

To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: January 23, 2019

Welcome back from holidays. As always, it's been a busy start to the New Year as we embark on another year of earning complete confidence and making a difference in the quest to live fully. Unfortunately, I will be unable to attend January's board meeting as I will be participating a full-day retreat of the the Premier's Council on Improving Healthcare and Ending Hallway Medicine.

This month, I was joined by Patricia Hoffer, Chief Communications Officer, in a meeting with London Mayor Ed Holder to highlight the work of St. Joseph's. This was an opportunity to share St. Joseph's role within a community context and as a an economic driver in London, and our areas of expertise in care, research and teaching. The meeting was well received.

Also this month, I also attended a retirement celebration for Dr. John Sangster to recognize his contributions over the past 10 years as Chair of the Governing Committee of the Academic Medical Organization of Southwestern Ontario (AMOSO).

AMOSO is the local governing body responsible for the implementation and management of the London Ontario Academic Health Sciences Centre's Alternative Funding Plan Agreement, which includes distributing clinical and academic funding. AMOSO administers two funding competitions: the twice yearly Opportunities Fund competition, which supports teaching and research projects by providing one-time startup funding; and the annual Innovation Fund competition, which supports the development of new and innovative practices in health care delivery (both quality initiatives and research projects), and leadership and the dissemination of knowledge across the health care system.

The new Chair for AMOSO's Governing Committee is Dr. Bill Sischek, Site Chief, Department of Anesthesia and Perioperative Medicine at St. Joseph's, and the Vice Chair is ophthalmologist Dr. Cindy Hutnik with St. Joseph's Ivey Eye Institute.

Finally, on January 16, I was invited speak at the Holland Bloorview Kids Rehabilitation Hospital's Leadership Forum attended by about 60 leaders from all levels of the organization. Holland Bloorview recently adopted the LEADS framework and have aligned their Leadership Forum discussions to those capabilities. My presentation focused on leadership in system transformation.

REACHING OUT

A caring contact

As part of the Zero Suicide initiative, follow-up calls are currently being piloted on one adult inpatient unit at Parkwood Institute Mental Health Care Building. For the next month or so, every patient who is discharged from the unit will receive a call within 24 hours. The purpose of this call is to provide a “caring contact”, or a touch-base to let the patient know we are thinking of them and to make sure they got their medications and are settling in well in the community. These calls are being made by nursing staff on the unit from which the patients are discharged so that patients are familiar with the clinician making the call.

Once the pilot is complete and outcomes evaluated, the goal is to roll out follow-up calls to all mental health inpatients at both Parkwood Institute and Southwest Centre for Forensic Mental Health Care.

Life-like dolls comfort and calm

The Veterans Care Program has adopted nurture therapy using life-like dolls as a strategy to assist special care residents who are exhibiting negative, responsive behaviours, such as wandering and restlessness.

Nurture or doll therapy, which taps into a natural instinct by all humans to nurture, has proven to be an effective, non-pharmaceutical approach that produces a calming effect while providing a sense of purpose and comfort for long-term care residents. Having a recognizable, realistic-looking doll is key to the success of this intervention. ‘Reborn’ dolls are weighted and have detailed features, appearing and feeling life-like when held.

A local London artist has customized two male dolls for the Veterans Care Program, which have had an immediate effect in the dementia care unit. Veterans have been eager to hold the reborn dolls and once in their arms they begin to rock, cuddle and soothe the dolls. Veterans have shared memories of their own children, often with tears rolling down their face, as they hold the doll. This positive effect has been seen throughout the unit each time the dolls have visited.

Introduction of nurture therapy is currently in the beginning phase in Veterans Care. Education sessions for key team members are scheduled for the end of January, which will be followed by information sessions on all Veterans Care units for staff, family members and volunteers.

The dolls have been funded by the Royal Canadian Legion Ladies Auxillary.

Volunteers enhance patient activities through unit gifts

Traditionally, Volunteer Services at St. Joseph’s has funded the purchase of gifts for mental health patients at Christmas and volunteers shop for these gifts. Working with mental health care leaders, this year’s initiative took a different direction. Instead of individual gifts, group gifts such as games, craft kits and DVDs were purchased for each of the units at Parkwood Institute Mental Health Care Building and Southwest Centre for Forensic Mental Health Care. In addition, two church groups donated items to both mental health care sites, and volunteers shopped for and donated gifts to the Steele Street Residence.

DocTalks returns

Back by popular demand, the DocTalks program hopes to build on its inaugural success with six new talks scheduled in 2019. The lectures are a way for the public to learn valuable health

information directly from physicians and researchers. Collectively, more than 800 people attended the 2018 lectures, with registration for most of the talks reaching capacity weeks in advance. Previous DocTalks lectures can be viewed on the [St. Joseph's Health Care Foundation website](#).

The 2019 DocTalks lineup includes:

- Dr. Amer Burhan – Beyond Memory: How Alzheimer's and Other Dementias Affect Mental Health
- Dr. John Denstedt – Kidney Stones: From Ancient Times to Modern Practice and Prevention
- Dr. Bob Teasell – Recovery After Stroke: Retraining the Injured Brain Through Rehabilitation
- Dr. Harold Kim – Combating Food Allergies Using the Body's Immune System
- Dr. Tim Doherty – How Aging Nerves and Muscles Affect Mobility
- Dr. Rookya Mather – Managing Persistent Dry Eyes and Why it Matters

[View the 2019 DocTalks schedule and details on each upcoming lecture](#). Attendance is free but advance registration is required.

CONNECTING CARE

South West Frail Senior Strategy – an update

As previously reported, St. Joseph's is the lead organization for the South West Frail Senior Strategy (SWFSS). The goal of the SWFSS team is to better understand sub-regional needs, priorities and opportunities, and co-design the future state of health care for frail seniors in each sub-region. The following is an update on this work:

- Over the past seven months, more than 450 older adults, caregivers, health care providers and administrators from each sub-region of the South West LHIN were engaged through a variety of methods such as drop-in events, online surveys, webinars, key stakeholder meetings, larger future-state co-design events and one-on-one interviews. The purpose of the consultations were to: validate evidence-based recommendations related to improving access and delivery of care for frail seniors; understand sub-regional current state of access and delivery of care for frail seniors; identify strengths, gaps and opportunities to inform both the regional strategy and sub-regional system enhancements; and to begin to co-design the future state of a health care system for frail seniors in each sub-region.

Together with evidence-based recommendations, this experience-based data has informed a robust current state analysis as well as the development of evidence-based and experience-informed recommendations for the development of a South West Frail Senior Strategy, including areas for investment and a three-year work plan.

- Working with the South West LHIN lead for Indigenous Health, the SWFSS team has developed a strategy to engage Indigenous communities across the LHIN and consultations are currently being organized. The consultations may inform specific strategies related to improving access and delivery of care for frail seniors among Indigenous communities and populations. These strategies would also become part of the larger work plan.

INNOVATING TOGETHER

Greater risk of depression and suicide after pelvic mesh implant complications

Women who require surgery for complications after a mesh-based sling procedure have an increased risk of depression and self-harm behaviour, according to a new study led by Lawson Health Research Institute scientist Dr. Blayne Welk, a urologist at St. Joseph's Hospital, and adjunct scientist at ICES Western.

Mesh slings made of synthetic polypropylene – a type of plastic – are surgically implanted in the vaginal wall to treat urinary leakage. Mesh-based incontinence slings account for more than 90 per cent of incontinence procedures in women and are associated with uncommon but potentially significant complications.

To determine whether women who experience midurethral sling mesh complications requiring surgical intervention have an increased risk of depression or self-harm behaviour, Dr. Welk's team tracked the number of Ontario women who needed a follow-up surgery to remove or fix a mesh implant and if they received treatment for depression or self-harm. The study, published online January 9, 2019, in the journal *JAMA Surgery*, included nearly 60,000 women who had the procedure from January 2004 through December 2015.

The researchers found that 1,586 (2.8 per cent) underwent a surgical procedure for a mesh complication. Of those women, 11 per cent were treated for depression compared to eight per cent of women who didn't have corrective surgery. Of the women who needed corrective surgery, 2.77 per cent suffered from self-harm behaviour compared to only 1.15 per cent of women who did not need corrective surgery. These risks were highest in younger women.

Dr. Welk and his team say both women who experience midurethral sling complications and their surgeons should be aware of the potential serious psychological impacts. [Read more on Lawson's website.](#)

LEVERAGING TECHNOLOGY

Leveraging technology to diagnose psychiatric disorders

Psychiatric disorders such as post-traumatic stress disorder (PTSD) are often difficult to diagnose due to multiple subtypes of illness that differ in symptoms and treatment needs. For example, individuals with the more common type of PTSD experience active defensive responses like hyperarousal or outbursts of emotion while those with the dissociative subtype experience additional passive defensive responses like 'shutting down' or out-of-body experiences.

In a new study from Lawson Health Research Institute and Western University, researchers combined brain imaging and machine learning to classify with 92 per cent accuracy whether individuals had PTSD and whether or not it was the dissociative subtype. The results highlight the promise of brain imaging as a tool for early diagnosis of psychiatric illness, helping to predict symptom development and treatment needs.

The study involved 181 research participants, including those diagnosed with the more common form of PTSD, the dissociative subtype of PTSD, and healthy individuals with no history of

PTSD. They participated in functional magnetic resonance imaging (fMRI) at St. Joseph's Hospital and Robarts Research Institute. Researchers used the high-powered imaging to analyze patterns of resting-state brain activity where participants simply remained in a state of restful wakefulness in an fMRI scanner. The team found that unique patterns of brain activity differed significantly between the three groups

In the second part of the study, the research team inputted the patterns of brain activity into a machine learning computer algorithm. They found the machine learning system could analyze brain scans to predict whether an individual had PTSD, the dissociative subtype of PTSD or no PTSD with 92 per cent accuracy.

[Read more on Lawson's website](#)

EMPOWERING PEOPLE

Peer-to peer-support

The following are two recent examples of staff recognizing one another as part of creating a rewarding and supportive work environment

- **Paying it forward:** A small card containing words of gratitude and appreciation has been passing through the hands of many co-workers in the Stroke/Neurological Rehabilitation Program at Parkwood Institute as part of a pay-it-forward initiative spearheaded by frontline staff. It begins with a meaningful note of appreciation to a particular colleague – written from the heart – with an additional blank card to pay the kind gesture forward to another co-worker. Dozens have cards have been circulating through the program as a way to recognize each other's strengths and bring the team together in a meaningful way, with positive results.

The idea was sparked shortly after the team participated in a workshop created by Organizational Development and Learning Services called R4. The workshop focuses on enhancing relationships, respect, resiliency and recognition in the workplace and is aligned with St. Joseph's 2018-2021 Strategic Plan and commitment to psychological health and safety in the workplace. After the workshop, blank cards were placed on the team members' desks by Coordinator Julie Gagliardi, with instructions to write a note to a family member or friend. It didn't take long before co-workers began sending the cards to each other.

- **Holiday Cheermeister:** The social committee of Healthcare Materials Management Services encouraged all staff to nominate a co-worker who promotes "cheer" in the workplace during the holidays and all year-round. About 40 staff members filled in ballots describing why their chosen colleague deserved to be crowned "Cheermeister." Four winners were chosen through a draw.

Diagnostic medical sonographers at St. Joseph's now registered

In August 2, 2017, the Ministry of Health and Long-Term Care announced the decision to regulate diagnostic medical sonographers under the Regulated Health Professions Act. The decision requires all diagnostic medical sonographers in Ontario to be registered with the College of Medical Radiation Technologists of Ontario (CMRTO) to legally practice the profession in the province, a process CMRTO began in January 2018. It also sets out the

registration requirements for an applicant to be issued a certificate of registration in the new specialty.

As the regulatory body, CMRTO ensures diagnostic medical sonographers are qualified to practice, maintain their competence, and practice safely, effectively and ethically. This makes the regulatory framework consistent for all five specialties of medical radiation technology, including radiography, radiation therapy, nuclear medicine, magnetic resonance, and now diagnostic medical sonography.

Diagnostic medical sonographers use medical equipment to direct high frequency sound waves into a patient's body for the purpose of diagnostic procedures, evaluate the related images and data, and assess individuals before, during and after the procedures. These procedures are most often known as ultrasounds, sonograms or cardiac and vascular sonography.

At St. Joseph's, 23 of 24 diagnostic medical sonographers are now registered, with one registration pending. Each application is reviewed by CMRTO, which decides if the sonographer is eligible to be grandfathered into the college.

Building resident-centred skills – an update

As previously reported, the Ministry of Health and Long-Term Care announced the renewal of the Personal Support Workers Education Fund for Long-Term Care after a successful inaugural year (2017-2018). More than 5,000 personal support workers (PSWs) across 166 long-term care homes have received continuing education through the fund. The objective of the fund is to build PSW capacity to deliver high-quality and safe care that meets residents' needs. The fund provides tuition and backfill to long-term care homes for PSWs to participate in continuing education and professional development.

The Ministry of Health is once again working with the Ontario Centres for Learning, Research and Innovation in Long-Term Care to offer Excellence in Resident-Centred Care (ERCC) training until March 31, 2019. ERCC uses a train-the-trainer model and builds practical skills to support person-centred care. Delivered in partnership with Conestoga College and the Schlegel-University of Waterloo Research Institute for Aging, ERCC has been shown to increase team member self-confidence and job satisfaction, team retention and morale.

In August 2018, Mount Hope Centre for Long Term Care was accepted for this funding and four PSWs were chosen to take part in this educational opportunity. The four PSWs attended the ERCC training for the South West LHIN on November 2, 2018 – hosted by Mount Hope – as well as completed independent e-learning modules. During January, February and March of 2019, the four trainers will roll-out this training to an additional 104 PSW staff at Mount Hope.

OUR FINANCES

Surge beds in Complex Care

At the request of the South West LHIN, the Complex Care Program at Parkwood Institute Main Building will operate six surge beds to manage hospital occupancy concerns during winter influenza season. Three beds opened the first week of December 2018 and three additional beds will open in January 2019 for alternate level of care (ALC) patients. The beds will operate until March 31, 2019.

UNCOMPROMISING QUALITY AND SAFETY

Influenza vaccination – an update

The current level of influenza activity in the London region continues to increase. According to the latest influenza surveillance report from the Middlesex London Health Unit, there were 22 laboratory-confirmed cases of influenza A reported between January 6 and 12 in London and the region. Of those, eight were hospitalized, and one death was reported. In total since September 1, 2018, there have been 76 cases of influenza A, 44 hospitalizations and one outbreak in long-term care/retirement homes/acute care.

As of January 18 at St. Joseph's, the combined staff/physician vaccination rate was 60.1 per cent, the staff only rate was 59.4 per cent and the physician only rate was 71.5 per cent. All rates are up slightly from last month but below the vaccination rates at this time last year when the combined rate was 68.4 per cent, the staff only rate was 68 per cent, and the physician only rate was 75.3 per cent.

To date this flu season, there have been no influenza outbreaks at St. Joseph's.

Accreditation 2019- an update

Preparations are ongoing for Accreditation 2019 and the Accreditation Canada on-site visit scheduled for September 30 to October 3, 2019. An important focus for the upcoming accreditation survey will be medication reconciliation, particularly in ambulatory care.

Medication reconciliation is a formalized and structured process that includes physicians, nurses and pharmacists/pharmacy technicians working in partnership with patients and families to generate a best possible medication history. Together, they identify, document and resolve medication discrepancies and provide a complete and accurate list of medications to the patient, family, and their next care provider. Medication reconciliation is an effective way to reduce medication errors (omissions, duplications, incorrect orders) and the re-work often associated with medication management.

Accreditation Canada's required organizational practice (ROP) for medication reconciliation in ambulatory care areas includes tests for compliance to ensure standardization of evidence-based practices. Meeting the tests for compliance for all medication reconciliation ROPs will ensure quality and safety are at the centre of this aspect of St. Joseph's work and care provided to patients and residents.

St. Joseph's policies and strategy for organization-wide implementation of ambulatory medication reconciliation will be aligned with the Accreditation Canada ROP to ensure the highest standards of safety for patients.

One Tube, One Label

As previously reported, the Urgent Care Centre (UCC) at St. Joseph's Hospital was the first care area to begin implementation of 'One Tube, One Label' following a trial of the technology in the Cardiac Care Unit at London Health Sciences Centre(LHSC). The UCC was grouped in with LHSC's Emergency Departments to roll out this project.

One Tube, One Label is a patient safety initiative aimed at reducing blood collection errors associated with incorrect ordering practice, label printing behaviour and incorrect or inconsistent

collection process. These errors lead to an increase in labeling errors, wrong blood in tube, confusing patient order screens and time spent in the lab deciphering and correcting orders prior to specimen processing. For example, a consistent problem for labs has been loose labels that are included in the transport bag along with labelled specimens. The ordered tests are spread across the labels – some on the specimen, some loose in the bag. Every loose label is for one or more tests, each of which needs to be manually processed by lab assistants.

One Tube, One Label involves the use of a Cerner module that uses bar code scanning during the specimen collection process to ensure positive patient identification and matching of specimen labels to the patient post collection. With this module, Cerner no longer automatically prints the specimen labels according to system rules; rather, nurses access the system and choose which labels, as well as which printer they wish to print to. It also allows for the electronic capture of the date and time of the collection as well as who completed the task.

Implementation of One Tube One Label was successfully completed in the UCC in May 2018. From May to December 2018, UCC data related to total error rate per 100 tube labels was only 0.01, or 99.9 per cent accuracy. While the UCC has always had a very high accuracy rate, One Tube One Label was implemented to ensure alignment citywide and to sustain the high level of accuracy. The UCC team is currently working with the lab team to delve into the errors that did occur to determine if there are any trends and/or areas for improvement.

PARTNERSHIPS WITH PATIENTS, RESIDENTS, FAMILY CAREGIVERS

Improving response time to patient comments

An improvement project has been completed that included automating the process by which St. Joseph's receives patient survey comments from NRC Health, our external survey company. The process will allow leaders to access comments from patient surveys on a monthly basis rather than waiting for quarterly reports, which were received one quarter behind. This will allow leaders to follow up on issues, accomplishments or recognitions identified in the surveys in a more timely manner.

The new process went live in mid-December 2018 at St. Joseph's Hospital for inpatient surgery, day surgery and the Urgent Care Centre, and roll out at Parkwood Institute Main Building for inpatients in the Rehabilitation, Specialized Geriatrics, and Complex Care programs is planned for the end of January. In mental health care, the survey methodology recently change and go live for inpatients at the Mental Health Care Building will occur as soon as there is a sufficient volume of data.

This new process does not apply to NRC Health surveys of residents of Mount Hope Centre for Long Term Care or the Veterans Care Program as those surveys are conducted annually.

ADVOCACY AND COLLABORATIONS

Minister of Finance budget consultations

On January 23, Dr. David Hill, Scientific Director, Lawson Health Research Institute, will present to Victor Fedeli, Ontario Minister of Finance, about the value of health research as a key enabler in growing the economy and supporting job creation in the province. Dr. Hill will also highlight academic hospitals as economic drivers in their local communities. The Minister of Finance is

attending in-person sessions across the province to hear ideas as to how the government can work smarter, spend smarter and reinvent the way it delivers government services.

Chatham-Kent microbiology testing moves to London

On December 3, 2018, Chatham-Kent Health Alliance (CKHA) successfully moved their microbiology testing to London. The agreement between CKHA and citywide Pathology and Laboratory Medicine spans LHIN boundaries and provides a complete service model for CKHA from technical and professional levels. CKHA patients and clinical teams will receive faster more comprehensive results, even accounting for the logistics of moving specimens between cities, allowing for improved care for managing infection and utilizing antibiotics. The agreement provides cost-savings to CKHA while offsetting fixed costs in London.

Supporting emergency planning in the region

On December 3, 2018, Ruth Bullas, Director, Patient Relations and Chief Privacy and Risk Officer, and Peter Kreis, Emergency Management and Risk Specialist, took part in an Elgin County disaster review at the Malahide South Fire Station, along with organizations from across the county. There were three components to the full-day session:

- A debrief session of the Port Bruce bridge collapse of February 23, 2018 - what went well and what was learned
- A table-top disaster exercise involving an extended power outage
- A review of the Elgin County Emergency Response Plan and Hazard Identification and Risk Assessment (HIRA).

During the review of Elgin County's HIRA, Ruth and Peter shared information related to cyber security and St. Joseph's backup systems and emergency power protocols. Elgin County was appreciative and added this to their HIRA.

The art of giving back

Starting this month, a student club at Western University called "Western Crafting for the Cure" will begin Saturday craft sessions with mental health care patients at Parkwood Institute. A similar program was piloted with the student club on the Adolescent Psychiatry Unit last year.

The craft sessions will be held in the 'Downtown Area' of the Mental Health Care Building and will include simple crafts with all supplies provided by the club. Each week, the club's craft coordinators design a different craft geared to the ability of the participants. All patients are welcome.

The goal of Western Crafting for the Cure is to facilitate unique volunteer opportunities for students. Through arts and crafts, as well as other creative activities, student volunteers get the opportunity to interact with individuals in hospitals and health organizations, creating an enjoyable and memorable time for both while giving back to the greater London community.

Volunteer Services at St. Joseph's is working with the students to ensure all members are properly trained and attend a hospital orientation session. The club has undertaken similar initiatives with other organizations, such as Ronald MacDonald House, Boys and Girls Club of London, and the Child and Parent Resource Institute

The gift of life

St. Joseph's staff, physicians, volunteers, friends and family members donated a total of 267 units of blood in 2018, surpassing the organization's target of 240 units.

As a member of Canadian Blood Services' Partners for Life Program since 2012, St. Joseph's demonstrates a commitment to saving lives by setting an annual target for blood donation (blood units) and encouraging staff, physicians, volunteers, their friends and family members to help us reach that target. The target has been reached almost every year.

With the significant success of this year's effort, St. Joseph's has increased the annual target to 250 units for 2019. Those who would like to help St. Joseph's reach that goal must be registered with [Partners for Life](#) to ensure their donation counts.

RECOGNITIONS AND CELEBRATIONS

Reducing red tape

As you may know, the Ontario government is working to ease the burden on doing business in Ontario by cutting red tape and reducing regulations, and has set a target of reducing government regulations by 25 per cent by 2022. This work is being led by Giles Gherson, Deputy Minister, Red Tape and Regulatory Burden Reduction, and is being championed by Todd Smith, Minister of Economic Development, Job Creation and Trade. Each Ontario ministry is required to reduce its regulations/red tape by 25 per cent.

Prompted by the government's direction, the Resources Committee of the Council of Academic Hospitals of Ontario (CAHO), led by Co-Chair Lori Higgs, Vice President, Clinical Support and Chief Financial Officer at St. Joseph's, has been working on a red tape/barriers advocacy document for CAHO. The Resources Committee sees this work as an opportunity to influence change in policies, processes and regulations.

Several examples have been included by St. Joseph's relating to duplicative financial reporting to both the Ministry of Health and Long-Term Care and the LHIN, the requirement for hospitals to complete numerous special program audits, the Broader Public Sector Procurement Directive, the Ministry of Health's capital approval process, the Ontario Hospital Parking Directive, mental health alternate level of care, and the lack of community funding for mental health patients when admitted to hospital.

CAHO is planning to submit this document to various levels of government for advocacy purposes in the coming months. Distribution will ultimately include the Minister of Health and Long-term Care, Deputy Minister of Red Tape and Regulatory Burden Reduction, Minister of Economic Development, Job Creation and Trade, and the Premier's Council on Improving Healthcare and Ending Hallway Medicine.

Congratulations to Lori for this significant and important piece of work.

An international leader

Occupational therapist Shrikant Chinchalkar, a renowned leader in hand therapy, retired from full-time clinical practice at St. Joseph's Roth McFarlane Hand and Upper Limb Centre but continues to work on a causal basis and contribute to the organization's academic mission through teaching. Recently, Shrikant was nominated by the Canadian Society of Hand Therapy to chair the Education Committee of the International Federations of Societies of Hand Therapists (IFSHT). The goal of IFSHT is to provide global networking and educational opportunities to develop and enhance the practice of hand therapy.

Save the date – Sisters of St. Joseph Awards for Excellence

The coveted Sisters of St. Joseph Awards for Excellence will be presented on March 19 to coincide, as always, with the Feast of St. Joseph (St. Joseph's Day.) The awards recognize staff, physicians and volunteers who share the same remarkable attributes of the Sisters: excellence, positive attitude, reliability, honesty, efficiency, creativity, respect, caring, compassion, empathy and appreciation for the work of others. Recipients are nominated by their colleagues. Without knowing the nominees' identity, an awards selection committee from across the organization selects the recipients. The awards ceremony will be held at Parkwood Institute Main Building at 2:00 pm.

OTHER

Advocacy campaign - Helping our Hospitals

Over the holidays, the Ontario Hospital Association launched a digital campaign, [Helping our Hospitals](#), which focuses on mobilizing the support of Ontarians for their local hospitals. The campaign aims to raise awareness of the challenges facing hospitals and urges the general public help end hallway medicine by sending a letter to their MPP.

A balanced approach

In its pre-budget submission to the Ontario government, the Ontario Hospital Association recommends a balanced path to ending hallway medicine focused on stabilizing and maintaining access to hospital care while making strategic policy changes to allow hospitals to innovate, smoothly transition patients to more appropriate care settings, and reduce health system costs. A summary of the recommendations for 2019-2020 are:

- A funding increase for hospitals of 3.45 per cent ((\$656 million)
- Facilitate direct hospital collaboration with home and community care
- Expand use of service resolution tables for alternate level of care (ALC) patients
- Enhance mental health supports in long-term care and the community
- Amend the Public Sector Labour Relations Transition Act
- Expand innovative, patient-centred models of care
- Develop a provincial health care capacity plan

Read the full submission - [A Balanced Approach: The Path to Ending Hallway Medicine for Ontario Patients and Families](#).

Reports released on complex requests for medical assistance in dying

The Council of Canadian Academies (CCA) has released three reports on requests for medical assistance in dying (MAID), the result of an independent expert panel review conducted at the request of the federal government. The reports examine three complex types of requests for MAID: requests by mature minors; advance requests; and requests where a mental disorder is the sole underlying medical condition.

The CAA's [final reports](#) outline a range of knowledge, experience and perspectives from relevant health care professions, diverse academic disciplines, advocacy groups, and jurisdictions where MAID is permitted. As the expert panel's mandate explicitly stated that recommendations are not to be made, it remains to be seen how these reports will be used by the federal government to introduce or amend MAID legislation.

Environmental Scan

Access to digital health services transforming physicians' approach to care

Physician access to connected health information in Canada is now high, yet Canadians' access to virtual care services is limited, according to a new study conducted by Canada Health Infoway (Infoway).

The [2018 Canadian Physician Survey](#) (2018 CPS) is the first national survey of physicians exclusively focused on the use of digital health technologies in practice. Nearly 1,400 practising physicians completed the survey, which covers topics such as electronic medical record (EMR) adoption and use, access to connected health information and patient access to virtual care services. According to the 2018 CPS, four per cent of primary care physicians and nine per cent of specialists say that patients in their practice can visit with them online via a face-to-face virtual visit – a digital service that interests more than 40 per cent of Canadians, according to another recent Infoway survey. The 2018 CPS also found that:

- 84 per cent of primary care physicians and 89 per cent of specialists report that they have access to connected health information from care settings outside their main practice.
- 82 per cent of primary care physicians and 77 per cent of specialists say they provide more efficient care with electronic records.
- 31 per cent of primary care physicians report optimized EMR use.
- 38 per cent of primary care physicians and 47 per cent of specialists currently offer patients at least one virtual care or e-service. This is mainly driven by practices/clinics becoming more accessible to patients via email communication (24 per cent of primary care and 40 per cent of specialist practices/clinics), but the majority of physicians do not spend any time during their day electronically communicating with patients.

[Canada Health Infoway, December 10, 2018](#)

Health Canada to improve safety of medical devices

Health Canada has announced an [action plan](#) to improve the safety of medical devices such as pacemakers and breast implants following media reports of Canadians receiving risky products pulled from the market by some other countries.

The plan, released December 20, 2018, includes a number of steps aimed at boosting the safety, quality and efficacy of medical devices, including improving how the products get onto the market, strengthening follow-up monitoring of those already in use, and providing more information about devices to patients.

Part of that plan involves hiring an additional eight inspectors and two analysts by March 2019, and raising the number of inspections of foreign medical device manufacturers from 80 to 95 by April 2019. The strategy also involves putting in place regulations that require hospitals across the country to report serious adverse incidents related to medical devices to Health Canada.

[Global News, December 20, 2018](#)

Jury examining opioid overdose calls on Ontario to declare public health emergency

A jury investigating the fatal overdose of a homeless man in Toronto has recommended that Ontario declare a public health emergency over the ongoing opioid crisis. The call was among dozens of recommendations submitted by a jury at the conclusion of a coroner's inquest into the

death of Bradley Chapman, a 43-year-old who died in August 2015 after being discovered unconscious and with drug paraphernalia around his body near a downtown Toronto hotel. Among the other recommendations are for Ontario to:

- Develop a comprehensive opioid and overdose prevention strategy and assign a provincial coordinator to oversee the overdose crisis
- Suspend any changes to existing safe injection sites and reconsider the decision to limit the number of sites to 21 around Ontario
- Resume regular meetings of Ontario's opioid task force
- Engage in discussions with the federal government to make a clean, legal and non-toxic supply of opiates available at safe injection sites

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

Study finds – and plugs – medical gap in domestic-abuse prevention

Given the right training, doctors at fracture clinics can do more than treat broken bones in suspected domestic abuse cases but aren't always confident how to handle the job, an abuse-prevention study finds.

With as many as one in six women patients at fracture clinics experiencing some form of intimate partner abuse within the previous year, researchers educated orthopedic surgeons and hospital clinic staff – including 10 at London Health Sciences Centre (LHSC) – about the right questions to ask and what to do when a patient is abused at home.

“While it may seem like asking such patients about abuse is an obvious response in frontline health care, the reality can be much more difficult,” said Dr. Sheila Sprague, associate director at the Centre for Evidence-Based Orthopedics at Hamilton's McMaster University and lead study author.

Researchers recruited 140 participants from seven fracture clinics in Canada and the U.S. to complete the two-hour education program. Those who took part included orthopedic surgeons, other clinicians, and administrators. The study authors surveyed the participants' attitudes, knowledge and self-reported behaviour before, immediately after and three months after they completed the training. After the program, study participants reported feeling more knowledgeable about intimate partner violence, more confident about raising the subject with patients, and more ready to handle a patient who admits they're dealing with it.

[London Free Press, December 25, 2018](#)

Academic research centre awarded lead of mental health project

London's City Council has awarded \$112,000 to the Ivey International Centre for Health Innovation (Ivey Health), run out of Western University's Ivey Business School, to put into action a community mental health and addictions strategy aimed at making mental health and addiction services in London more efficient.

More than 250 organizations in London provide mental health or addictions services, and yet many Londoners don't know where to go to get the help they need at the time they need it. Many agencies have crafted their own visions, but they're usually focused on one support service rather than an overarching plan that includes others doing similar work.

The strategy aims at bringing organizations together. Ivey Health has already started work on a map to highlight existing mental health and addiction services in the city, a one-stop shop for people who need help. In the New Year, Ivey Health will put together an advisory committee made up of those who offer services, those who fund services, people who need and use those supports, as well as cultural and Indigenous partners.

[London Free Press, December 25, 2018](#)

'Social prescriptions' aim to ease patients' depression, loneliness

An innovative Ontario pilot project has doctors or other practitioners write out a "social prescription" for patients experiencing depression, anxiety or loneliness that affects their sense of well-being. The concept – prescribing a social activity like taking a yoga class, visiting an art gallery or joining a knitting circle – has proven to be an effective tool in the U.K., where research has shown that patients not only benefit from a mental-health boost, but many also end up with reduced medications and find less need to visit their doctors.

The 18-month pilot project, supported by a \$600,000 grant from the Ministry of Health and Long-term Care, is being spearheaded by the Alliance for Healthier Communities, which represents more than 100 primary health care organizations across the province. The grant allowed the agency to trial social prescribing in 10 of the centres, with a goal of evaluating benefits to patients, said Kate Mulligan, director of policy and communications.

"[Patients] start to recognize their own value and self-worth when they're participating and contributing to the community," Mulligan said. "So you're not just seen as a patient with deficits and problems, but you're a person who has something to offer."

[CBC News, January 1, 2019](#)

Ontario casts a light on mental health in agriculture

Ontario has launched a public awareness campaign to highlight mental health challenges suffered by farmers, address the stigma that still surrounds mental health, and encourage people to ask for help when daily struggles become too much to bear.

"We care about the well-being of our farmers and farm families. We recognize they face unique mental health challenges associated with running a farm business, and want them to know it's OK to reach out for help," said Ernie Hardeman, Minister of Agriculture, Food and Rural Affairs.

As part of the campaign, Hardeman held a roundtable with members of the agricultural community and had a candid discussion on mental health issues in the sector. The Ministry of Agriculture, Food and Rural Affairs also supports a number of programs to help farmers, including research to evaluate mental health needs for farmers and farm business risk management programs to cover loss and damage.

[Ministry of Agriculture, Food and Rural Affairs, January 7, 2019](#)

Flu cases starting to surge, with kids and teens especially vulnerable

Cases of influenza are continuing to ramp up across the country, with kids and teens bearing much of the brunt of the dreaded winter bug, say infectious diseases experts, who predict that the peak of the flu season is likely still several weeks away.

This year's flu season has a far different profile than last year's: it began earlier and the predominant circulating A strain is H1N1, the viral type that caused the pandemic in 2009-2010 but hasn't made much of an appearance for the last few years. H1N1 tends to target children and younger adults more than seniors, said Dr. Danuta Skowronski, epidemiology lead of influenza and emerging respiratory pathogens at the BC Centre for Disease Control (BCCDC).

While H1N1-predominant seasons tend to be milder overall at the population level compared to those characterized primarily by H3N2, individuals who get hit with either strain won't detect much of a difference. Both bring on fever, cough, general malaise and achy muscles and joints, said Dr. Skowronski.

"I think this year we can anticipate that emergency rooms and outpatient visits will be greater because younger people are being affected by H1N1, but the overall impact of serious outcomes should be less this year compared to the last couple of seasons."

[National Post, January 8, 2019](#)

National dementia strategy should include input from patients, caregivers: report

An expert panel has released a report outlining the best ways to tackle the growing incidence of Alzheimer's and other forms of dementia among Canadians as a basis for the federal government's long-promised national strategy on the progressive brain diseases.

[The report by the Canadian Academy of Health Sciences](#) panel, released January 14, 2019, aims at helping the Public Health Agency of Canada create and implement a national dementia strategy, which is expected to be unveiled toward the end of this year. In the document, panel members say quality of life for Canadians living with dementia and their caregivers, as well as access to health and social care, can be improved across all stages of the disease process, which in some people can last years, even decades.

Basing its overall findings on evidence from individual provinces and national and international policies and best practices in dementia care and support, the report recommends that the development of a national strategy consider seven priorities. They include: engaging persons living with dementia; education and support for caregivers; building and supporting the health- and social-care workforce; and supporting research and innovation in all stages of dementia.

The challenge for the Public Health Agency will be melding best practices from provincial plans and others into a national strategy to support those who may have the most difficulty accessing diagnostic and care services, including Canadians living in rural areas, immigrants, Indigenous Canadians and those within the LGBTQ community, said Dr. Howard Bergman of McGill University, who chaired the six-member panel

[CTV News, January 16, 2019](#)

Ontario government poised to dissolve regional health agencies, sources say

CBC News has learned that the Ontario government is taking aim at the province's 14 local health integration networks (LHINs), according to five independent sources. Two of the sources said the government plans to eliminate the LHINs altogether, while the others said they would be replaced by five regional oversight bodies that would monitor spending by hospitals and long-term care homes.

Created in 2007 former premier Dalton McGuinty's Liberal government, the LHINs oversee nearly \$30 billion in annual operating funding that is funnelled from the health ministry to hospitals, long-term care homes and community health centres. They are also the first point of contact for patients who want to get publicly-funded home care or a spot in a provincial nursing home. Their mandate was to improve the integration of local health care services.

A senior official in the health sector said that “by any objective measure” integration has failed to occur and dissolving the LHINs makes sense. The LHINs, the official said, “have gummed up the wheels terribly” by micro-managing health care providers.

The LHIN changes are expected to be just one step in a major overhaul of health care administration. More reforms will come from recommendations by the Premier's Council on Improving Healthcare and Ending Hallway Medicine.

[CBC London, January 17, 2019](#)

At least 29 homicides in six years in Ontario nursing homes: Report

There have been at least 29 homicides in six years inside long-term care facilities in Ontario, according to a new report that blames the violence on underfunded nursing homes and cuts to hospital beds for seniors with complex illnesses and advanced dementia.

The Ontario Health Coalition, an advocacy group that lobbies for public health care, says the province's 627 nursing homes have become more dangerous as the typical resident has grown older, sicker and more prone to dementia-driven aggression.

But the gradual escalation in resident-on-resident violence at nursing homes is not the inevitable outcome of an aging population, according to Natalie Mehra, the coalition's executive director. Rather, she blames successive provincial governments for squeezing the funding for health care – especially funding for hospital beds – to the point where the frailest and neediest patients are dumped in nursing homes that do not have enough money or staff to care for them.

“Today's long-term care homes are the psychogeriatric hospitals and chronic-care hospitals of yesteryear,” Mehra said. “Only they're not funded anywhere near to the same extent.”

The Ontario Health Coalition's report, [Situation Critical](#), draws from publicly available sources, including annual reports from the Office of the Chief Coroner of Ontario, which has a committee that reviews all homicides inside long-term care homes. The coroner's office defines homicides as one resident causing the death of another. The definition does not imply criminal culpability.

The homicide tally in the coalition's report does not include any of those murdered by Elizabeth Wettlaufer, the former nurse who is serving a life sentence for killing eight residents at two Southwestern Ontario long-term care homes.

[Globe and Mail, January 21, 2019](#)

Local mental health, addiction services get last-minute windfall

Nearly \$2.3 million has been earmarked for two key health care priorities in Southwestern Ontario – mental health and addictions services.

The South West Local Health Integration Network (LHIN) is getting ready to approve the funding for 16 agencies, money that must be spent in the 2018-2019 budget year. The LHIN was

notified about the possibility of the one-time funding in November 2018 and began planning allocation of the funds. Confirmation of the funding was received this month.

The LHIN has earmarked the \$2.3 million for 19 programs and services across the region, including establishing a mobile crisis team in Huron and Perth counties and launching an addiction medication and treatment clinic in Oxford County. Addiction Services of Thames Valley is in line for more than \$200,000 and London's Regional HIV/AIDS Connection for more than \$116,000 of the proposed funding.

[London Free Press, January 22, 2019](#)

Ontario adults reporting increases in mental health problems

One in 10 Ontario adults say they are struggling with their mental health, according to the latest results of the Centre for Addiction and Mental Health (CAMH) Monitor survey, a continuing study of mental health and substance use in Ontario. Significant findings of the survey show that between 2016 and 2017:

- Self-rated reports of fair or poor mental health increased significantly from 7.1 per cent to 10.1 per cent.
- The proportion of respondents reporting frequent mental distress in the past month increased from 7.4 per cent to 11.7 per cent. That represents an estimated 1.2 million adults in the province who struggled with issues such as stress, depression and problems with their emotions, on at least 14 out of the past 30 days. The increase was particularly prominent among women.
- Thoughts about suicide almost doubled, from 2.3 per cent to 4.1 per cent of respondents.

The newest results of the [CAMH Monitor](#) survey, which began in 1977, are based on phone interviews of 2,812 adults, ages 18 and older, from across the province.

[Centre for Addiction and Mental Health, January 22, 2019](#)

New HIV cases drop more than 50 per cent since 2016 in the London area

New reported cases of HIV in the London-area have dropped by more than 50 per cent in two years, a new report by the Middlesex-London Public Health Unit says.

The health unit reported 29 new HIV cases diagnosed in the London-area in 2018, down 52 per cent from the 2016 total of 61, the single highest annual tally in the agency's history.

After the spate of new cases diagnosed in 2016, the health unit launched a response team to reach the city's homeless and drug-using populations, groups whose lifestyle puts them at high risk for infectious diseases including hepatitis A and HIV. The team of two nurses, two outreach workers and a program leader hit the streets June 2017. The team builds trust with at-risk people, educate them about reducing HIV transmission, get them to medical appointments, and help them navigate the health care system.

The number of clients of the outreach team has risen from 25 in mid-2017 to 124 by the end of 2018. Increased access to harm-reduction supplies including clean needles and cookers, and targeted education campaigns about safer drug injection practices also have helped to reduce new cases of HIV, according to the report.

[London Free Press, January 23, 2019](#)

St. Joseph's in the News

["FURST" can significantly reduce diabetes-related amputations](#), Healthscape, December 6, 2018

[The Gift of the 'Bag Ladies'](#), Healthscape, December 6, 2018

[Resiliency and strength tame 'uninvited visitor' who never leaves](#), Healthscape, December 6, 2018

[London, Sarnia get funding for new mental health beds](#), London Free Press, December 21, 2018

[Gait impairment in adults with late-life depression may predict falls](#), Psychiatry Advisor, December 26, 2018

[Local man to run for those suffering from PTSD](#), Kitchener Today, January 2, 2019

[Fermented food trend on the rise in restaurants and research](#), CBC News, January 3, 2019

[London hospitals to limit opioid prescriptions for acute pain](#), London Free Press (Also published by the St. Thomas Times-Journal, Woodstock Sentinel-Review, Stratford Beacon-Herald, Strathroy Dispatch) January 8, 2019

[London researchers examine psychological fallout of incontinence surgery complications](#), London Free Press (also published in the Stratford-Beacon Herald and The Province), January 9, 2019

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[Failed vaginal mesh implants for stress incontinence boost depression risk: study](#), National Post, (also published by the Toronto Star, Winnipeg Free Press, Global News, InfoNews, News Locker, CBC London), January 9, 2019

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[Leamington woman wins Dream Lottery grand prize](#), CTV Windsor, January 10, 2019

[Women from Breslau, Leamington named winners of fall Dream Lottery](#), Global News/980 CFPL, January 10, 2019

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[Artificial Intelligence can now diagnose PTSD](#), Advocate, January 16, 2019

[Former psychiatric hospital land sold to London developer](#), CBC London, January 17, 2019

['Transformational': Builder eyes massive redevelopment on old hospital grounds](#), London Free Press, January 18, 2019

[Former psychiatric hospital sold to Old Oak Properties](#), Blackburn News, January 17, 2019

[It'll feel like -30 C again as of nightfall Monday: Environment Canada](#), London Free Press January 21, 2019