

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

March is always a special month at St. Joseph's with two meaningful and time-honoured events taking place – our St. Joseph's Day celebrations and the Sisters of St. Joseph Awards for Excellence ceremony.

For St. Joseph's Day, otherwise known as The Feast of St. Joseph, pastries, fruit and refreshments were served at all sites from 8:00 to 10:00 am in deep appreciation for staff, physicians, researchers, trainees and volunteers and the difference they make in the lives of those we serve. The day commemorates the life of St. Joseph, who is patron to many occupations and organizations, including the Catholic Church, the Sisters of St. Joseph and many St. Joseph's health care organizations around the world. All staff, physicians, researchers, trainees and volunteers were invited to attend the site celebrations, where they were greeted by leaders. I took part in the festivities at St. Joseph's Hospital and Mount Hope Centre for Long Term Care.

In the afternoon, to coincide with St. Joseph's Day, the Sisters of St. Joseph Awards for Excellence ceremony honoured this year's recipients, who are listed in this report. I was joined by Board Chair Margaret Kellow and Sister Cecilia Dronzek representing the Sisters of St. Joseph. This very special event highlights the legacy of the Sisters by recognizing those providing care today who demonstrate the same remarkable attributes as the Sisters.

This month also saw a landmark industry partnership forged between Western University, London Health Sciences Centre, St. Joseph's and Canon Medical Systems Canada in advanced computed tomography (CT) that will advance patient care, research and teaching in Southwestern Ontario. As a result of the partnership, London will become home to a Canon Medical National Centre of Excellence and the world's largest installation of the highest level CT platform from Canon Medical. Details are included in this report.

I hosted the official signing of the agreement on March 12, which was attended by senior leaders from Canon Medical from both Japan and Canada, as well as senior leaders and imaging leadership from Western, LHSC, St. Joseph's, Robarts Research Institute and Lawson Health Research Institute.

Also in previous weeks, on February 26, 2019, I hosted an Ontario Hospital Association (OHA) regional session for members on "Integrated Care and System Change." The purpose of this session was to: update members on the current state of government health system plans; equip members with evidence-based findings and examples of integrated delivery systems and care models; examine barriers and facilitators for implementing integrated care models regionally; and provide input to the OHA on supporting members in capacity for change and integrating care.

Then, on February 27, 2019, as Board Chair of the Catholic Health Care Association (CHAO), I hosted a Chair and CEO facilitated session on “Essential Elements for Catholic Healthcare for Continuity of Mission in an Integrated System.” During this session, Catholic health care leaders discussed important opportunities and challenges for Catholic health care as Ontario moves towards integrated delivery systems, and action that CHAO and members should take to position ourselves as partners in care integration while preserving the essential elements of Catholic health care.

And finally, on February 28, I was pleased to lead a “Breakfast with Gillian” session, part of a series designed to engage the broader community in the work of St. Joseph’s. During these sessions, I share our vision for the future of health care in our region, how Joseph’s is helping people live fully in the face of long-term illness, aging and injury, and why it matters to our community. There were 31 attendees and interesting questions were asked.

REACHING OUT

Serving it up hot

Food and Nutrition Services has changed the model of service at Parkwood Institute Main Building from a cold plating system to a hot plating system.

The new system standardizes, streamlines and simplifies the many steps required to complete meal service; enhances menu options; facilitates quality control; reduces last minute changes to trays arising from admissions, discharges and diet changes; and reduces operational costs and future capital costs. The key changes are:

- The food is now heated centrally in the main kitchen and trays are assembled hot and loaded onto carts. With the old system, trays were assembled cold and loaded onto re-therm carts.
- Trays are delivered just in time to patients and residents. With the old system, the loaded re-therm carts were delivered to the unit serveries and docked. Food was held cold until the re-therm process was initiated.
- The same cart is used to collect the trays eliminating travel time with multiple carts. With the old system, a different cart was needed to collect the trays.
- Hot plating allows for increased quality using different ways to heat items depending on the food. With cold plating, all items went through a 50-minute heating cycle, which could affect quality and restrict menu offerings.

Overall, the new system improves quality of service and meals to patients, and reduces the risk of patients receiving the wrong food item. Early feedback suggests patients like the new dishware and are enjoying the benefits of the new model.

Save the date – Doc Talks with Dr. Robert Teasell

The next Doc Talks will be held on May 14, 2019, featuring leading stroke expert Dr. Robert Teasell, who will present on “Recovery After Stroke: Retraining the Injured Brain Through Rehabilitation.” Dr. Teasell is the Medical Director of St. Joseph’s Stroke Rehabilitation Program, a professor of Physical Medicine and Rehabilitation at Western University and a clinical scientist at Lawson Health Research Institute. He will discuss various rehabilitation therapies and technologies that can help an individual recover after a stroke. Registration opens April 16, 2019 on the [St. Joseph’s Health Care Foundation website](#).

DocTalks is a series of community health discussions featuring leading physicians and researchers at St. Joseph's. Participants have an opportunity to learn from the experts how St. Joseph's is tackling the pressing health issues of our time and why it matters to those we serve. [Archived presentations](#) are available for viewing on the foundation website.

Improving care for operational stress injuries in the Greater Toronto Area

On March 11, St. Joseph's satellite Operational Stress Injury (OSI) Clinic located in Toronto and serving the Greater Toronto Area moved to a new, improved location. Designed for patient comfort, the clinic space now occupies its own suite at 5000 Yonge Street, with room to grow and expand services. The space was also designed to include a large conference room to support larger group meetings and group programs. The renovation work was led by St. Joseph's Facilities Planning team.

St. Joseph's has provided OSI services in Toronto since fall 2011. The program began with two psychologists providing services and has gradually grown over the last few years to include psychiatry, nursing, administrative staff as well as a researcher. With the new space, funding has been received for additional staffing – social worker, nurse practitioner and family physician – to create a full interdisciplinary team. Recruitment is set to begin.

Located close to its former location, the clinic is easily accessible by major highways, the subway, and other means of public transit.

CONNECTING CARE

A one-two punch

At Parkwood Institute Main Building, a patient's love of boxing led her care team, with the help of a knowledgeable volunteer, to incorporate the prizefighting sport into her rehabilitation program.

Recovering from a broken hip, the patient had been participating in non-contact boxing before her injury as part of her regular fitness regime to help with Parkinson's disease. Upon learning about the patient's penchant for boxing, physiotherapist Danielle Beaudet recruited Eric Overend, who volunteers at Parkwood Institute and also boxes, to help develop a unique therapeutic plan.

Over the course of weeks, the patient, physiotherapist and volunteer teamed up to integrate boxing into therapy with excellent morale-boosting and physical results. The patient was able to avoid being discharged to long-term care and returned home to supported living. She now participates in outpatient therapy at Parkwood Institute.

INNOVATING TOGETHER

Caring for Body Mind and Spirit

The first offering of a 12-week program called "Caring for Body, Mind and Spirit" launched on February 6, 2019 to support patients as they recover from the impact of operational stress injuries (OSIs). This comprehensive, interactive workshop explores the interrelationships

between OSIs and the whole person. Responding to patients' expressed needs, it focuses on providing practical knowledge and support during their journey to wellness.

Offered to patients early in their treatment at St. Joseph's Operational Stress Injury Clinic, the program also introduces patients to the program of care at the clinic, including the broad cross-section of the team and the role played by the clinic's therapeutic groups. The goal is to enhance the patient's comfort in a therapeutic group setting and create an environment conducive for participants to learn new concepts, including the opportunity to practice core self-care skills.

The program is funded by the President's Grants for Innovation, which invite frontline staff, physicians and volunteers to apply for up to \$10,000 in one-time support funding for an innovative idea that will improve patient safety, quality of care, or customer service.

Leading the way in veterans care, research and education

Dr. Don Richardson, a psychiatrist with St. Joseph's Operational Stress Injury (OSI) Clinic at Parkwood Institute and a renowned researcher in the area of Canadian veterans' health, received an invitation to contribute to a Members of Parliament publication on this topic.

For the publication, Dr. Richardson provided an overview of the research currently underway at the newly established MacDonald Franklin OSI Centre at Parkwood Institute. Dr. Richardson is the Scientific Director of the centre, which was made possible by a \$1 million gift to St. Joseph's Health Care Foundation by local business leaders Kyle MacDonald and John Franklin in honour of their fathers, both of whom had distinguished Canadian military careers.

The goal of the centre is to be a catalyst and enabler for the adoption of increasingly specialized and evidence-based pharmacotherapy and psychotherapy for veterans, members of the Canadian Armed Forces, Royal Canadian Mounted Police (RCMP) and their families who are experiencing mental health challenges as a result of military service. The centre's three fundamental activities are:

- **Research and innovation excellence:** The centre will have a pivotal role in advancing academic research and innovation to advance OSI clinical care and patient outcomes.
- **Education:** The centre will engage in education initiatives for current and future clinicians and researchers by facilitating capacity building and training opportunities across a variety of disciplines, partners and stakeholders.
- **Knowledge mobilization:** The centre will emphasize dissemination of research findings at both St. Joseph's OSI Clinic and the national network of clinics to improve patient outcomes and promote recovery.

This overview was provided to Members of Parliament at the Parliamentary Health Research Caucus Luncheon on February 20, 2019, which focused on veterans' health and health research in Canada.

Save the date - Lawson Impact Awards

Registration is now open for the 2019 Lawson Impact Awards taking place on April 11, 2019 at the London Convention Centre. The Lawson Impact Awards honour research making a difference and acknowledge the accomplishments of Lawson Health Research Institute scientists, staff, trainees, and industry and community partners. The event will feature dinner, awards and a keynote address from medical imaging and machine intelligence expert Dr. Dorin Comanicu, who will present on "Artificial Intelligence for Health Care: The Road Ahead." For more information and to purchase tickets, visit [Lawson's website](#).

LEVERAGING TECHNOLOGY

Landmark partnership forged with Canon Medical

On March 12, Western University, St. Joseph's and London Health Sciences Centre (LHSC) announced a unique partnership with Canon Medical Systems Canada in advanced computed tomography (CT) that will advance patient care, research and teaching in Southwestern Ontario. This new partnership, which builds on established excellence in medical imaging in London, includes the investment of a \$4.5 million dedicated research CT, angio suite and portable ultrasound machine to be used for medical imaging research. London will also become home to the world's largest installation of the most advanced CT platform from Canon Medical.

CT provides critical diagnostic information using ultra low dose, high resolution X-ray images to create cross-sectional images of the brain, heart, lungs, abdominal and pelvic organs, and blood vessels. CT provides essential imaging for most medical and surgical emergencies and is the standard of care for routine assessment and evaluation of patients with a wide range of conditions including many cancers. It is also used to guide tissue biopsies and minimally invasive treatment.

Among the key elements and benefits of the agreement with Canon are:

- The research CT, to be located at Robarts Research Institute, will exactly mirror the equipment used clinically, which will allow researchers to more quickly and readily apply their research findings to patient care. Research will focus on improving patient safety by finding ways to lower radiation dose, developing faster and more detailed imaging techniques, and personalizing the patient experience.
- The partnership provides the opportunity to establish a training academy and a Canon Medical National Centre of Excellence in London. As new, advanced CT protocols are developed and validated here, hands-on training will be provided for medical imaging teams from across the province, country and the world.
- LHSC and St. Joseph's are acquiring a total of six clinical CTs to be used for patient care, which will standardize all the CT equipment at London's hospitals. Two will be installed at University Hospital, three at Victoria Hospital and one at St. Joseph's.
- Following installation of the new CTs, further research to validate use and drive innovations can be done effectively and efficiently within the clinical setting by hospital-based researchers through Lawson Health Research Institute.

Read more about this partnership on [St. Joseph's website](#).

Early adopters test MyChart

A patient portal called MyChart™ is being initiated by London and area hospitals to provide patients and their family caregivers with a single digital channel to access their personal health record, test results and communication with care providers from all acute care sites within Southwestern Ontario. It also allows them to update their real-time health status in a secure, mobile environment.

The project involves the extension of Sunnybrook's MyChart™ Personal Health Record infrastructure, which is being integrated with the connecting South West Ontario (cSWO) regional clinical viewer – the ClinicalConnect platform. London hospitals, specifically the Breast Care Program at St. Joseph's Hospital and the London Regional Cancer Program at London

Health Sciences Centre (LHSC), will be participating as early adopters in this project. The initial focus will be on access to hospital and home and community care information, and educational resources for patients.

The patient portal will launch in mid-March with a small group of patients from St. Joseph's and LHSC. These users will be instrumental in providing input and feedback on features, functionality and usability of MyChart. Other programs/departments will have the option to join after the initial launch.

Eventually, patients who join the portal will have access to their personal data from all hospitals who share data through ClinicalConnect.

EMPOWERING PEOPLE

Gratitude marks St. Joseph's Day

As is the tradition across St. Joseph's, pastries, fruit and refreshments were served at all sites from 8:00 to 10:00 am to mark St. Joseph's Day on March 19, otherwise known as The Feast of St. Joseph. Gratitude marks the celebration of St Joseph's Day, which commemorates the life of St. Joseph – patron to many occupations and organizations, including the Catholic Church, the Sisters of St. Joseph and many St. Joseph's health care organizations around the world. All staff, physicians, researchers, trainees and volunteers were invited to attend the site celebrations, where they were greeted by leaders.

OUR FINANCES

Parking rate changes for 2019

As part of St. Joseph's ongoing effort to ensure parking rates are fair and consistent while maintaining the sustainability of our lots, various changes are being made to visitor parking rates, effective April 1, 2019. In particular, the flat rate visitor parking fee of \$4.00 at Parkwood Institute, Southwest Centre for Forensic Mental Health Care and Mount Hope Centre for Long Term Care will increase to \$5.00. This is the first increase to this rate in more than 10 years.

Some other visitor parking rates will decrease. For example, the daily visitor parking rate at St. Joseph's Hospital will be reduced so that it is capped at \$8.00 – a decrease from the current \$9.00, and down from \$11.00 in 2017.

St. Joseph's makes every effort to keep prices as low as possible. Comparisons are done regularly with other hospitals in the province and St. Joseph's lots are far below rates charged at other hospitals. It's important to note that building maintenance of parking garages and lots are not covered by the province. St. Joseph's lots are self-supporting and maintained by the revenue generated.

For staff and physicians, monthly parking rates will remain unchanged except for those with citywide parking privileges.

UNCOMPROMISING QUALITY AND SAFETY

Influenza season continues

Influenza continues to circulate widely in the Middlesex-London region, with new cases being reported across the city and county. The Middlesex-London Health Unit is still encouraging local residents who have not yet received their seasonal influenza vaccine to do so as soon as possible.

Since September 1, 2018 – the beginning of flu season – there have been 343 cases of influenza A and one case of influenza B reported to the health unit as of March 13, 2019. These cases have resulted in 173 hospitalizations and 13 deaths.

In long-term care homes/retirement homes/acute care, there have been 21 influenza outbreaks during the same period.

At St. Joseph's, there have been four confirmed outbreaks of influenza A since September 2018, with 28 patients affected and one death. Three of the outbreaks were at Parkwood Institute Man Building and one at Mount Hope Centre for Long Term Care. The influenza vaccine continues to be available for anyone working at St. Joseph's who has not yet received it.

Insulin safety at St. Joseph's in national spotlight

A significant medication safety initiative at St. Joseph's took national stage February 2-5, 2019, at the Canadian Society of Hospital Pharmacists' Professional Practice Conference.

Insulin is a high-alert medication that can cause significant harm when used in error. With a change in guidelines from the Institute of Safe Medication Practices in 2017, an insulin safety team at St. Joseph's began the work to educate staff and transition Southwest Centre for Forensic Mental Health Care and Parkwood Institute from ward stock insulin (vials) to patient-specific insulin pens. The sites went live with insulin pens in July 2018 with a goal to enhance dosing accuracy, reduce needle stick injury, reduce medical waste, enhance patient education upon discharge, and reduce patient pain.

There was great momentum and energy at the conference as organizations from around Canada recognized this work at St. Joseph's.

PARTNERSHIPS WITH PATIENTS, RESIDENTS, FAMILY CAREGIVERS

Exploring family presence

Complementing St. Joseph's Care Partnership Framework, 'family presence' is a philosophy that focuses on the recognition of family caregivers as full partners in care. This includes welcoming family caregivers at any time of day according to patient/resident wishes, as long as the caregiver's presence does not impede care, healing, recovery, well-being, safety or security.

Many of our staff already work closely with family caregivers. The family presence philosophy formalizes this practice across St. Joseph's, encouraging engagement balanced with safety and respect for all. The adoption of this philosophy will be accompanied by the introduction of a Family Presence Policy and the elimination of traditional visiting hours.

The Changing CARE team is in the process of hosting co-design events with staff (clinical and non-clinical), patients/residents and family caregivers across the organization in preparation for adoption of the family presence philosophy and policy. During February and March 2019, co-design events were held at Parkwood Institute Main Building, Parkwood Institute Mental Health Care Building, and Joseph's Hospital. Events at Southwest Centre for Forensic Mental Health Care and Mount Hope Centre for Long Term Care will be held this spring.

The goals of these co-design events are to:

- begin the process of raising awareness and providing education related to family presence
- gain an understanding of the current state of family presence, particularly as it relates to current visiting hours
- identify the supports staff feel would be needed or beneficial for themselves and potentially for patients/residents and family caregivers to prepare for, implement and sustain this initiative

Each co-design event includes a presentation to provide background and context for the initiative and a series of group discussions designed to gather valuable insight and feedback from participants.

The Changing CARE team will use the information and feedback gathered to refine the new policy, develop supports/resources for care teams, patients/residents and family caregivers, and build site-specific implementation plans to facilitate family presence roll out during the summer months.

ADVOCACY AND COLLABORATIONS

Sharing our knowledge

In recent months, Dan Pettapiece, a consultant at the Neurobehavioural Rehabilitation Centre (NRC) at Parkwood Institute, has provided educational in-service presentations on acquired brain injury (ABI) and behaviour difficulties following an ABI to probation and parole personnel in the region, including probation officers, social workers and their supervisors. Sessions were recently held in Goderich and Woodstock and additional sessions are planned for April and May 2019 in Stratford.

As part of NRC's outreach work, Dan contacts service providers involved in the care of an NRC patient to collaborate and offer education regarding brain injury and behaviour. In-service education has been provided to numerous groups such as nursing homes, group homes Children's Aid Society, Fanshawe College, families, and community hospitals. These sessions are always well received. Consultation is also routinely provided to Behaviour Supports Ontario teams in nursing homes in the 10 counties of our catchment area.

The sessions to probation and parole personnel stemmed from a referral of a patient who was involved with probation and parole in Goderich. The supervisor of the Goderich office who sat in on the session felt this information would be valuable for the other offices.

In support of supported housing

Supported housing is a significant need for individuals served by our mental health care program. Currently one third of tertiary mental health beds are occupied by individuals who no

longer require hospital level care, but who have no adequate discharge destination due to their support needs. Essentially, some of these patients are among the “hidden homeless” – if they were to be discharged, they would have no fixed address.

Over the past 18 months, mental health care leaders at St. Joseph’s have been working with a reputable, not-for-profit housing development and service provider called Indwell. Indwell has developed and operates high-support housing in communities outside London. Earlier this month, it was learned that St. Joseph’s advocacy efforts have resulted in the South West LHIN committing new funding for high-support apartments in London and Woodstock developed/purchased by Indwell.

In Woodstock, the Blossom Park development will be ready for occupancy in late spring or early summer. In London, Indwell has been working with the Housing Development Corporation, London, on an opportunity that will also be ready for occupancy in late spring/early summer.

Temporary office space has been set up at Parkwood Institute Mental Health Care Building for Indwell staff, where Indwell will interview prospective tenants.

St. Joseph’s has also been working with the City of London and the Housing Development Corporation to articulate the need for further development of high-support housing. A group of representatives from St. Joseph’s, Indwell, Ivey Business School, Canada Mortgage and Housing Corporation, and the city have been working to define “specialty population” needs for housing and to move forward on a path to support Indwell further developing another 80-90 high-support units in London.

RECOGNITIONS AND CELEBRATIONS

A central role in leadership, research and care

Dr. Stewart Harris has been reappointed to his third, five-year term as the Canadian Diabetes Association Chair in Diabetes Management at Western University’s Schulich School of Medicine & Dentistry, effective January 1, 2019. Since his appointment in 2008 as the inaugural Canadian Diabetes Association Chair in Diabetes Management, Dr. Harris has played a central and critical leadership role in the development and implementation of a national diabetes management strategy securing more than \$25 million in research grant funding.

Dr. Harris is also principal investigator of the Diabetes Alliance at Schulich Medicine & Dentistry, where his research focuses on developing and evaluating strategies to improve clinical outcomes for patients with type 2 diabetes across three program areas: clinical trials, Indigenous health, and hypoglycemia. He has published more than 240 peer-reviewed papers.

At St. Joseph’s, Dr. Harris is the Medical Director of St. Joseph’s Primary Care Diabetes Support Program and a research scientist at Lawson Health Research Institute.

Sisters of St. Joseph Awards for Excellence

Established in 1990, the Sisters of St. Joseph’s Awards for Excellence honour staff, physicians and volunteers who share the remarkable attributes of our founding Sisters of St. Joseph – excellence, positive attitude, reliability, honesty, efficiency, creativity, respect, caring, compassion, empathy and appreciation for the work of others. To be nominated and to be a recipient is a distinguished honour.

Congratulations to this year's recipients. All were nominated by their colleagues. Without knowing anyone's identity, an awards selection committee with representatives from across St. Joseph's rates the nominations and selects the recipients. The 2019 recipients are:

- Dr. Rookaya Mather, ophthalmologist, Ivey Eye Institute, St. Joseph's Hospital
- Martha Scott, occupational therapist, Community Stroke Rehabilitation Team, Parkwood Institute Main Building
- Corinne Wilson, registered practical nurse, Assessment Program, Parkwood Institute Mental Health Care Building
- Marie Carroll, dietary aide, Food and Nutrition Services, Mount Hope Centre for Long Term Care

Read about each of these deserving recipients on [St. Joseph's website](#). The awards were presented at Parkwood Institute on March 19 to coincide with St. Joseph's Day

OTHER

Ontario doctors awarded new, four-year contract

On February 19, 2019, a three-member board of arbitration, chaired by William Kaplan, released its decision in the negotiations for a new Physician Services Agreement between the Ontario Government and the Ontario Medical Association (OMA). Highlights from the arbitration award include:

- A new four-year physician services agreement, which is partially retroactive, running from April 1, 2017 to March 30, 2021
- No cap on how much doctors can be paid
- The establishment of an "appropriateness working group" to eliminate or restrict inappropriate or overused physician services

The arbitration decision also eliminates most of the fee cuts imposed by the province in recent years, and awards physicians increases of 0.75 per cent for 2017; 1.25 per cent for 2018; 1.0 per cent for 2019; and 1.0 per cent for 2020. The Arbitration Board's full decision is available [here](#).

The release of this decision marks the completion of phase 1 of the arbitration process. Phase 2 will look at how the physician services budget is to be divided up among different specialty groups.

Ontario government announces new long-term health care plan

On February 19, 2019, Health Minister Christine Elliott announced the government's long-term plan to strengthen Ontario's health care system and introduced Bill 74, The People's Health Care Act, 2019. Key pillars of the announcement include improving access to services and the patient experience by:

- Integrating multiple provincial agencies, including all LHINs and specialized provincial programs, into "Ontario Health", a single agency with a mandate to promote health service integration and provide a central point of accountability and oversight for the health care system. Specific organizations to be transitioned to Ontario Health include: Cancer Care Ontario, Health Quality Ontario, eHealth Ontario, Trillium Gift of Life

Network, Health Shared Services Ontario, HealthForce Ontario Marketing and Recruitment Agency, and LHINs

- Providing Ontario Health with the authority to assume LHIN functions and responsibilities, including, among other things, managing accountability agreements, funding and supply chain management services
- Organizing health care providers to work in new, coordinated “Ontario Health Teams”, focused on patients and specific local needs with the objective of ensuring patients experience easy transitions from one health service provider to another
- Providing patients, families and caregivers with help in navigating the public health care system on a 24/7 basis
- Improving access to secure digital tools, including online health records and virtual care options for patients.

The legislation itself is an omnibus bill which makes consequential amendments to a range of other Acts and regulations affecting the health care sector. It has three components:

- Schedule 1 enacts the Connecting Care Act, 2019, which establishes Ontario Health and authorizes the creation of integrated care delivery systems. Of note, the legislation:
 - Details the newly created agency’s objects and corporate governance structure and specifies that the Minister of Health and Long-Term Care may provide funding to Ontario Health, which may provide funding to health service providers and integrated care delivery systems.
 - Provides for the designation of integrated care delivery systems having the ability to deliver at least three types of services (hospital, primary care, mental health or addictions, home care or community, long-term care, palliative care, or any other prescribed health care service or non-health service that supports the provision of health care services).
 - Allows Ontario Health to integrate the health system through funding or through facilitation and negotiations. The Minister of Health may also integrate the health system through integration orders to health service providers or integrated care delivery systems that are funded through Ontario Health. Detailed rules regarding integration decisions are provided for in the legislation.
 - Stipulates that Ontario Health and the Minister of Health may appoint investigators regarding health service providers and integrated care delivery systems, and that the Minister of Health may appoint supervisors for health service providers and integrated care delivery systems.
 - Gives the Minister of Health the power to transfer assets, liabilities, rights, obligations and employees of certain organizations to Ontario Health, a health service provider or an integrated care delivery system, subject to the rules detailed in the legislation.
- Schedule 2 amends the Ministry of Health and Long-Term Care Act to provide for an Indigenous health council and a French language health services advisory council to advise the Minister.
- Schedule 3 provides for the amendment and repeal of a number of specific pieces of legislation in order to facilitate implementation.

The government’s media release and backgrounder is available [here](#).

Government announces Ontario Health board of directors

On March 8, Christine Elliott, Minister of Health and Long-Term Care, announced the Board of Directors for Ontario Health, the new agency established under the government’s proposed Bill 74, The People’s Health Care Act, 2019. The proposed legislation would, if passed, enable the

transfer of multiple existing provincial agencies into Ontario Health. (For the provincial agencies impacted, see above.) Information on the Board and current members is available [here](#).

Patient Declaration of Values for Ontario

Christine Elliott, Minister of Health and Long Term Care, and Julie Drury, Chair of the Minister's Patient and Family Advisory Council, have released the Patient Declaration of Values for Ontario. It provides guidelines for developing programs and services that support patients as being partners in their care across the health system. It is a summary of the principles and values that patients and caregivers say are important to them. The core elements are:

- Respect and dignity
- Empathy and compassion
- Accountability
- Transparency
- Equity and engagement

For more information, read the Ministry of Health [media release](#) and the full [Patient Declaration of Values for Ontario](#).

Federal government announces boost in research funding

On March 13 at Western University, Kirsty Duncan, Minister of Science and Sport, announced a boost in funding for the Canada Foundation for Innovation (CFI) of \$763 million over the next five years and \$462 million per year starting in 2023-2024. This investment provides the CFI with long-term, stable funding, one of the key recommendations from the Fundamental Science Review completed last year by an expert panel. This investment will allow the CFI to continue to support researchers by investing in state-of-the-art labs and research equipment in universities, colleges and research hospitals.

The Minister also announced more than \$39 million for state-of-the-art research labs and equipment through the John R. Evans Leaders Fund (JELF). This investment will support 251 researchers leading 186 projects at 43 universities across Canada. JELF aims to help universities attract and retain top talent from around the globe by providing researchers with the highly specialized infrastructure they require to be leaders in their field.

As part of the JELF funding, Western University is receiving more than \$1 million in support of five projects, ranging from health to climate science.

Ontario government announces centralized procurement system

On March 18, the Ontario government announced the centralization of public sector procurement, with projected savings of \$1 billion annually.

According to Ontario's Treasury Board Secretariat, a modern centralized procurement system will drive significant cost savings through the streamlining of purchasing processes across vendors and the consolidation of contracts for health care products, from pacemakers to bandages, to computer and information technology hardware across the Ontario Public Service and broader public sector. This new system will apply to Ontario ministries, provincial agencies, as well as broader public sector organizations such as hospitals and schools.

As well, the province has created a new Lean and Continuous Improvements Office that will modernize how services are delivered, increasing productivity, and basing individual and

business supports on what citizens want. It is also removing multiple, redundant, and unused voice services across government to reduce waste, saving up to \$8 million annually.

In the coming weeks, the government will engage leaders in the procurement industry, Ontario Public Service and the broader public sector on centralizing the province's procurement. The vendor community will also be engaged. The full media release is available [here](#).

Public access to clinical information on drugs and medical devices

On March 20, Health Canada will publish [final regulations](#) that allow for the public release of clinical information on drugs and medical devices. Clinical information is the data that companies provide when requesting authorization of these products and includes study reports and clinical trial results.

Clinical information will be made available to Canadians through Health Canada's new [Clinical Information Portal](#) as of March 13, 2019. At launch, the portal will include clinical information on a small number of products, provided by volunteer companies in advance of the final regulations. Once the regulations are in force, Health Canada will post clinical information from drug submissions as the review of each submission is completed. Proactive disclosure for medical devices will start in 2021 to coincide with steps being taken by the European Union to increase the transparency of clinical information for medical devices and reduce the burden on stakeholders by aligning approaches.

Health Canada will also make information about drugs and medical devices already on the market available upon request, and will add this information to the portal.

Environmental Scan

Many young women diagnosed with locally advanced cervical cancer despite screening

Since the implementation of regular screening, death from cervical cancer has decreased by 75 per cent. However, many young women are diagnosed with locally advanced cervical cancer (LACC) despite compliance with screening. A study conducted by researchers at Lawson Health Research Institute explored why this is occurring and found a number of misconceptions surrounding cervical cancer screening and diagnosis.

Researchers reviewed the health records of women under age 50 who were treated for LACC between September 2010 and December 2012 at London Health Sciences Centre (LHSC) and underwent a Papanicolaou (Pap) smear within two years of diagnosis. Thirty-four per cent of these women had a normal Pap test within this time period.

As part of the study, women participated in interviews and several important themes emerged. Dr. David D'Souza, lead researcher and radiation oncologist at LHSC, says the findings suggest that the signs and symptoms of cervical cancer are not always recognized and there's a clear need to educate physicians on the presentation and diagnosis of cervical cancer. In particular, there is a commonly held belief that those who have regular Pap smears, which are recommended every three years for women with normal test results, do not develop cervical cancer.

"A Pap test is a screening tool, not a diagnostic test for invasive cancer, and should not be relied upon to rule out disease," cautions Dr. Jacob McGee, gynecologic oncologist at LHSC.

“Pelvic exam with direct visualization and assessment of the cervix should be an initial step in the evaluation of women who are symptomatic.”

[Lawson Health Research Institute, February 27, 2019](#)

Region’s opioid drug deaths decline

A reduction in local opioid drug-related deaths marks a beachhead in the ongoing war against the deadly crisis in the region, say London’s public health officials.

On February 27, 2019, public health officials announced that, while opioid drug deaths spiked early in 2018, they dropped steadily through the rest of the year. This reduction coincided with several programs, including arming police with anti-overdose medication and opening a temporary overdose prevention site aimed at stemming drug deaths. The region is now below the provincial rate of opioid drug-related deaths.

“These results far exceed the expectations,” said Dr. Chris Mackie, medical officer of health at the Middlesex-London Health Unit. “The war against drug deaths is a complicated and long-term battle, but at least at this stage on the battle, we have won.”

Broken down by three-month segments, the number of opioid drug-related deaths for London and Middlesex County in 2018 peaked at 22 from January to March 2018. It then fell to 12 and then to eight in the next two quarters. Figures for the last quarter of 2018 are not yet available.

The 22 deaths from January to March 2018 marked the highest number of fatalities ever for a three-month period in the region. The reduction during July-September 2018 coincided with a period of the year that usually sees a spike in drug use.

“What this means is that we are now seeing a separation between the opioid drug crisis and the death rates, and all accounts indicate that the harm reduction work that is being implemented in our community is playing a major role in separating those two,” said Dr. Mackie.

[London Free Press, March 1, 2019](#)

What exactly is Ontario doing to its health care system?

Ontario's health care system is about to become a giant construction zone as the province blasts away bureaucratic walls to create a single super agency that will run the entire \$60-billion health delivery system.

When the dust settles all of the province's hospitals, community health services, mental health agencies, cancer treatment centres, organ donation programs, home care and end-of-life care will be under the command of one CEO and a board of directors who will be responsible for almost half of Ontario's entire budget.

How will the new system actually work? [This article](#) looks at the unanswered questions and concerns over the looming changes, which seem to be growing.

[CBC News, March 2, 2019](#)

New study aims to understand team-based care for chronic disease management

Chronic diseases are complex and patients often need support from an integrated team of health care professionals who work in different settings. Dr. Shannon Sibbald, associate

scientist at Lawson Health Research Institute, is leading a study to better understand integrated health care teams for chronic disease management and factors that help successful implementation.

In this study, Dr. Sibbald's team will engage health care providers and patients to gain a rich understanding of successful integrated approaches to chronic disease management, specifically for chronic obstructive pulmonary disease. The team will also work to better understand how patients with chronic diseases view such models, and what their hopes and expectations are for their care.

The team will look at high performing integrated care teams that support current best practices at a family health team in London. They hope to gain insight into what works well and what does not in dynamic contexts, and gain a better understanding of implementation facilitators and barriers. The ultimate goal is to build knowledge that will support implementation and sustainability of high-performing integrated health teams across our health system.

[Lawson Health Research Institute, March 4, 2019](#)

A cure or a curse? Catholic hospitals weigh pros and cons of Ontario legislation

Despite warnings that an overhaul of health care in Ontario could sideline Catholic values and governance, organizations that represent Catholic hospitals, nursing homes, hospices and health services are optimistic they can be players in a more centralized health system.

“The legislation still protects religious values,” said Ron Noble, president and CEO of the Catholic Health Association of Ontario (CHAO).

Noble looks forward to Catholic hospitals and other agencies spearheading integration proposals under a new law that would create a single central agency called Ontario Health to oversee \$60-billion-plus in annual health expenditures. The legislation would also dissolve the 14 Local Health Integration Networks set up by the Liberals in 2007 and create 30 to 50 “Ontario Health Teams.”

“This will be an opportunity for Catholic health to take leadership, maybe at the team level,” said Noble. “There may be opportunities for our members to be able to provide a specific scope of services as a Health Team to either a specific population or a specific geographic population or patient care population – particularly in the areas of serving the marginalized and vulnerable in mental health, palliative care, rehabilitation and complex continuing care.”

But health system watchdog Ontario Health Coalition is not so trusting. The legislation gives the super agency and the Minister of Health the power supersede organizations’ own mandates and missions and trumps the powers of their boards of directors, said Ontario Health Coalition executive director Natalie Mehra.

“We are extremely concerned about its impact on equity and on the small, the altruistic, the local health services, since the whole drive of the legislation is to amalgamate, centralize and create bigger and bigger amalgams of health service providers, regardless of unique needs, charitable or altruistic mission and history, and regardless of democracy.”

Noble said CHAO will monitor the risks and mitigate them. “Chain of mission is always first and foremost. At the end of the day, we’re feeling that this could be an opportunity.”

[The Catholic Register, March 8, 2019](#)

More Canadians leaving country for health care

A policy brief titled [Flight of the Sick](#) released by a Calgary-based think tank says 217,500 Canadians left the country for health care in 2017, according to Statistics Canada. If those travelling with the patients are included in the count, the total rises to 369,700 people.

Statistics Canada estimates that Canadians spent \$690 million on health care abroad in 2017, up from \$447 million in 2013. That works out to \$1.9 million per day on health care trips to other countries in 2017, up from \$1.2 million per day in 2013. (Statistics Canada was not able to provide a breakdown between medically necessary and cosmetic spending/travel.)

Of those Canadians seeking health care elsewhere in 2017, the report says the majority were from Ontario.

[SecondStreet.org March 11, 2019](#)

World Health Organization launches new strategy to fight 'inevitable' flu pandemic

On March 11, 2019, the World Health Organization (WHO) launched a strategy to protect people worldwide over the next decade against the threat of influenza, warning that new pandemics are "inevitable".

Describing influenza epidemics as one of the world's greatest public health challenges, WHO's new strategy for 2019 through 2030 aims to prevent seasonal influenza, control the virus' spread from animals to humans and prepare for the next pandemic. The new strategy calls for every country to strengthen routine health programs and to develop tailor-made influenza programs that strengthen disease surveillance, response, prevention, control, and preparedness.

WHO recommends annual flu vaccines as the most effective way to prevent the spread of the disease, especially for health care workers and people at higher risk of influenza complications.

It also called for the development of more effective and more accessible vaccines and antiviral treatments and said it would expand partnerships to increase research, innovation and availability of new and improved vaccines and other tools to fight influenza.

[CTV News, March 11, 2019](#)

Why does breast cancer recur? New study finds clues

For breast cancer survivors, the risk of tumours returning casts a long shadow, with recurrence possible up to two decades after a diagnosis. But new research could help identify and treat those most in danger.

Doctors have traditionally relied on factors such as the size and grade of a tumour at diagnosis, lymph node involvement and a patient's age to determine their risk of relapse. But the rate at which breast cancer recurs, and why it does so, remains poorly understood.

In a bid to change that, researchers turned to data from more than 3,000 breast cancer patients diagnosed in the United Kingdom and Canada between 1977 and 2005. Nearly 2,000 of the cases included molecular data about the cancers that provided the researchers with detailed information about the tumours. The data was used to develop a computer model that identified four sub-groups with "exceedingly high risk of late distant relapse," said senior author Christina

Curtis, assistant professor of medicine and genetics at Stanford University. These are the patients that remain in jeopardy of experiencing a relapse after their initial diagnosis.

The study found that about 25 per cent of women with the most commonly diagnosed form of breast cancer have a 42-55 per cent risk of seeing their cancer return within two decades.

"These are the women who seem to be cured but then present with systemic disease many years later," Curtis said. "Until now, there has been no good way to identify this subset of women who might benefit from ongoing screening or treatment."

The study also opens up potential new avenues for additional treatment of breast cancer patients by identifying gene alterations in each of the four at-risk sub-groups.

[CTV News, March 14, 2019](#)

Ontario to axe management-level health jobs in restructuring

As his message shifted from no job losses under his government to no frontline job losses, Premier Doug Ford said management-level jobs will be lost in the planned merger of 20 provincial health agencies into a new organization called Ontario Health.

"You know who's going to lose their jobs, unfortunately, are the people in the LHINs – the CEOs that are making hundreds of thousands of dollars, the big silos they have there, the big executives, presidents and vice-presidents making outrageous amounts of money," Ford said. "We're going to take that money and put it to the front lines."

During last year's election campaign, Ford often promised that under his government not a single job would be lost as he looks for ways to trim a multi-billion-dollar deficit. But in recent weeks his government and ministers have amended that promise, adding the phrase "frontline."

[London Free Press, March 14, 2019](#)

Questions raised as new health super agency board meets in secret

The newly appointed board of directors of the Ontario Health super agency held its inaugural meeting on March 11, 2019, with no advance notice or invitation to the public, raising questions about transparency.

Meantime, more than 200 board members of 20 smaller agencies that are being swallowed up by Ontario Health were abruptly and quietly sacked last week, leaving some with hard feelings. Those agencies include 14 local health integration networks (LHINs) and Cancer Care Ontario, which always held open board meetings and posted agendas and minutes online.

It was "largely an orientation meeting" and was not open to the public, said a statement from the ministry's communications branch.

"Ontario Health board meetings are not required to be open to the public but the board recognizes the need to engage Ontarians in continually improving their health care system. The board will be required to establish mechanisms for public engagement to ensure openness and transparency," read the statement.

Members of the 20 smaller boards learned their appointments had been terminated on March 8, 2019, shortly after the news release naming the new super agency board was issued. These

individuals, typically community leaders, served on boards in a voluntary capacity. A former LHIN board member said they were blindsided by the move, adding some have been volunteering on the boards for years and felt disrespected.

[Toronto Star, March 13, 2019](#)

National concussion guidelines announced for high performance sport in Canada

Canada's high performance sport community has announced [national sport-related concussion guidelines](#) designed to protect its national and next generation athletes.

The comprehensive and standardized sport-related concussion guidelines, developed by chief medical experts at the Canadian Olympic and Paralympic Sport Institute Network, Own the Podium, the Canadian Olympic Committee and the Canadian Paralympic Committee, reflect a collaborative commitment to lead national policy development and provide world-leading health care provision for high performance athletes, coaches, staff and official across Canada's support system.

The guidelines will be recognized prior to and at Olympic and Paralympic Games and at Pan American and Parapan American Games periods effective immediately.

[Canadian Sport Institute Ontario, March 18, 2019](#)

St. Joseph's in the News

[Concerns growing over increase in type 2 diabetes](#), CTV London, February 22, 2019

[Could the measles virus reach London? It's possible, but risk is very low](#), CBC News, March 7, 2019

[London hospitals to help design future of medical imaging](#), CTV London, March 12, 2019

[New CT scanners coming to London](#), CBC London, March 12, 2019

[Three-way London deal boosts medical imaging in hospitals, lab, corporation](#), London Free Press, March 12, 2019

[Federal funding boost 'dream come true' for researchers](#), London Free Press, March 13, 2019

[Probiotics: Reiterating What They Are and What They Are Not](#), Frontiers in Microbiology, March 12, 2019

[London getting CT scanners through new Canon partnership](#), Blackurn News, March, 12, 2019

[For the love of Kate I ride](#), fortheloveofkateride.ca

[Man cycling across eastern Canada to raise suicide prevention awareness](#), CTV London, March 17, 2019