulich School of Medicine & Dentistry, and senior author on the study. “There is a long checklist that trained physicians can look at, and while it is pretty good at diagnosing the initial concussion, it is not sensitive to the longer-term brain changes and making decisions about when someone is okay to return to play.”

The study included 52 female athletes from the women’s varsity rugby team at Western during a regular season of play, including 21 who suffered a concussion. In collaboration with researchers from the Donders Institute in the Netherlands, the research team used a technique that combined multiple imaging measures to be able to look at structural and functional information at the same time. The result was a much more sensitive and complete picture of concussion injury.

[Western News, December 19, 2018](#)

St. Joseph’s in the News

[New clinical protocol after general surgery cuts opioid prescribing in half](#), Lab Manager, October 26, 2018

[War heroes take up art for new exhibit](#), The Province, November 7, 2018

[How to incorporate these mood-enhancing nutrients into your diet for optimal brain health](#), Canadian Living, November 13, 2018

[London cancer survivor expands her 100-kilometre run to students](#), London Free Press, November 20, 2018

[Heart surgery shouldn't be ruled out for drug users: London study](#), London Free Press (also published in Sarnia Observer, St. Thomas Times-Journal, The Chatham Daily News, Woodstock Sentinel-Review), November 21, 2018

[Surgery, counselling improve outcome for IV drug users with heart valve infection: study](#), CTV London, November 21, 2018

[In-hospital counselling can save lives of opioid heart patients in London](#), CBC London, November 22, 2018

[Defeating diabetes](#) (panel with Dr. Stewart Harris), The Agenda with Steven Paikin, TVO, November 20, 2018

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[Surgery, counselling ups survival rate for people who inject drugs](#), Blackburn News, November 21, 2018

[In-hospital counselling can save lives of opioid heart patients in London](#), CBC London, November 22, 2018

[Lawson mental health innovation lab clinches \\$75k provincial grant](#), London Free Press, November 23, 2018

[Grant supports innovation in transitional-aged youth mental health](#), CTV London, November 23, 2018

[Parkwood open house highlights research projects, hope](#), London Free Press, November 28, 2018

[Showcasing technology used to help Parkwood patients](#), CTV London, November 28, 2018

['Bag Ladies' helping women](#), CTV London, November 29, 2018

[Neighbour of Note – Adam Zhu](#), The Wortley Villager, December 2018

[Spirit of Giving: Guild stitches helpful bags for breast cancer patients](#), London Free Press, December 3, 2018

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[Parkwood Institute unveils \\$3.1 million palliative care unit overhaul](#), London Free Press (also published in The Londoner), December 6, 2018

[Parkwood unveils renovated palliative care unit](#), CTV London, December 6, 2018

[St. Joseph's Health Care London unveils new palliative care unit at Parkwood](#), Global News/980 CFPL, December 6, 2018

[Holiday time for loved one with dementia needs flexible plan, nursing home chief says](#), CBC News, December 11, 2018

[New research shows meditation can help late-life depression](#), CTV London, December 14, 2018

[Study shows meditation effective to treat late-life depression](#), Blackburn News, December 15, 2018

[Meditation effective treatment for seniors with depression, London study finds](#), London Free Press (also published in the Ottawa Sun), December 16, 2018

[Suicide note study highlights at-risk groups, London researchers say](#), London Free Press, December 16, 2018

[To fight depression in seniors, meditation is the solution](#), Facts Herald, December 17, 2018

[Pickup driver given eight years for 401 deaths of mother, child](#), London Free Press, December 17, 2018