



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: February 20, 2019

The past several weeks have involved much reflection and forward thinking at various tables, provincially, regionally, locally, and within our organization.

My work with the Premier's Council on Improving Healthcare and Ending Hallway Medicine is ongoing. The Premier's Council's first report was released January 31, 2019, and a second interim report that will include recommendations will be released later this year. I am now on a hospital subcommittee of the Premier's Council and will be hosting a regional consultation session next month to gather stakeholder feedback on the first report and input to support the development of recommendations in the second report.

On January 30, 2019, I was invited by the Ontario Hospital Association (OHA) to take part in a CEO roundtable discussion with the Office of the Official Opposition Party (New Democratic Party). Andrea Horwath, Leader of the NDP, and several of her senior staff, including Health Critic France Gélinas attended. The session was part of the OHA's education and advocacy efforts regarding hallway health care.

Regionally, on January 31, 2019, I chaired a meeting of the Hospital Information System (HIS) Cabinet that included two sessions to advance our mission for the HIS partnership: A workshop on behavioural insights in clinical change management; and a presentation on health data analytics to manage patient care delivery and system performance by Dr. Justin Whatling, Vice President of Population Health for Cerner. The HIS Cabinet is a strategic, decision-making body as it relates to the HIS in our region and associated services/functions. It is representative of each hospital sharing in the same Cerner HIS.

At St. Joseph's on February 4-5, the Senior Leadership Team took part in a retreat aimed at mapping our priorities for year two of our corporate strategic plan and examining the external factors to be considered.

And finally, on February 5, I attended a dinner hosted by Amit Chakma, President and Vice-Chancellor of Western University, where participants discussed the "Vision for London Health and Integrated Clinical Research – Infrastructure Aspiration." The dinner was also an opportunity to meet Western's incoming president, Dr. Alan Shepard, who begins his term July 1, 2019. Dr. Shepard is currently President of Concordia University in Montreal,

As always, if you have suggestions to improve the context or format of this report, I welcome your input. Should you have questions regarding any items in this report, please ask questions during my verbal report at the meeting or email me directly at gillian.kernaghan@sjhc.london.on.ca.

REACHING OUT

Words of advice and hope – from one stroke patient to another

Participants of the Community Stroke Rehabilitation Team's (CRST) aphasia groups held across the region have created a collective letter of advice – in aphasia-friendly format – to recent survivors of stroke. The goal is to provide the letter to inpatient units across the region as a way to inspire hope.

Aphasia is a neurologically-based language impairment commonly seen in individuals who have suffered a stroke. People with aphasia may experience difficulty with speaking, understanding, reading and writing. The CRST aphasia groups of London, Strathroy, St. Thomas and Tillsonburg provide participants with opportunities to work on any (or all) of the various language domains.

In the fall, the theme of the 10-12 week aphasia group sessions was 'Positive Psychology.' Writing a group letter was suggested by one of the speech language pathologists who has worked on an inpatient stroke unit. The goal was to provide a functional language task for the groups' participants as well as provide an opportunity for them to share their experience post stroke with each other and beyond.

Staff collected the advice from each group discussion and pulled out the common themes and comments. The words and phrases used were directly provided by the participants. Once the information was compiled, staff combined it to create one group letter using aphasia friendly/health literacy principles. During the final session of the groups, the completed letter was provided to the participants and one participant from each group was asked to sign it. The letter is attached.

Resident experience survey results show great gains in Veterans Care

Results from the Veterans Care Program's resident experience survey has revealed that important gains have been made in many areas of care and service. Conducted in November 2018 by NRC Health, our external survey company, the anonymous resident survey involves the surveyor meeting in person with each resident who is capable. A family experience survey has also been conducted and we are awaiting the results. For the resident survey, the following are some of the key findings:

- Overall quality of care/services was rated as good or excellent by 94 per cent of the residents surveyed. This is an increase of 5.7 per cent from 2017, and 10.5 per cent higher than the Canadian long-term care average (83.7 per cent). For ratings of "excellent" only, there was a jump from 17.3 per cent excellent in 2017 to 30.4 per cent excellent in 2018.
- The greatest improvements were seen related to the food domain with an overall increase in the per cent positive score (a 'yes' response) of 6.3 per cent. To specific questions, there was a 12.7 per cent increase in the 'yes' response to the question "can you get foods you like to eat?", a 7.3 per cent increase to "foods taste ok", and a 8.2 per cent increase to "given right amount of food". These results reflect a number of strategies initiated such as: partnering with the residents to ensure we understand their needs; having residents provide input into menu development and involved in taste testing; offering monthly and quarterly special meals as determined by the residents; creation of a restaurant club that enables residents to go to restaurants of their choice and order meals of their choosing; and implementation of the Master Chef program,

which involves a group of residents working with our chef to create a menu, shop and cook together, and then enjoy the high-end, four-course meal together.

- For the activities domain, there was an overall increase of 19.3 per cent in the per cent positive score, or ‘yes’ response. The largest improvement was to the question about there being enough activities to do on the weekends, to which the ‘yes’ response jumped by 48.1 per cent. This improvement is directly related to implementation of the new Leisure and Well-Being Model by the therapeutic recreation team. This model reflects a strengths-based approach to care, creating leisure experiences around the veterans’ unique abilities, goals and dreams. It includes seven-day-per-week programming and increased programming in the evenings.
- Resident autonomy domain improved by 5.4 per cent in the per cent positive score, or ‘yes’ response. To the question asking if residents can choose what they do each day, the per cent positive score jumped by 22 per cent.
- For questions in the dignity domain, there was an overall increase of 6.2 per cent in the per cent positive score, or ‘yes’ response. This encompasses a 10 per cent increase in the ‘yes’ response to “staff don’t make you feel like a burden” and a nine per cent increase in “staff treat you how you want to be treated.”

Save the date – Breakfast of Champions

International bestselling author Mark Lukach will share an emotional account of his family’s mental health journey at this year’s Breakfast of Champions event. Lukach’s memoir, *My Lovely Wife in the Psych Ward*, chronicles his wife Giulia’s diagnosis with bipolar disorder and how he supported her as a caregiver through her three hospitalizations with psychosis and her suicidal depression.

Breakfast of Champions is presented by St. Joseph’s Health Care Foundation in partnership with the Canadian Mental Health Association Middlesex. The event is a celebration of those making great strides to advance mental health in London and beyond. It will be held May 7, 2019, from 7:30 to 9:00 am at the London Convention Centre. [Learn more on the foundation’s website.](#)

Save the date – Doc Talks with Dr. John Denstedt

The next Doc Talks will be held on March 12, 2019, featuring surgeon Dr. John Denstedt, a world-renowned leader in the field of urology. Dr. Denstedt will discuss how treatments for kidney stones have evolved over time, current prevention strategies, and new research that is unlocking new possibilities for the future.

It’s the second year for DocTalks, a series of community health discussions presented by St. Joseph’s Health Care Foundation featuring leading physicians and researchers at St. Joseph’s. [For more information and to register](#), visit the foundation’s website.

CONNECTING CARE

How senior friendly are our spaces?

Three audits were conducted of main entrances and lobbies at St. Joseph’s looking at how senior friendly the spaces are and to test audit tools that can be used broadly across the organization.

Physical environment is one of the five domains within the Senior Friendly Care Framework. To explore this domain, St. Joseph's Senior Friendly Care Task Group chose to conduct initial audits in public areas. The purpose was to pilot two different audit tools and test and refine the audit process in advance of clinical staff using these audit tools to assess their clinical areas for senior-friendly strengths and weaknesses.

A sub-group was chosen to conduct the audits that included staff and an older volunteer. The initial spaces selected to evaluate were the main lobby areas at Parkwood Institute Main Building, Parkwood Institute Mental Health Care Building, and St. Joseph's Hospital (Zone C – Cheapside lobby). The audit tools included a check list with questions falling into various categories such as lighting, colour, flooring and walls, wayfinding and signage, furniture, and more.

Through the audits, valuable knowledge about our main lobbies and entrances was gained and site-specific recommendations developed. Among the recommendations common to all the lobby areas studied was a need for senior-friendly telephones (big buttons, longer cord, compliant with accessibility standards), senior-friendly signage directing patients and visitors to the wheelchair parking areas, and "pocket talkers" at reception areas for hard of hearing patients and visitors. (Pocket talkers amplify sounds closest to the listener while reducing background noise.)

Further testing of the preferred audit tool is now planned in clinical areas. Recommendations from all the audits will be shared with leaders to determine feasibility.

INNOVATING TOGETHER

Injection of opioids linked to significant increase in bacterial heart infections

In a new study from ICES, Lawson Health Research Institute and Western University, researchers discovered a significant rise in the risk of infective endocarditis, a serious heart infection, among Ontarians who inject drugs. When examining opioid prescriptions in the province, the research team discovered the increased risk of infective endocarditis may be related to the growing use of a specific opioid, hydromorphone.

The researchers looked at Ontario health data for 60,529 hospital admissions related to injection drug use between 2006 and 2015. Of the 60,529 admissions, 733 patients had infective endocarditis. Although hospital admission rates in people who inject drugs were stable over the study period, the risk of infective endocarditis increased from 13.4 admissions to 35.1 admissions every three months. Through further analysis of Ontario health data, the team discovered the increasing risk of infective endocarditis may be linked to a rise in prescriptions of the opioid hydromorphone. The number of hydromorphone prescriptions in Ontario increased from 16 per cent of all opioid prescriptions in 2006 to 53 per cent by 2015. This parallels the timing for increased risk of infective endocarditis among people who inject drugs.

The team, which includes Dr. Michael Silverman, citywide Chair/Chief, Infectious Diseases and Medical Director of the Infectious Diseases Care Program at St. Joseph's Hospital, is conducting ongoing studies looking at whether bacteria that cause infective endocarditis are more likely to survive in equipment used to prepare hydromorphone compared to other drugs.

New hope for patients with treatment-resistant depression

Researchers at Lawson Health Research Institute are offering new hope to patients with treatment-resistant depression through participation in a national clinical trial. The study is the first randomized controlled trial to examine the efficacy of a new treatment called magnetic seizure therapy (MST) for patients with treatment-resistant depression as a result of bipolar disorder.

For years electroconvulsive therapy (ECT) has been the gold standard for patients with treatment-resistant depression. ECT uses an electric field to induce a seizure that provides a therapeutic benefit. But while ECT is effective, many patients opt out of treatment due to stigma surrounding the therapy and the potential for cognitive side effects like disorientation and amnesia.

MST has emerged as a promising alternative. MST works in a similar way to ECT but uses a focused magnetic field as opposed to electricity. As a result, MST induces a more focused seizure to reduce the risk of cognitive side effects. It has already been shown as a promising treatment for major depressive disorder or unipolar depression, explains Dr. Amer Burhan, local site lead, researcher at Lawson and neuropsychiatrist at St. Joseph's. The national study is the first looking at how effective the treatment is for depression as a result of bipolar disorder and whether it can reduce the risk of cognitive side effects associated with electroconvulsive therapy.

The clinical trial is being led by the Centre for Addiction and Mental Health. Lawson researchers will invite eligible patients with treatment-resistant depression from bipolar disorder to participate in the trial at Parkwood Institute. [Read more on Lawson's website.](#)

LEVERAGING TECHNOLOGY

Exploring mobile software to better support youth mental health

On February 7, 2019, Lawson Health Research Institute and InputHealth announced a new health care technology that aims to improve access for youth mental health care through remote virtual care.

TELEPROM-Y is a mobile-based "TELEMedicine and Patient-Reported Outcome Measurement Youth" study aiming to improve access to specialized services and reduce inpatient mental health admissions for youth. The team of researchers will use an electronic collaborative health record developed by InputHealth, an innovative Canadian digital health software company, which allows for secure face-to-face video and mobile patient questionnaires to be sent.

Research participants will be youth, aged 16 to 25 years old, who have symptoms of anxiety and/or depression and are receiving outpatient services from a hospital-based mental health care program at London Health Sciences Centre, St. Joseph's and Woodstock General Hospital, or community-based services from partner organizations.

The mobile software will be evaluated on its ability to: improve the ease of access to care; monitor mood and behaviour changes for earlier intervention; enhance information exchange between patient and health care provider; and support the overall experience for the youth.

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

EMPOWERING PEOPLE

World Day of the Sick

As is the tradition at St. Joseph's, a Roman Catholic Mass and the Sacrament of the Sick was held at Mount Hope Centre for Long Term Care on February 11 in Our Lady of Hope Chapel. During this celebration, Bishop Joseph Dabrowski anointed patients and residents in attendance and bestowed a special blessing on caregivers.

Pope John Paul II instituted World Day of the Sick in 1992 on the Feast of Our Lady of Lourdes. This annual celebration provides an opportunity for those involved in health care to recall the roots of their healing mission and is always a meaningful and touching ceremony at St. Joseph's.

Many benefits to new corporate policy tool

St. Joseph's is launching a new policy tool on February 25, which will have many benefits including improved search capability and automatic notifications when it is time to review/revise a policy. Though it is a user-friendly tool, an educational video will be available to step users through the platform. Current and archived policies will be transitioned to the new tool.

OUR FINANCES

Surge beds – mental health care

On January 25, 2019, St. Joseph's received confirmation of funding for three surge beds to help manage hospital overcrowding in London during flu season. The beds have been opened in the Assessment Unit at Parkwood Institute Mental Health Care Building. These extra beds increase access for those waiting in acute mental health beds for specialized mental health care. This in turn frees up acute mental health care beds and helps support movement from London's emergency departments.

The funding tied to the beds is one-time, flu surge funding that runs from December 1, 2018 to March 31, 2019.

Healthcare Infrastructure Renewal Fund

In December 2018, St. Joseph's received confirmation of \$1.59 million in funding for 2018-2019 from Ontario's Healthcare Infrastructure Renewal Fund, which supports crucial infrastructure projects to extend the useful life or improve the quality of hospitals in the province. The funding will result in the following:

- St. Joseph's Hospital – new flooring, recladding penthouse brickwork, new roofing in Zone D, and new medical air system.
- Parkwood Institute - multiple flooring projects, window replacement, lighting and electrical upgrades
- Mount Hope – continuation of building improvements, including installation of a new nurse call system

These projects are currently underway with funding is to be spent by March 31, 2019

UNCOMPROMISING QUALITY AND SAFETY

Changes in prescribing opioids – an update

As previously reported, the Opioid Stewardship Council (OSC) was created by the Joint Medical Advisory Committee (MAC) to help address the opioid crisis in London and the region by putting in place changes that promote better prescribing practices by hospital doctors and limit the number of opioid pills in circulation. These changes include:

- Development of tamper-resistant prescriptions for any new opioid prescription.
- Automatic printing of a patient education sheet regarding opioids with any opioid prescription. Developed by the Institute for Safe Medication Practices Canada, this education sheet must be reviewed with patients at the point of prescription.
- With any new opioid prescription start, at any hospital site, the new default will be a three-day supply maximum. Prescribers can change this if necessary, but the default number of days is based on evidence guidelines and is considered sufficient for most types of acute pain management

These changes went live on February 19 at St. Joseph's, London Health Sciences Centre, and at our region hospital partners. To support physicians with these new changes, the Clinical Informatics team of Information Technology Services has been meeting with physicians to review quick orders and prescription reports to ensure the physicians' needs are being met and to address any issues.

Influenza vaccination – an update

Influenza activity is now widespread in the Middlesex-London region, with cases being reported across the city and county, according to the Middlesex-London Health Unit as of February 13, 2019. In total since September 1, 2018, there have been 189 cases of influenza A (none of influenza B), 105 hospitalizations and nine outbreaks in long-term care/retirement homes/acute care in Middlesex-London.

At St. Joseph's, there has been one influenza A outbreak to date this flu season, which was declared on February 8 at Parkwood Institute Main Building with two lab confirmed cases and two clinical cases.

PARTNERSHIPS WITH PATIENTS, RESIDENTS, FAMILY CAREGIVERS

Lessons from patients enrich staff retreat

At a recent team retreat for staff of St. Joseph's Chronic Obstructive Pulmonary Disease (COPD) Program, the most powerful lessons were delivered by patients. Several patients and their loved ones were invited to participate in the day-long retreat, during which staff created their pulmonary rehabilitation work plan for 2019-2020. The patients and their caregivers shared their personal experience as participants and were asked for their opinions on various aspects of the program such as what was most important to them, what worked well for them and where there were opportunities to improve. Their words were candid, meaningful and moving for staff, who said the feedback was both valuable and inspiring. [Read more on St. Joseph's website.](#)

ADVOCACY AND COLLABORATIONS

In support of homeless veterans

On February 6, at the House of Commons Standing Committee on Veterans Affairs, Dr. Cheryl Forchuk, Assistant Director at Lawson Health Research Institute, joined Philip Ralph, National Program Director of Wounded Warriors Canada, to offer their insight and recommendations for supporting homeless veterans. The Standing Committee on Veterans Affairs is undertaking a study of the challenges faced by homeless veterans, the causes that lead to their homelessness and Veterans Affairs Canada's efforts to address this issue.

Dr. Forchuk, who is also the Beryl and Richard Ivey Research Chair in Aging, Mental Health, Rehabilitation and Recovery at Parkwood Institute Research, has published on many topics in relation to mental health and mental illness, including housing and homelessness.

RECOGNITIONS AND CELEBRATIONS

Zero Suicide initiative takes national stage

St. Joseph's Zero Suicide initiative will be featured as a leading practice at the National Health Leadership Conference (NHLC) on June 11, 2019 in Toronto, having been recognized as showing tremendous leadership and exemplary patient engagement in the redesign of care and service to reduce or eliminate suicides in patients receiving mental health care. The NHLC is the largest national gathering of health system decision-makers in Canada. The initiative will also be added to the Leading Practices Library of the Health Standards Organization (HSO).

This recognition comes as part of the [Excellence in Patient Engagement for Patient Safety Recognition Program](#), developed in partnership by the Canadian Patient Safety Institute, HealthCareCAN and the HSO, with support from Patients for Patient Safety Canada. This recognition program identifies, celebrates and spreads leading practices in patient engagement for patient safety.

St. Joseph's Zero Suicide initiative, which is ongoing, involves implementation of screening, assessment, risk and safety planning processes that aim to prevent all suicides for those receiving mental health care within the health system.

[Read the media release on HealthCareCAN's website](#)

A mission moment

Staff in the Acquired Brain Injury Rehabilitation Program recently went above and beyond in providing care for an inpatient – body mind and spirit. When the patient's father died suddenly, staff supported this gentleman during a most difficult time. This included assisting the patient with all the funeral arrangements and taking him to, and participating in, the funeral. One staff member lent the patient his own jacket so he had something to wear. The care and compassion shown by all has been amazing and true example of living the St. Joseph's mission.

Research funding success

Congratulations to all Lawson Health Research Institute's hospital-based researchers who received Canadian Institutes of Health Research (CIHR) funding. Lawson's success rate from CIHR's fall competition is 20 per cent compared to the national average of 16 per cent.

OTHER

Premier's council on ending hallway medicine releases first report

On January 31, 2019, the Premier's Council on Improving Healthcare and Ending Hallway Medicine, chaired by Dr. Rueben Devlin, released its first report on the health care system, [Hallway Health Care: A System Under Strain](#). The report is an evidence-based evaluation of the current strengths and inefficiencies of the system and identifies three key findings:

- Difficulty navigating the health care system and long wait times have a negative impact on patients' health and on family, provider and caregiver well-being.
- The system is already facing capacity pressures and does not have the appropriate mix of services, beds or digital tools to be ready for the expected increase in complex care needs.
- More effective coordination at the system level and at the point-of-care would make the system more efficient and achieve better value for taxpayer money.

The Council will now begin developing advice for the government on how to fix the problem of hallway health care. Recommendations will explore opportunities for improvement in digital health care, integrated health care delivery, and finding efficiencies in the system to improve health outcomes for Ontarians. The government's media release is available [here](#).

Council of Academic Hospitals of Ontario releases pre-budget submission

The Council of Academic Hospitals of Ontario (CAHO) provided its 2019 pre-budget submission to the Minister of Finance Victor Fedeli, containing the following recommendations:

- Increase operational funding for hospitals for 2019-2020 by 3.45 per cent (\$656 million), which echoes the recommendations of the Ontario Hospital Association.
- Maintain the current funding level for the Ontario Research Fund in 2019-2020 to support the current government's priorities of strengthening the economy and creating jobs for Ontarians.
- Support the development of a life sciences sector strategy in conjunction with industry partners to bolster the economic potential of this sector through a provincial table.

CAHO's full pre-budget submission is available [here](#).

New practice standard for nurses released

The College of Nurses of Ontario (CNO) recently published a new [Code of Conduct](#) for the nursing profession, effective February 4, 2019. The code acts as an overarching standard that sets out the behaviour and conduct to which all nurses are professionally accountable. It is also a resource for the public to understand what to expect from nurses when receiving care. The accountabilities in the code reflect the fundamental values and principles at the core of nursing.

While most of the code's accountabilities are embedded in CNO's current practice standards, new expectations have been added to reflect current evidence, legislation, technology and situations nurses may encounter in different practice settings. Among these are expectations related to social media, providing timely nursing care, and understanding health care gaps in different communities.

Additional resources have also been developed to support the code's application.

Environmental Scan

Flu shot 72 per cent effective against the dominant strain

Canadian researchers say that this year's flu vaccine appears to reduce the risk of catching the dominant flu strain by 72 per cent – much better than last year's flu shot.

“A vaccine effectiveness of about 70 per cent means that among 10 cases of influenza in unvaccinated people, the number would have been reduced to just three cases if they had been vaccinated,” explained lead researcher Dr. Danuta Skowronski of the B.C. Centre for Disease Control.

To determine the vaccine's effectiveness, the researchers measured the reduction in H1N1 flu cases that were serious enough for people to seek medical attention. They studied H1N1 cases only as it is by far the dominant strain of influenza circulating this flu season.

Last year, the flu vaccine was less than 20 per cent effective against the dominant strain of H3N2.

[Global News, January 24, 2019](#)

The soaring cost of insulin

In this editorial, Dr. Brian Goldman, host of CBC Radio's White Coat Black Art, examines the rising cost of insulin. In 1923, the patent for insulin was sold for one dollar to make it widely-available as a treatment for diabetes. Nearly a century later, the price is skyrocketing in the U.S, and that has implications for Canada.

The Health Care Cost Institute, an independent, not-for-profit research institute, looked at health insurance claims in the U.S. for thousands of Americans with type 1 diabetes enrolled in employee health insurance plans. In 2012 the annual cost of insulin per person was \$2,900 US. By 2016, the annual cost had gone up to just over \$5,700 – a 97 per cent increase in just four years. A more long-term study found that between 2002 and 2013, the typical cost for patients increased from about \$40 per vial of insulin to \$130.

Canada is better than the U.S. at regulating the price of insulin. Still, a report by the Canadian Diabetes Association (CDA) found that, on average, Canadians spend more than \$1,500 Cdn per year on diabetes medications, devices and supplies, depending in large part on the province in which they live.

The CDA has found that 57 per cent of Canadians did not comply fully with their treatment due to the cost of medications, devices and supplies, and has called on governments to make diabetes treatments more affordable and access across all provinces more equitable.

[CBC Radio, January 28, 2019](#)

New breast cancer screening guidelines are outdated and dangerous, experts say

A letter from 130 experts on breast cancer says new screening guidelines proposed by the Canadian Task Force on Preventive Health Care are outdated and “dangerous.”

The [new guidelines](#) were released in December 2018 and are meant to help guide medical practitioners. For women aged 40 to 49 years, the guidelines recommend not screening with

mammography and leaving the decision to the relative value a woman places on possible benefits and harms from screening. For older age groups the guidelines recommend screening every two or three years. These guidelines do not apply to women at increased risk of breast cancer.

“It is erroneous and dangerous to recommend against screening women 40-49,” the letter reads, saying all women over 40 should be screened annually.

The guidelines also don’t recommend physical breast exams because evidence shows they have no impact on breast cancer mortality. But more than 130 breast cancer doctors and researchers disagree, saying the task force is basing their recommendations on data collected before the year 2000.

Among other issues expressed in the letter are:

- The guidelines aren’t written by breast cancer doctors but rather doctors with other expertise.
- The incidence of over diagnosis has been overstated.
- The recommendations don’t mention breast density and that supplementary screening for women with dense breasts can find the cancers missed on mammograms. In January 2019, Dense Breasts Canada launched an online petition asking federal Health Minister Ginette Petitpas Taylor to reject the new national guidelines and, so far, has gathered more than 26,000 signatures.

[Global News, January 28, 2019](#)

New study points to gaps in asthma care across Ontario

A new study led by Dr. Samir Gupta, associate scientist at the Li Ka Shing Knowledge Institute of St. Michael’s Hospital, found significant gaps in asthma care persist across the province despite certain core asthma management practices that have been recommended for more than 20 years.

The study, published in [BMJ Open](#), found that care providers across three large family health teams in Ontario assess asthma control in only five per cent of visits, marking an important and newly identified gap in asthma care in Canada. For patients who did not have good control of their asthma, less than half were on a controller medication for asthma – a standard therapy which enables the majority of patients to achieve good control.

The study, said Dr. Gupta, demonstrates that important practices still aren’t being routinely performed and, as a result, there are gaps in how asthma is being managed in the real world. These gaps represent a lost opportunity to improve the health and quality of life of patients with asthma

[St. Michael’s Hospital, January 30, 2019](#)

More people die after surgery worldwide than from HIV, TB, and malaria combined

Around the world, 4.2 million people die every year within 30 days of surgery, and this translates to the third leading cause of death worldwide, a new study reveals. Since 50 per cent of these deaths occur in low- and middle-income countries, where surgery is less accessible, it reveals the disproportionate burden of post-operative death globally.

Researchers at Western University in collaboration with the University of Birmingham and University of Cape Town published their global analysis on the risk of dying within 30 days of surgery in a [research letter to *The Lancet*](#). They estimate that more people die each year within 30 days post-surgery than from HIV, tuberculosis, and malaria combined (2.97 million).

“This study answers a question that’s never been asked before – where does post-operative mortality rank in terms of overall global causes of death?” said co-author Janet Martin, associate professor at Western’s Schulich School of Medicine & Dentistry and Director of the Centre for Medical Evidence, Decision Integrity & Clinical Impact. “The finding ... means that if we put more focus on improving safety of surgery worldwide, we can potentially save many more lives.”

[Western University, January 31, 2019](#)

About 1,000 patients in Ontario hospital hallways on any given day: report

On any given day, at least 1,000 people are being treated in Ontario hospital hallways, according to the special adviser on health care, who says “tough decisions” will be required to fix the problem.

The first report from Dr. Rueben Devlin and the Premier's Council on Improving Healthcare and Ending Hallway Medicine says hallway medicine is a significant problem in Ontario. The next report is set to contain a series of recommendations, but some themes identified in the first document include a greater need for innovation and efficiency to decrease hospital overcrowding.

Ontario’s health care system can be characterized as decentralized, large and siloed with 21 health-related government agencies supporting the design and delivery of health care in the province, the report says. The 21 agencies are not always well-aligned “and there is limited strategic oversight to ensure the efficient and coordinated use of resources,” the report says.

“The entire health care system is too complicated to navigate, people are waiting too long to receive care and too often are receiving care in the wrong place; as a result, our hospitals are crowded,” the report says.

[National Post, January 31, 2019](#)

No two-tier or out-of-pocket health care planned for province, says health minister

The Ontario government’s transformation of the health care system will not include two-tier care, private hospitals or making patients pay for more services out of pocket, Health Minister Christine Elliott has said.

Elliott did a round of interviews on February 1, 2019, to clarify the Progressive Conservative government’s position a day after a hastily called news conference in response to NDP warnings. The NDP leaked a draft of a government health care bill that would create a “super agency” and said the legislation opened the door to privatization.

“No two tier, no,” Elliott said. Nor will the government be asking people to pay for more services out of pocket, she said.

“People will pay for their health care services through OHIP,” Elliott said. “There may be some modernization of OHIP, doing some more work using technology so that more people can receive care in their homes, for example – but that will be to enhance care for people.”

Elliott said there would be no new private hospitals, and the government is not looking at consolidating hospitals. She would not rule out further private delivery of services within the public system which currently exists, such as companies that do diagnostic testing, but said that wasn't the focus of the health care transformation.

[National Post, February 1, 2019](#)

Two types of gut bacteria are 'consistently depleted' in people with depression: study

Scientists in Belgium now believe that a wide range of gut bacteria can produce chemicals that significantly impact the brain, including several microorganisms linked – positively or negatively – to mental health.

The [Flemish Gut Flora Project](#), the largest study of its kind to date, examined depression data and stool samples from more than 1,000 people and found that two types of bacteria were "consistently depleted" in those who suffered from depression. This held true even if patients were on anti-depressants. The two microbe groups are coprococcus and dialister, which are known to have anti-inflammatory properties.

The notion that microbial metabolites can interact with our brain – and thus behaviour and feelings – is intriguing," said lead researcher Jeroen Raes from the Department of Microbiology and Immunology at KU Leuven University. "Until now, most of the studies were done in mice or in small-scale human studies, with mixed and contradictory results."

The team, whose findings were published in the journal *Nature Microbiology*, repeated the study on 1,063 people from the Netherlands and a third group of clinically depressed patients in Belgium and got similar results.

The researchers stressed, however, that while the experiment showed a clear link between the levels of certain bacteria in the gut and an individual's mental well-being, that didn't mean that one thing directly caused the other.

[CTV News, February 4, 2019](#)

Physician payment increases slowing in Canada

Increases to payments to Canadian-based physicians are slowing across the country, according to [Physicians in Canada, 2017](#) published by the Canadian Institute for Health Information (CIHI). In 2016–2017, total clinical payments to physicians increased 2.8 per cent (to \$26.4 billion), which is the lowest single-year increase since CIHI began reporting this data in 2000.

In the same data year, average gross clinical payments to physicians remained virtually unchanged at \$342,000, a 0.6 per cent increase over the previous year. For most physicians, gross clinical payments cover the costs of running their practice, so they are not equivalent to take-home pay. Among other findings are:

- In 2017, there were 86,644 physicians in the country, equivalent to 234 physicians per 100,000 population.
- The number of physicians continued to grow at a faster rate than the population for the 11th consecutive year. Between 2013 and 2017, the Canadian population increased by 4.6 per cent while the physician population grew by 11.5 per cent.
- Average gross clinical payments to family medicine physicians decreased by just less than one per cent in 2016–2017 to \$277,000. Payments to medical specialists and

surgical specialists both experienced a slight increase of about one per cent, bringing their average gross clinical payment to \$357,000 and \$477,000, respectively.

- Between 2013 and 2017, the number of female physicians increased by 19.2 per cent and the number of male physicians increased by 6.8 per cent.

Provinces and territories can use the information to help determine the proper balance of physician supply and payments needed to best serve their populations, says CIHI.

[Canadian Institute for Health Information, February 7, 2019](#)

Link between heart problems and brain stronger than believed

A report from Heart & Stroke, [Dis\)connected: Unseen links are putting us at risk](#), shows much deeper connections between heart conditions, stroke and vascular cognitive impairment than were previously understood. A first-ever analysis of hospitalizations over the past decade showed that people thought to have one vascular condition are at significantly higher risk for developing – or already have – multiple vascular conditions that could result in re-hospitalizations and death. And the trend is on the rise. Among the report’s findings are:

- People with heart failure are 2.6 times more likely to experience vascular cognitive impairment.
- Congenital heart disease may triple the risk of early onset vascular cognitive impairment (under age 65) and increase the risk of late onset vascular cognitive impairment by 30 per cent.
- People with atrial fibrillation are 1.4 times more likely to experience vascular cognitive impairment.
- People with heart valve disease have a 25 per cent increased risk of vascular cognitive impairment.
- 30 per cent of people who experience a second stroke are at risk of developing vascular cognitive impairment.

The research also uncovered gaps in the health system that was designed around a “one-disease” model. For people with multiple conditions, those gaps have resulted in delays in diagnosis or interventions, potentially resulting in these conditions becoming more serious illnesses.

[Heart and Stroke, February 7, 2019](#)

Suicide rate falls by a third globally: report

Suicides have fallen globally by more than a third since 1990, according to a far-reaching analysis released February 7, 2019, that highlighted profound differences in the number of men and women taking their own lives.

The World Health Organization lists suicide as a critical public health issue and estimates at least 800,000 people kill themselves every year. Although reporting of deaths from self-harm varies between nations, data models devised by the team behind the Global Burden of Disease, which tracks all known causes of death by country, show a clear downward trend in global suicide rates.

Published in the [BMJ journal](#), the study estimates that 817,000 people killed themselves in 2016 – an increase of 6.7 per cent since 1990. However, as the global population has boomed over the last three decades, the team found that the rate of suicide adjusted for age and population size fell from 16.6 to 11.2 deaths per 100,000 people – a plunge of 32.7 per cent.

While welcoming the overall downwards trend, the team behind the paper warned that in several regions of the world suicide was still among the leading causes of years of lives lost.

[CTV News, February 7, 2019](#)

New report measures economic loss of youth mental illness

On February 5, 2019, Children's Mental Health Ontario (CMHO) released its annual [Child and Youth Mental Health Report Card](#), which includes new research findings from the Canadian Centre for Health Economics at the University of Toronto calculating a productivity loss in Ontario (due to absenteeism) of \$421 million in 2017 for parents with children who experience issues related to anxiety.

CMHO commissioned the Ontario productivity study based on surprising findings from its previous 2017 research showing one-in-four parents in Ontario missed work to care for their child with anxiety. It's the first time a review has been conducted of the in-direct costs to Ontario employers due to parents caring for children with mental health issues. Among other findings of the report card are:

- 90 per cent of parents report wait times for starting or transitioning between services as the biggest gap in care for families seeking help for their child and youth with mental health issues.
- 90 per cent of parents or caregivers have not yet received a plan or never received a plan to transition their youth from the child and youth mental health system to adult services.
- 71 per cent report a lack of availability of programs and services to meet their child or youth's needs.
- 62 per cent cite a lack of coordination between health care providers.
- Of those parents and caregivers that have transitioned their children to adult mental health services, 89 per cent have not found equal or complementary programming to those in the child and youth system.

[Children's Mental Health Ontario, February 6, 2019](#)

Study looks at yoga as treatment for post-traumatic stress disorder

A Lawson Health Research Institute team has received federal money to study whether yoga can be a cost-effective, non-pharmaceutical intervention for first responders grappling with post-traumatic stress disorder (PTSD), a psychological response to trauma often seen in emergency workers.

The Sudarshan Kriya Yoga In Post-Traumatic Stress Injury (SKIP) study is a randomized, control trial being led by psychiatrist Akshya Vasudev, associate scientist at Lawson based at London Health Sciences Centre. Sudarshan Kriya yoga is a type of yoga that focuses on deep and rhythmic breathing more than physical positions. The team will be recruiting 74 study participants from the London area – emergency workers who have symptoms of PTSD.

Participants will be placed in either the Sudarshan Kriya Yoga (SKY) group or a health enhancement program control group. The SKY group will learn Sudarshan Kriya yoga, which they will be asked to do for 30 minutes each day on their own. Patients will be screened using a mobile-based app and assessed for symptoms of PTSD over a one year period

The study is one of 22 across Canada to receive a grant from the Canadian Institutes of Health Research through the Post-traumatic Stress Injuries Catalyst Grant competition. The grants will serve as a springboard for researchers who are increasing understanding of how to identify, treat and prevent PTSD among public safety personnel.

[Lawson Health Research Institute, February 8, 2019](#)

Why does \$10 million medical fund go unmentioned in city hall strategic plan?

The City of London has unveiled its strategy for economic growth and two projects heavily funded in years past are conspicuously absent. The city's \$400,000 economic road map appears to have hit a dead end, while \$10 million in support for the London Medical Network makes no appearance in the local government's new strategic plan.

The medical network had come under criticism from business leaders in the technology field recently for poor job creation and not being transparent with city officials about its spending. Its absence from the Growing Our Economy portion of the plan underscores concerns, said Councillor Maureen Cassidy.

The fund has promised 500 jobs, but after five years has created about 50, Paul Paolatto, director of Western University's research parks, has said.

The road map, with a five-year \$100,000 annual budget, saw a Toronto consultant hired to lay out a future economic direction under former city hall top bureaucrat Art Zuidema. The consultant stressed five areas the city should focus on, the most important of which was medical research. Martin Hayward, who took over the top job after Zuidema's exit, sits on the board for the medical network. He says medical research is absent from the strategic plan because its work being done outside city hall, and the investments show promise. The network does report to city council every year, he added.

City hall has committed \$1 million a year for 10 years, starting in 2014. Western University was supposed to give \$20 million to the network, but it's not known how much it has paid and how much has been "in-kind" contributions, Cassidy said.

[London Free Press, February 11, 2019](#)

Spinal cord is 'smarter' than previously thought

New research from Western University has shown that the spinal cord is able to process and control some complex functions, like the positioning of your hand in external space. This kind of hand control requires sensory inputs from multiple joints and these inputs was previously thought to be processed and converted into motor commands by the brain's cerebral cortex.

"This research has shown that a least one important function is being done at the level of the spinal cord and it opens up a whole new area of investigation to say, 'what else is done at the spinal level and what else have we potentially missed in this domain?'" said the study's senior and supervising researcher Andrew Pruszynski, PhD, assistant professor at Western's Schulich School of Medicine & Dentistry and Canada Research Chair in Sensorimotor Neuroscience.

Using specialized robotic technology – a three degree of freedom exoskeleton – at Western's Brain and Mind Institute, subjects were asked to maintain their hand in a target position and then the robot bumped it away from the target by simultaneously flexing or extending the wrist and elbow. The researchers measured the time that it took for the muscles in the elbow and

wrist to respond to the bump from the robot and whether these responses helped bring the hand back to the initial target. By measuring the latency, or 'lag', in the response, they were able to determine whether the processing was happening in the brain or the spinal cord.

This response generated by the spinal cord is called a 'stretch reflex,' and has previously been thought to be very limited in terms of how it helps movement. The finding adds immensely to the understanding of neuroscience and neurocircuitry, and provides new information and targets for rehabilitation science.

[Western University, February 11, 2019](#)

Women more likely to experience poorer outcomes following aortic surgery: new study

A new research paper that compares outcomes of men and women following surgery on their heart's aorta has found women experience worse outcomes than men.

Researchers examined three different outcomes – early death, stroke and a composite of complications. In every case, women were more likely to wind up sicker. The study, published in the February 2019 issue of *Circulation*, found if you're a woman, you're two times more likely to experience a stroke or death following surgery. More specifically, women are 80 per cent more likely to die, 90 per cent more likely to experience a stroke, and 40 per cent more likely to experience a complication.

"Similar to other areas in cardiovascular medicine, our study suggests women present later in the disease process perhaps with atypical symptoms, like nausea," explains Dr. Michael Chu, clinician scientist at Lawson Health Research Institute, cardiac surgeon at London Health Sciences Centre, and senior investigator with the study. "This may explain the difference in outcome between women and men in emergency situations, when patients experience something like an aortic dissection or a ruptured aorta. But even still, we analyzed both situations – when people came for elective versus emergency surgery – and women still did worse either way."

The researchers hope the study will prompt further research and eventually lead to more personalized medicine.

[Lawson Health Research Institute, February 13, 2019](#)

Ontario doctors awarded new, four-year contract with fee increases

An arbitrator has awarded Ontario doctors a new contract in a ruling that puts no hard cap on how much doctors can be paid, but requires the elimination of \$460-million worth of "inappropriate" medical services.

The Ontario Medical Association (OMA) welcomed the agreement, saying it will bring stability to the relationship between doctors and the government.

The decision is fair, independent and acknowledges that an aging and growing population leads to more demand for services, said OMA President Nadia Alam. "What that means for patients is that every single physician service is fully funded by the government."

At more than \$12 billion, physician compensation accounts for about 22 per cent of the health ministry's \$56-billion budget, the decision notes. The agreement includes:

- The establishment of a new working group to address primary care matters.
- An order for the OMA and the government to create an “appropriateness working group” to eliminate or restrict inappropriate or overused physician services – \$100 million worth in 2019-2020 and another \$360 million worth the following year.
- Average annual fee increases of one per cent per year over four years.
- Restoration of the previous government's cuts (approximately 3.5 per cent).
- A \$10 million increase to the Academic Health Sciences innovation fund.

[Global News, February 19, 2019](#)

St. Joseph’s in the News ---

[Potentially fatal heart infection rises with injection opioid use: Researchers](#), London Free Press, January 28, 2019

['Like hearing their voices': Researcher analyzes suicide notes to save lives](#), CTV News, January 27, 2019

[Opioid injection linked to increase in heart infections](#), CTV London, January 28, 2019

[Growing use of hydromorphone linked to rise in potentially lethal heart infection in opioid-users: study](#), Global News/980 CFPL, January 29, 2019

[Risk for infective endocarditis related to injection drug use increasing](#), Healio, January 31, 2019

[Parkwood pilots mobile app for youth mental health patients](#), London Free Press, February, 7, 2019

[Big investment in mental health support software](#), CTV London, February 7, 2019

[Mobile software being tested to help youth with anxiety, depression](#), Blackburn News, February 8, 2019

['Walk like a penguin' to prevent falls during slippery conditions](#), CTV London, February 12, 2019

[New therapy could help people with treatment-resistant depression](#), CBC London, February 14, 2019

[New clinical trial in London addresses depression in patients with bipolar disorder](#), Global News/980 CFPL, February 14, 2019

[New therapy offers hope for those with treatment resistant depression](#), CTV London, February 14, 2019

[Five flashpoints to fix in Ontario's health care system](#), London Free Press, February 15, 2019

[New depression treatment gives hope to patients](#), Advocate, February 19, 2019

Dear Stroke **Survivor**,

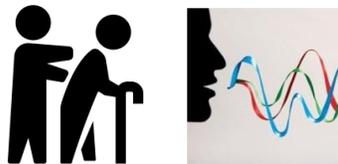
We are from the Community Stroke Team **Aphasia Groups** in **St. Thomas, Strathroy, Tillsonburg** and **London**.

We have all had a stroke, too.

We remember what it's like right after the stroke. We understand some of the **feelings** that you might be having.

Through our **experience** we have found the following things **helpful**:

- **Work hard** in therapy



- Getting better takes a lot of **energy**
 - Take **breaks** and stay rested



- Learn **new skills**/hobbies



- Join **groups** and meet new **people**



- Keep exercising



- Ask for **help**



We know that it's **hard** right **now** but...

Take things **day by day**

Be **positive** and **happy**

Learn to **enjoy** the little things

Have **hope**, because it will **get better**

Don't give up!!



*THE LONDON
APHASIA GROUP.*

*The TILLSONBURG
Aphasia Group*

From the Strathroy Aphasia Group

The St. Thomas
Aphasia Group