

To: St. Joseph's Board of Directors  
From: Dr. Gillian Kernaghan, President and CEO  
Date: April 24, 2019



My work continues with the Premier's Council on Improving Healthcare and Ending Hallway Medicine, requiring significant time investment. I am serving on one of the sub-committees as well as two working groups to assist with the next report. With the passing on April 18 of Bill 74, The People's Health Care Act, 2019, this is a time of substantial change and uncertainty in the Ontario health care system. The Ministry of Health and Long-Term Care has released the guidelines for an Ontario Health Team, which includes a readiness self-assessment. We are reviewing these documents and the opportunities they present.

The South West LHIN Board has been sunsetted and the LHIN leadership will report to the new Ontario Health agency. The LHIN continues to have accountability for home care services and we have been working with the LHIN to understand the care needs in the region for complex adults.

On March 26, I took part in the Catholic Health Association of Ontario Queen's Park Awareness Day. With the looming health care reforms, this awareness day was timely and important in helping government decision-makers understand the critical role Catholic institutions can play in strengthening Ontario's health care system, ending hallway health care, and delivering patient-centred integrated care across our province. During the day, Catholic health care leaders met with the Minister of Health and Long-Term Care, NDP health critic, Minister of Infrastructure, Senior Policy Advisor to the Office of the Premier, and key MPPs. These advocacy meetings were an opportunity to highlight local initiatives and programs that reflect the government's goal of integrated care.

And finally, I had the pleasure of attending three volunteer recognition lunches during the week of April 15. We have more than 900 volunteers who give the gift of time to St. Joseph's and the people we serve. The lunch events were a wonderful opportunity to say thank you. Read more in this report.

## REACHING OUT

### Zero Suicide initiative expands

St. Joseph's Zero Suicide initiative has expanded with phase 1 rolled out to the Operational Stress Injury (OSI) Clinic at Parkwood Institute Main Building on March 25, 2019. In the first phase, hard copies of the screening tools are being used for all new patients with a graduated roll out to existing patients. Implementation at St. Joseph's OSI Clinic in Toronto is anticipated in the spring when electronic tools will be available.

Information is being provided to OSI clients so they understand the importance of these types of clinical conversations around suicide.

Zero Suicide, which is being implemented in St. Joseph's mental health programs, is a system-wide quality improvement initiative that sets a bold goal of reducing suicides and attempted suicides by wrapping care around the individual so that fewer people fall through gaps in their care journey. It 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.

The Zero Suicide initiative aligns well with the national suicide prevention strategy developed jointly by the Department of National Defense and Veterans Affairs Canada. St. Joseph's OSI Clinic is one of the first national clinics to operationalize a suicide prevention strategy.

St. Joseph's will continue to share information nationally about implementation of this important initiative for our veterans and currently serving members of the Canadian Forces and Royal Canadian Mounted Police.

### **Volunteers ease tax season for patients**

During March and April 2019, Volunteer Services hosted income tax clinics at Parkwood Institute Mental Health Care Building, Southwest Centre for Forensic Mental Health Care and Assertive Community Treatment (ACT) team offices. Four volunteers – all chartered professional accountants – met individually with a total of more than 70 patients and ACT clients. Through Volunteer Services, patients/clients wanting to take advantage of the no-cost services could book an appointment with a volunteer during the onsite tax clinics.

## **CONNECTING CARE**

### **Recovery made smart**

A new app developed collaboratively with Information Technology Services, the Acquired Brain Injury Rehabilitation Program and patients, and made possible through a generous donation to St. Joseph's Health Care Foundation, will ease the recovery journey for patients with mild brain injury. The MyBrainPacer app is a 'smart' tool to help patients plan and pace their activity with points, much like diet programs use points to track food.

MyBrainPacer is targeted for release in June 2019 during Brain Injury Awareness month. A soft launch of the app is slated for late April so that it can be reviewed by patients, staff and other health care professionals.

Additional work underway includes the trademark process, creative design, and a marketing and communications plan to promote the app through media, a microsite, trade publications, and affiliated agencies. Short advertisement-like videos are also being created for use on social media and online marketing.

### **Streamlining care to promote independence**

Community Support Services is a group of 19 community organizations in the London area that have partnered to create a centralized group through the support of the South West LHIN. This partnership has begun to create a community-based centralized intake process for access to services within these partnering organizations. Cheshire London is the lead organization for this

work. The goal is to provide a central hub for community-based requests. Using an assessment tool and looking at the interests of the client and/or family, a centralized intake service will provide referrals to all organizations to which the client/family has consented.

This streamlined approach provides improved access through awareness and a reduction in system duplication for the client and family. For example, they don't need to tell their story to multiple organizations and can follow up with centralized access for new services as needs arise without completing a new initial assessment.

St. Joseph's Specialized Geriatric Services (SGS) – outpatient programs – is participating as an early adopter of the new Community Support Services centralized intake service. Given that SGS outpatients use many of the Community Support Services, and SGS's Third Age Outreach Program is one of the partnering community organizations, it was agreed that SGS would be the first external group (hospital ambulatory services) to use this service. As a pilot, initiation of a central intake for SGS outpatients requiring community supports began in March 2019.

## INNOVATING TOGETHER

### **Lifestyle changes during pregnancy may improve outcomes for obese women, babies**

In a new analysis from a multi-centre randomized clinical trial, researchers found that counselling obese expectant mothers on both healthy eating and physical activity during pregnancy reduced the risk of neonatal adiposity – a term to describe an increased amount of fat. Babies with neonatal adiposity are more likely to be obese in childhood, which increases their risk of developing type 2 diabetes.

The DALI Lifestyle Study included expectant mothers classified as obese from nine European countries and a total of 334 babies. The expectant mothers were randomized to receive lifestyle counselling on physical activity, healthy eating or a combination of the two during pregnancy, and were compared to a control group of women who received no counselling. The study found that mothers who receive combined counselling on healthy eating and physical activity gain less weight during pregnancy, increase their physical activity, improve their eating habits and reduce their time spent sitting. Most importantly, their babies have less fat at birth when compared to babies from women who did not receive lifestyle advice. In particular, less time spent sitting was associated with improved outcomes.

Dr. David Hill, Scientific Director of Lawson Health Research Institute, is a collaborator on this study, which is the first to show that a lifestyle change during a mother's pregnancy can influence the amount of fat present in a baby at birth.

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

### **Post-concussion expertise on the world stage**

St. Joseph's expertise in post-concussion rehabilitation was in the international spotlight at the World Congress on Brain Injury held March 13-16 in Toronto. Hosted by the International Brain Injury Association, the congress is the largest gathering of international professionals working in the field of brain injury (traumatic and acquired, including stroke).

Penny Welch-West, a speech language pathologist at Parkwood Institute Main Building, presented a poster entitled “Evaluating a Post-Concussion Return to School Group Program for Secondary and Post-Secondary Students in Southwestern Ontario.”

The Return to School Group Program, which was developed by Penny and her colleagues, teaches students attending school or those planning to return to school in the near future (secondary or post-secondary education) to manage their concussion and mild brain injury symptoms. Specific strategies are taught in a seven-week, hands-on group format designed to simulate a classroom setting. The goal is to give students, whose lives have been interrupted by a mild brain injury, the skills to successfully return to school.

Through her innovative work, Penny has been invited to assist with the development of position papers in Canada as well as the United States on the role of speech language pathology in concussion care and to further research in peer support for students post-concussion. She is also currently exploring collaboration with a Swedish research group, which has translated an attention test used by St. Joseph’s Return to School program and is interested in pooling data sets.

## LEVERAGING TECHNOLOGY

### **Clinical documentation set to transform care**

With approval from the boards of St. Joseph’s and London Health Sciences Centre (LHSC), phase 1 of the clinical documentation initiative (OneChart) will move forward later this year and into 2020-2021. This work, which is important for both staff and patients from a patient safety, quality and overall patient experience perspective, will transform how care is provided to patients and advance the electronic health record capabilities across St. Joseph’s, LHSC and the regional hospitals.

With OneChart, care teams and the hospitals will be able to:

- Capture and share key elements of patient history, tests, exams, investigations, and more
- Capture concise, rich notes that are used to develop diagnosis and treatment plans
- Provide insight to share decision-making, team collaboration and care process management
- Standardize and improve quality of care and safety for our patients
- Integrate a select number of critical patient equipment devices with OneChart
- Improve communication throughout the continuum of care through a single source of truth
- Enhance patient and family engagement through the sharing of patient records
- Optimize functionality to support patient portals, population health tools and advanced analytics

Over the next few months, the project team will map out project timelines and plan for kick-off dates in late September/early October 2019.

### **Standardizing triage care**

The Canadian Triage and Acuity Scale (CTAS) helps to define how long a patient can safely wait to see an emergency department physician. It was designed to ensure that the sickest patients are seen first, but studies have shown variation in how the guidelines are interpreted

and applied. In 2015, the Ontario Ministry of Health and Long-Term Care announced that Cancer Care Ontario would develop and implement an electronic solution to improve patient safety and quality of care by standardizing how the guidelines are applied. Through an established electronic triage decision support tool, the goal is to ensure that patients receive consistent, high-quality triage care no matter where they are seen.

The Electronic Canadian Triage and Acuity Scale (eCTAS) went live on March 26, 2019, at St. Joseph's Urgent Care Centre and all regional hospital emergency departments. In addition to standardizing triage care, every emergency department and the Urgent Care Centre can now be benchmarked against other sites across Canada.

### **Improving patient safety and work flow in the operating room**

Medical consumables are non-durable supplies that cannot withstand repeated use and are usually disposable. They include syringes, needles, sutures, staples, tubing, catheters, medical gloves, gowns, masks, adhesives and sealants for wound dressing, antiseptics, skin preparations, and a host of other items.

Clinical Product Information Optimization (CPIO) provides an interface between electronic patient records and supply chain systems, allowing for the scanning and documenting of most consumable supplies used in the operating rooms.

On March 26, 2019, CPIO went live at St. Joseph's. Using CPIO, consumables are scanned in the operating room in real time and the information is captured in the patient chart. Documentation in the electronic patient record of these items is expected to improve patient safety by reducing data entry errors, reduce time spent on rush supplies to the operating room and decrease product waste from items being opened and then not used.

With the success of the CPIO launch, expanded use of bar codes with the technology is envisioned to further improve the flow of supplies to the operating room and ensure clinical teams have what they need at the right time, in the right place, and in the right amount.

As data becomes available from CPIO, there will also be opportunities to standardize product use to enhance patient safety and improve the ability to calculate case costs.

## **EMPOWERING PEOPLE**

### **Building capacity in long-term care**

The South West Behaviour Support Ontario (BSO) Operational Team at Parkwood Institute held four separate BSO collaborative days across the South West region, including Huron-Perth, London-Middlesex, Grey-Bruce, and Oxford-Elgin.

Historically, the event was held centrally in London and participation was limited to long-term care BSO team members and directors of care. Last year, about 200 participants attended.

This year's event, which was open to a broader audience and held in four locations, attracted more than 400 providers. In attendance at the March 2019 sessions were BSO and non-BSO long-term care staff, Western Counties Wing veterans care staff, long-term care administrators, nurses from inpatient units, as well as executive directors, educators, frontline staff and BSO-

funded social workers from Alzheimer's societies. The goal in expanding participation was to support capacity development.

The South West BSO Long-Term Care Collaboration Day is the annual education event for long-term care staff. The purpose of the day is to provide practical hands on training/clinical skills development, education, a forum for networking, identify best practices, and acknowledge and recognize frontline staff.

## **OUR FINANCES**

There is nothing to report at this time as we await our funding letter for 2019-2020 from the Ministry of Health and Long-term Care, which is expected imminently.

## **UNCOMPROMISING QUALITY AND SAFETY**

### **Accreditation 2019- an update**

Preparations are ongoing for Accreditation 2019 and leadership is working diligently to ensure staff across the organization continue to be engaged and prepped over the next several months for the Accreditation Canada on-site visit scheduled for September 30 to October 3, 2019. An important focus is on the 'Patient Safety Plan', falls prevention and injury reduction.

There are multiple Accreditation Canada required organizational practices (ROPs) that focus on patient and staff safety. The Patient Safety Plan provides targeted strategies to ensure safety of services is a primary obligation. The plan will include a range of topics and approaches, such as educating and mentoring staff, the role of leadership in promoting and monitoring patient safety, implementing organization-wide patient safety initiatives, accessing evidence and best practices, and recognizing staff members for innovations to improve patient safety. The 2019 version of the Patient Safety Plan will be completed by June 2019 with targeted staff education and engagement taking place during July and August 2019.

As part of patient safety, the Falls Prevention and Injury Reduction ROP focuses on patients admitted to hospital who are at greater risk of falling and injuring themselves. Reducing injuries from falls can increase quality of life, prevent loss of mobility and pain for the patient, and reduce length of stay and costs.

To effectively reduce falls within our organization, robust education, universal falls prevention strategies and continuous evaluation have become core pillars in keeping patients and staff safe across St. Joseph's. Updated signage, informed by patient and family councils, is currently being rolled out across outpatient areas. As well, reliable and validated falls risks screening tools, aligned with patient population needs, will be implemented as part of the electronic health record on May 15, 2019.

### **New standards for medication compounding**

The Ontario College of Pharmacists (OCP), which regulates pharmacies and pharmacy professionals, recently adopted the National Association of Pharmacy Regulatory Authorities' standards for sterile compounding in Ontario. These standards apply to all pharmacies, hospitals and drug preparation premises that undertake sterile compounding.

A compounded sterile preparation is a sterile drug product prepared using aseptic technique. It includes a commercially available product that has undergone manipulation prior to administration. Injections, respiratory therapy solutions, ophthalmic drops and ointments, and irrigation solutions for wounds are just some of many compounded sterile preparations used routinely in health care.

There are certain risks involved in the preparation of sterile compounds that require comprehensive standards to ensure quality and safety. The development of national compounding standards aims to reduce the risk of compounding incidents, such as the under-dosing of chemotherapy medications identified in 2013 that affected patients at multiple hospitals.

Many pharmacies and hospitals are required to undergo significant changes to processes and infrastructure to meet the new requirements. At St. Joseph's, changes may be required in all care areas, both inpatient and outpatient, that prepare and/or administer sterile preparations to patients and residents.

Pharmacy Services at St. Joseph's is currently working toward full compliance with the new compounding standards. Some changes have already been implemented in certain clinical areas. Broader changes will begin to roll out during the summer months.

## **PARTNERSHIPS WITH PATIENTS, RESIDENTS, FAMILY CAREGIVERS**

### **Planning the future state of health care for frail seniors**

The South West Frail Senior Strategy (SWFSS) team is hosting three drop-in style events in London Middlesex for older adults, caregivers and health care professionals. The purpose of the drop in sessions is for individuals to have their say in planning the future state of health care for older adults in London Middlesex.

The first two events were held on April 15 at Parkwood Institute Main Building, and April 17 at Four Counties Health Services in Newbury. The third event will take place on May 3, 2019 at Horton Street Seniors Centre in London.

St. Joseph's is the lead organization for the SWFSS. The goal of the SWFSS team is to better understand sub-regional needs, priorities and opportunities, and co-design the future state of health care for frail seniors in each sub-region.

### **Patients and residents help refresh menu**

March is a routinely a busy month for Food and Nutrition Services (FNS) as staff prepare for the menu refresh, which takes place in June at Parkwood Institute and the Southwest Centre for Forensic Mental Health Care. (The menu refresh for Mount Hope Centre for Long Term Care takes place in September.) Patients and residents are helping with the menu planning process. During the month of March 2019, FNS requested feedback on 26 specific menu selections and was pleased to receive more than 1,700 responses from patients and residents. These responses will help to shape menu revisions.

Patients and residents also have an opportunity to provide feedback on food all year long through various mechanisms and avenues.

## ADVOCACY AND COLLABORATIONS

### **Veterans tap into technology**

With the help of London Sea Cadets, veterans at Parkwood Institute are exploring the world of technology and its possibilities. TECH talk is an intergenerational program in partnership with the Sea Cadets, who work one-on-one with the veterans using iPads. The veterans are learning how to use the technology for entertainment, email, gaining access to information, and more. Six to eight veterans regularly take part in the program.

Recently, the Sea Cadets used the iPads to create a scavenger hunt for the veterans. Using Google Map's Street View, the veterans, with assistance, visited a list of locations to locate a particular item at each spot. Through this activity, the veterans learned they could travel anywhere in the world, zoom in and look at specific details. After the scavenger hunt, some veterans were inspired to view places they grew up or previously lived. The activity opens the door to other virtual travels that are meaningful to veterans, allowing them to reminisce and the Sea Cadets to learn more about this older generation.

In the coming weeks, the veterans will venture outside to capture signs of spring by learning how to use the iPads for photography.

### **A world first in genome testing**

A licensing and distribution partnership agreement with Greenwood Genetics Centre in South Carolina has been signed for the provision of EpiSign, a world-first launch of clinical whole-genome methylation testing developed by Pathology and Laboratory Medicine (PaLM).

EpiSign technology provides advanced genetic diagnostic capabilities for patients with developmental delay/intellectual disability – an area within which about 75 per cent of patients remain with no conclusive diagnosis. In addition to providing PaLM with a revenue stream to support local provision, the growth in volumes allows for further innovation and enhancement of the test.

### **Sharing information technology skills and expertise**

Effective April 1, 2019, St. Joseph's and London Health Sciences Centre have entered into a new partnership with South Huron Hospital Association (SHHA) in Exeter to share information technology infrastructure and support services. This is an exciting initiative that allows Information Technology Services (ITS) to use and share the skills and expertise of ITS staff across the region in a cost effective and efficient manner that will support SHHA staff and ultimately patient care in South Huron. This initiative has been under development for the last year and ITS is pleased to see it come to fruition.

### **A scientific mentor**

On April 10, as part of London Tech Week 2019, TechAlliance of Southwestern Ontario hosted its annual [Munchies with Mentors program](#). This event gives entrepreneurs, "futurpreneurs" and those considering a career in technology the opportunity to meet and have open discussions with local industry experts from a variety of industries. This year's roster included Dr. David Hill, Scientific Director of Lawson Health Research Institute.

London Tech Week, held April 8-12, aims at raising awareness of London's world-class technology companies and resources with various events organized by TechAlliance and other community partners.

### **Emergency preparedness - working together**

In March 2019, Emergency Management at St. Joseph's collaborated with multiple departments at both Parkwood Institute Mental Health Care Building and Main Building, as well as with city partners, in preparation for the Juno Awards/St. Patrick's Day weekend. A plan was designed to provide support to London Health Sciences Centre (LHSC) in the event of a Code Orange (external disaster) incident. Preparations were made to accept mental health patients from LHSC to Parkwood Institute Mental Health Care Building. In addition, preparations were made at Parkwood Institute Main Building to provide overflow space for stable inpatients from LHSC.

The Code Orange plan designed for that weekend was not needed but will now be a baseline for future preparations or during an actual Code Orange incident.

## **RECOGNITIONS AND CELEBRATIONS**

### **Thank you to our volunteers**

St. Joseph's could not carry out its values of respect, excellence and compassion without the help of dedicated volunteers across our organization. Nearly 1,000 volunteers play an integral role in the care experience of each patient, resident and visitor from the moment they walk through the door. This past year, St. Joseph's volunteers contributed more than 90,000 hours of volunteer service across all sites.

Volunteering is reflected in many ways – from one-to-one visits and aiding patients and visitors with hospital information and wayfinding, to providing spiritual care support, working in the library or helping out with special events. During National Volunteer Week April 7-13, St. Joseph's acknowledged the incredible efforts of volunteers in all roles at all our sites.

### **Lawson Impact Awards**

Several researchers based at St. Joseph's were among the recipients of this year's Lawson Impact Awards. Presented on April 11, the awards, with competition in seven categories, recognize excellence in academics, leadership, training, operations, industry and innovation.

- Psychiatrist Dr. Don Richardson, a renowned researcher in the area of military and veteran health, is the recipient of the Lawson Innovation Award, which recognizes outstanding scientists for research that has resulted in advances in health care either through commercialization or adoption of new clinical practice. Dr. Richardson is the Physician Lead with St. Joseph's Operational Stress Injury (OSI) Clinic, and Scientific Director of the MacDonald Franklin OSI Research Centre at the Parkwood Institute.
- Laura Craven, a PhD candidate working with Jeremy Burton (Lawson Human Microbiome and Probiotics) and Dr. Michael Silverman (Infectious Diseases) at St. Joseph's Hospital, received the Leadership Award for Fellows & Students.
- Lawrence Yi, a PhD candidate working with Jeffrey Carson (Lawson Imaging) at St. Joseph's Hospital, received the Leadership Award for Fellows & Students
- Saagar Walia, Research Coordinator and Manager for the Research 2 Practice Team led by Dalton Wolfe at Parkwood Institute, received the Staff Award of Excellence.

In addition, 3M Canada, which was nominated by St. Joseph's Health Care Foundation, received the Community Partner of the Year Award, and GE Healthcare Canada, nominated for imaging partnerships that involved St. Joseph's, received the Industry Partner of the Year Award. A full list of this year's recipients and a description of each award is available on [Lawson's website](#).

### **A most distinguished professor**

Gregor Reid is among Western University's latest recipients of the Distinguished University Professorship Awards, joining a select group of faculty members recognized for exceptional scholarly careers.

The Distinguished University Professorship Award acknowledges sustained excellence in scholarship over a substantial career at Western. The award includes a citation, the right to use the title, an opportunity for a public lecture and a \$10,000 prize to be used for scholarly activity at any time.

Gregor, a Lawson Health Research Institute scientist and Director of Lawson's Canadian Centre for Human Microbiome and Probiotics Research located at St. Joseph's Hospital, is recognized as a Canadian and international pioneer in the areas of probiotics, beneficial microbes, and the microbiome. He has more than 500 publications to his name with more than 30,000 citations and a Google Scholar H-index of 93 – which places him in the top one per cent of researchers worldwide in microbiology and the microbiome.

[Read more about Gregor Reid's achievements on Western's website.](#)

### **Creativity and innovation in workplace quality**

The Quality Assurance and Education (QAE) team at Lawson Health Research Institute was named as one of five finalists – and the only Canadian team – for the second annual Innovation in Workplace Development Award presented by the Association of Clinical Research Professionals (ACRP).

This award recognizes organizational commitment to innovation in clinical research workforce development. Recipients are organizations that exemplify the spirit of creativity and innovation through adaptation, improvement or development of new processes or tools that result in improvement in workforce development quality.

Lawson's QAE team was recognized as a finalist for the creation of a standard operating procedures e-learning module, developed in collaboration with Organizational Development and Learning Services at St. Joseph's. The finalists presented their initiatives at the ACRP's annual conference April 12-15, in Nashville, Tennessee.

## **OTHER**

### **2019 Ontario Budget released**

On April 11, 2019, Minister of Finance Vic Fedeli released the 2019 Ontario Budget, [Protecting What Matters Most](#). The budget provides an apparent increase of \$384 million (approximately 2.0 per cent overall) for hospitals. Other key announcements include \$17 billion over the next 10 years to build and renovate hospital sites, amendments to the Public Sector Labour Relations

Act, 1997, and further investments in the home and community care sector. Details and funding letters are expected in the coming weeks.

The province announced it would return to fiscal balance in five years. As well, the deficit has been reduced by \$3.3 billion to an estimated \$11.7 billion, with a projection to reduce this number by an additional one billion dollars in the 2019-2020 fiscal year to \$10.3 billion. The government's media release is available [here](#).

Among the budget's impacts on health care are:

- **Health and Long-Term Care total expenses (page 299)**  
Total expenses for the Ministry of Health and Long-Term Care will be 2.2 per cent for 2019-2020, 1.7 per cent for 2020-2021 and 1.1 per cent for 2021-2022.
- **Hospital investment (page 113)**  
The government will invest an additional \$384 million (approximately 2.0 per cent) in the hospital sector as part of its efforts to end hallway health care. These investments will be focused on maintaining critical hospital capacity, increasing access to highly specialized and innovative treatments, and supporting volume growth.
- **Capital investments (pages 115-116)**  
The province will provide approximately \$17 billion in capital grants over the next 10 years to modernize and increase capacity at hospitals and address urgent issues. The government is committed to working with hospitals to implement approximately 60 major hospital projects currently under construction or in various stages of planning.
- **Collective bargaining oversight (page 51)**  
The recently announced Public Sector Compensation Growth Consultations will inform next steps to "manage growth in compensation costs". Moving forward, the government also stated it will continue to explore opportunities to expand collective bargaining "oversight" in key areas of the provincial public sector.
- **Health care workforce productivity (page 276)**  
The government will undertake initiatives related to health care workforce productivity aiming to realize approximately \$250 million in savings by 2021-2022. Initiatives cited include improved scheduling and attendance management, and reducing the number of overtime and premium rates paid.
- **Public sector leadership performance (executive compensation) (page 40)**  
The government is moving forward with a new framework where pay-for-performance may only be provided to those leaders who achieve outcomes established by the province. Compensation adjustments would be controlled, and only executives who deliver on government-established priorities would be eligible for an increase. To achieve this, the government is proposing amendments to the Broader Public Sector Executive Compensation Act, 2014, and is consulting with employers to set these sector-specific priorities that all leaders must work towards.
- **Investments in mental Health and addictions (page 122)**  
The government will invest \$174 million in 2019-2020 to support community mental health and addictions services, mental health justice services, supportive housing, and

acute mental health inpatient beds. Services will also target priority populations, such as Indigenous peoples and Francophones.

- **Home and community care investment (page 113)**

An additional \$267 million will be provided to the home and community care sector for additional supports and services. This will include increases to frontline care delivery such as personal support services, nursing, therapy, and other professional services at home and in the community. Increases will also provide community supports for people such as meals and transportation, as well as assisted living services in supportive housing.

- **Long-term care investment (page 117)**

The government continues to be committed to the creation of 15,000 new long-term care beds over the next five years. The government is also committed to upgrading an additional 15,000 older long-term care beds to modern design standards.

- **Expanding the scope of practice for health professions (page 121)**

The government will expand the scope of practice for certain regulated health professionals such as pharmacists, nurse practitioners, dental specialists and optometrists.

- **Dental care for low-income seniors (page 125)**

The government plans to introduce a new dental program for low-income Ontario seniors with an annual investment of approximately \$90 million when fully implemented. By late summer 2019, single seniors age 65 and older with incomes of \$19,300 or less (or senior couples with combined incomes of less than \$32,300) and without existing dental benefits, will be able to receive dental services. The program will be expanded in the winter by investing in new dental services in underserved areas.

### **Federal government releases 2019 budget**

On March 21, 2019, Canada's Finance Minister Bill Morneau released the federal government's final [budget](#) of its mandate prior to this fall's federal election. A number of investments in health care were announced including:

- A commitment to move forward with implementing national pharmacare through the creation of the Canadian Drug Agency
- Plans to provide the Public Health Agency of Canada with \$50 million over five years, starting in 2019-2020, to support the implementation of Canada's first National Dementia Strategy, which is expected to be publicly released this spring
- \$25 million over five years, starting in 2019–2020, to support a pan-Canadian suicide prevention service
- \$30.5 million over five years to combat the opioid crisis, with support for targeted measures to address persistent gaps in harm reduction and treatment

The budget also includes investments in Indigenous Canadians with the largest new funding envelopes going to Indigenous communities to improve health, social services, and infrastructure.

### **Western University withdraws from London Medical Network**

Western University has communicated to the London Medical Network (LMN) the university's intention to withdraw from the network.

Western says “the continued confusion regarding the nature of the university's participation in LMN detracts from existing projects, as well as the development of future partnerships with the private sector, that can directly support medical innovation and benefit the local economy. As such we are withdrawing from LMN but will continue to support medical innovation through other means.”

[The full statement is available here.](#)

### **Chief Medical Officer of Health releases annual report**

The Chief Medical Officer of Health of Ontario released its 2017 annual report, called [Connected Communities: Healthier Together](#), which focuses on three key recommendations to better connect communities:

- Invest in the community
- Enable the community
- Be community-centred and community-driven

### **Surgical teams address the opioids challenge**

The [Ontario Surgical Quality Improvement Network](#) brings together 47 surgical teams from all hospitals and specialties across the province. From April 1, 2019 to March 31, 2020, these hospitals will work to cut the number of opioids they prescribe by at least 30 per cent. They are working to '[Cut the Count](#)' – a campaign to reduce the number of opioid pills prescribed to surgical patients at discharge while helping patients manage their pain effectively in other ways. The goal is fewer opioids in the public domain that could potentially be used inappropriately or lead to addiction.

This campaign complements the launch in February 2019 at St. Joseph's, London Health Sciences and the regional hospitals of changes that promote better prescribing practices by hospital doctors and limit the number of opioid pills in circulation. As previously reported, 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 is now 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.

### **Government releases Ontario Health Teams guidance for providers**

On April 3, the Ministry of Health and Long-Term Care released [resources and key dates](#) for providers regarding Ontario Health Teams (OHTs), including “Ontario Health Teams: Guidance for Health Care Providers and Organizations.” This document sets out the process involved in becoming an OHT. It includes:

- the components of the model
- the expectations for OHTs at maturity

- readiness criteria to become an OHT
- the assessment process to enable all Ontario health providers to improve readiness

The government recognizes it will take a number of years for OHTs to be fully operational across the province. The first wave will be identified in the fall of 2019.

The government's media release is available [here](#).

### **Public reporting on patient experiences**

On April 17, the Canadian Institute for Health Information (CIHI) released [Patient Experience in Canadian Hospitals](#), which offers a first look at results from the Canadian Patient Experiences Survey on Inpatient Care from five participating provinces. The report sheds light on how patients felt about communication during their stay, including with and between care providers, about medications and when leaving hospital.

## **Environmental Scan**

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### **Scrap medical network in wake of Western University pullout, say critics**

The London Medical Network, slashed in size and scale with Western University's withdrawal, is now too small to impact health care research in a meaningful way, said a leading tech sector executive.

Western announced it is withdrawing from the network, meaning there is just more than \$7 million of city hall funding remaining. So it is time to scrap the model and rethink funding health care research and commercialization in London, said Gerald Slemko, vice-president Trudell Medical, a medical devices business.

"Western breached their agreement. The city put money in and Western did not. There is not much opportunity now to do anything in medical research. It is not big enough to create momentum or opportunity," Slemko said of the network budget. "I don't see an economically viable program with \$7 million...At this point it makes the most sense to wind it up and rethink the whole medical research model in London.

In addition, Robarts Research Institute has given \$3 million back to the London Medical Network because the contribution did not meet criteria established by the city for what the money could be spent on, said Slemko.

The network, under then director Paul Paolatto, also gave \$900,000 to TechAlliance — where Paolatto served on the board of directors — for a program that did not meet the criteria of funding research, said Slemko.

Paolatto successfully pitched the network to city hall in 2014, pledging it would be a \$50-million fund with \$10 million from London, \$20 million from Western and \$20 million from FedDev Ontario, a federal government agency. But five years later, FedDev has not funded the network and Western has not ponied up all its money.

Councillor Maureen Cassidy will make a [motion at city council](#) that the London Medical Network return the \$10 million in city cash.

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

### **Health Minister says highly-paid employees affected by overhaul could be retained**

On March 14, 2019, Premier Doug Ford confirmed that some highly-paid employees would lose their jobs in the government's health care overhaul, but Christine Elliott, Minister of Health and Long Term Care, has since offered an olive branch to such employees, saying they could potentially be re-hired in different capacities when new Ontario Health Teams are formed.

"It's premature to say that all of those people will be gone," she said. "Those specific jobs will be gone, but it doesn't mean the people will be. A lot of the people that are currently part of the LIHNs are doing fantastic work and may well continue."

Elliott added that it will be up to the local Ontario Health Teams to decide how they want to constitute themselves.

[iheartRADIO, March 22, 2019](#)

### **Ontario's opioid overdose death rate shows increase**

New numbers from Public Health Ontario show that 629 people in Ontario died from opioid-related causes from January to June of 2018 – a jump of approximately 15 per cent from the same time period in 2017, when 549 people died from opioid-related causes.

Data is also now available for the first nine months of 2018 for hospitalizations and emergency department visits. There were 6,688 opioid-related emergency department visits in the province, up from 5,909 during the same time frame last year, and 1,544 hospitalizations, which is down from 1,623 from the same time frame last year.

On March 29, 2019, Health Minister Christine Elliott [approved](#) applications for 15 “consumption treatment sites” that will be established with \$31 million in annual funding under a new overdose prevention site model planned by the government. Existing overdose prevention sites could apply to continue to operate under the new model. Among those approved was London's overdose prevention site currently located at the Regional HIV/AIDS Connection at 186 King St.

[CBC News, March 25, 2019](#)

### **Violence 'part of the job' for long-term care workers, study finds**

Workers in long-term care homes are reporting unprecedented levels of assault and harassment, contributing to a turnover rate that is leaving the industry at risk of a staffing crisis, a new study says.

“We heard very disturbing stories about the almost daily occurrence of physical violence, verbal abuse, sexual and racial harassment and even sexual assault that is so pervasive that it's become normalized – as if it's part of the job,” said study author Jim Brophy.

The study was conducted by Canadian researchers affiliated with the U.K.-based University of Stirling and published March 26, 2019 in the journal *New Solutions*. Co-sponsored by the Ontario Council of Hospital Unions and Canadian Union of Public Employees, the study was based on interviews with 56 mainly frontline workers at long-term care facilities in Ontario. All but three of them reported experiencing violence from residents. Most said they faced it on a daily basis.

[CTV News, March 26, 2019](#)

### **Health advocates fundraise to build a home for medically assisted deaths**

Two years since medical assistance in dying (MAID) became law in Canada, advocates said significant barriers remain to allowing people to die in the kind of surroundings they want. Now, a group of health care professionals have launched a fundraising campaign to help purchase a piece of property in the Toronto area to offer patients wanting an assisted death a home-like setting for their final days.

"Family doctors, who are MAID providers, are struggling at times to find a suitable location to perform a MAID procedure," said Tom Foreman, a health care ethicist in the Toronto area. The home isn't always ideal because families of patients may be uncomfortable with the death happening there. At the same time, some health care facilities don't allow the procedure, either for cultural or religious reasons, and hospitals can be noisy and busy.

"We know doctors and families have rented hotel rooms for the procedure," he said.

[MAIDHouse](#) will be a space where patients wanting an assisted death would spend their last hours together with family and friends. Foreman said MAIDHouse won't be a health care facility but rather an access and resource centre where physicians struggling to find an appropriate place to perform MAID can come with their patient.

The home, he adds, would take pressure off the acute care system, be more patient focused, and help ease overcrowded hospitals. According to recent statistics from the Canadian government, about 40 per cent of all assisted deaths occurred in hospitals. He envisions a franchise, not just in Toronto, but across the country.

[CBC News, March 27, 2019](#)

### **Diabetes in pregnancy tied to future heart disease risk**

Women with pregnancy-related diabetes are at higher risk for developing cardiovascular disease in the decade after childbirth, a research review suggests.

While gestational diabetes has long been linked to an increased risk of heart disease later in life, some previous research suggests this risk may depend on whether the condition evolves into type 2 diabetes that persists after delivery.

Researchers examined data from nine previous studies with nearly 5.4 million mothers. They found that women who had gestational diabetes had a 2.3-fold greater risk of events like heart attacks and strokes within the first decade after giving birth compared to those who did not have gestational diabetes. This increased risk is not dependent upon type 2 diabetes, say the researchers. Even when they looked only at women who didn't have type 2 diabetes after pregnancy, they still found gestational diabetes associated with a 56 per cent higher risk of serious cardiac events.

Women who develop gestational diabetes may need regular heart health checkups even while they're still relatively young, the study authors conclude.

[CBC News, March 27, 2019](#)

### **Research leads to new molecular diagnostic tool**

A new sophisticated computational model, developed by scientists at Lawson Health Research Institute, has led to an innovative method of diagnosing rare hereditary conditions.

Genome-wide testing of DNA methylation, a mechanism of the epigenome, has been shown to facilitate the diagnosis of previously unsolved cases of neurodevelopmental or congenital abnormalities. The epigenome is any process that can change the expression of a gene without changing the gene sequence.

The latest in a series of research publications around the theme of epigenomic testing applied the new pattern recognition model to DNA samples of 965 patients with neurodevelopmental and congenital anomalies that did not have a definitive diagnosis despite extensive clinical genetic testing. Their DNA, acquired through blood samples, was examined using the new model, and dozens of new cases were resolved.

Current testing of patients who present with neurodevelopmental and congenital anomalies leaves a number of cases undiagnosed or unexplained. While there may be limited treatment options associated with many of these conditions, providing a specific diagnosis can help physicians better predict the course of the disease, allowing for better planning and support for the patient.

From this research, London Health Sciences Centre will be the first site in the world to offer this type of genetic testing.

[Lawson Health Research Institute, March 28, 2019](#)

### **Ontario public sector salaries released**

The release of public sector salaries shows the total number of employees disclosed under the Public Sector Salary Disclosure Act continued to grow in 2018, increasing by 19,131 employees, or 14.5 per cent. A large portion of the increase is attributable to the Broader Public Sector, which specifically saw an increase of 17,792 employees disclosed, or 15.4 per cent in 2018.

In addition, the data shows that the number of employees earning more than \$100,000 at the agencies that make up Ontario Health has grown from 138 in 2003 to 1,469 in 2018, a 964.5 per cent increase.

Between 2003 and 2018, average salaries of all employees in the public sector, including those making less than \$100,000, increased by 48.1 per cent. By 2017, the average private sector worker earned \$16,049 less than the average Ontario public sector employee. This income disparity has steadily grown since 2003.

[Ontario Treasury Board Secretariat, March 28, 2019](#)

### **Cancer patients treated for mental health conditions have greater risk of dying**

Cancer patients who've been hospitalized for mental health problems before their cancer diagnosis face a higher risk of dying from the malignancy, say researchers in Canada and the United States.

The researchers, based at the University of Toronto and the Institute for Clinical Evaluative Sciences, said the findings highlight why people at risk need to be flagged and offered help, such as psycho-oncology services.

Dr. Zachary Klaassen, assistant professor and urologic oncologist at the Georgia Cancer Center, and his team pulled together health records of more than 675,000 adult cancer patients in Ontario. By cross-referencing the records, they were able to see the bigger picture of how cancer survival related to use of psychiatric services in the five years leading up to the cancer diagnosis.

The patients in the study had been diagnosed with one of 10 common solid organ cancers (prostate, breast, colorectal, melanoma, lung, bladder, endometrial, thyroid, kidney and oral) from 1997 to 2014. By comparing the use of mental health services of these patients to control patients who did not have a mental health issue, Klaassen found the risk of premature death from cancer worsened as the level of psychiatric help people sought increased. In general, the risk of death from cancer was 1.73 times higher among people who were admitted to hospital for psychiatric care compared with those who didn't have psychiatric care.

[CBC News, March 28, 2019](#)

### **Doug Ford's health care bill provokes avalanche of public response**

Ontarians swamped Queen's Park with requests to speak about the Ford government's sweeping proposals to revamp the health system. Although the Progressive Conservatives allowed just a one-day window to sign up, more than 1,400 people asked to make oral submissions to a public hearing on April 1-2, 2019.

The legislature's standing committee on social policy is reviewing The People's Health Care Act. Even the most controversial bills typically draw no more than a few hundred requests to present at a public hearing, according to veteran MPPs. Of the 1,400 people who signed up, only 30 people will get to make oral submissions.

[CBC News, March 30, 2019](#)

### **New questionnaire for veterans makes it harder to receive care, say critics**

A key psychological questionnaire for veterans about post-traumatic stress disorder (PTSD) was quietly rewritten late last year by Veterans Affairs Canada – a move experts say will make it harder for suffering veterans to qualify for disability benefits.

The form, which is filled out by doctors treating veterans with PTSD was revised in December 2018. The changes came as a shock to many psychologists and advocates who help former soldiers, sailors and aircrew with mental illnesses navigate the complex benefits system.

The Liberal government's new pension-for-life option for veterans came into effect on April 1, 2019, but the net effect of the changes to the questionnaire could be that fewer people qualify for PTSD benefits, and for the lifetime pension offered to veterans suffering from PTSD.

Joel Fillion, director of mental health at Veterans Affairs Canada, said the questionnaire was stripped down to improve the efficiency of forms processing "while ensuring that our veterans are better cared for and that veterans in need get access to their treatments faster."

But Dr. Kris Rose, a clinical psychologist in Calgary, said the shorter form will end up thwarting efforts to get ex-soldiers the treatment they need. The rewritten psychological/psychiatric form essentially has been stripped of almost all specific questions related to PTSD symptoms, which could lead to longer waits for treatment as the department demands more information from people who are already fragile, he said.

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

### **CEO appointed for South Bruce Grey Health Centre**

South Bruce Grey Health Centre has appointed Michael Barrett as its new President and CEO.

Barrett joined the organization as interim CEO in August 2018 to provide leadership as the board recruited a replacement. He has now agreed to become the permanent President and CEO.

Barrett was the CEO of the South West Local Health Integration Network (LHIN) for 10 years, with responsibilities for more than 150 health service providers across the LHIN.

[South Bruce Grey Health Centre, April 2, 2019](#)

### **Federal carbon tax hurting hospitals, says Ontario government**

The Ford government claims the federal carbon tax is hurting public institutions like hospitals, universities and colleges. Minister of Health and Long-Term Care Christine Elliott said hospitals, collectively, will pay more than \$10.8 million this year, a figure that will rise to \$27.2 million in 2022-2023. These costs and others were detailed in a [media release](#) issued April 3, 2019 by the Ministry of the Environment, Conservation and Parks.

The federal government imposed the carbon tax on four provinces on April 1, 2019. Ontario, Manitoba, Saskatchewan and New Brunswick were warned they would face the tax if they did not implement an adequate climate change plan by the deadline.

Ontario and Saskatchewan are challenging the carbon tax in court saying it imposes too great a burden on their taxpayers.

[Blackburn News, April 3, 2019](#)

### **Ontario government considers capping public sector wage increases**

Ontario is taking aim at the wages of public sector workers as the Progressive Conservative government tries to balance the budget, including possibly imposing hard caps on pay increases.

Treasury Board President Peter Bethlenfalvy delivered a [pre-budget speech](#) April 4, 2019, framing the management of public finances as a "moral imperative." In order to help eliminate a \$13.5-billion deficit, he zeroed in on public sector compensation. About \$72 billion a year is spent on public sector compensation, he said.

Public sector employers and bargaining agents have been sent invitations to consultations with the government, including those representing teachers, professors, nurses, Crown attorneys, provincial police officers, power workers and thousands of other public-sector staff. The letter to public employers and bargaining agents asks them to consider several ideas.

"While no decisions have been yet made, the government is considering legislated caps on allowable compensation increases that can be negotiated in collective bargaining or imposed in binding arbitration," the letter says.

[CBC News, April 4, 2019](#)

### **Electroconvulsive therapy now available in St. Thomas**

St. Thomas Elgin General Hospital (STEGH) is now offering electroconvulsive therapy (ECT) treatment for those with severe depression and other severe mental health problems.

With ECT, which is done under general anesthesia and muscle relaxant, small electric currents are passed through the skull to trigger a brief seizure and change the chemistry in the brain.

Currently, residents of St. Thomas and Elgin County wait about two weeks for treatment in London. Offering ECT at STEGH will cut that wait to four days and also reduce travel time.

[Global News/980 CFPL, April 8, 2019](#)

### **3D ultrasound gives clearer picture to guide treatment for gynaecological cancer**

New technology developed at Western University is providing an improved way for radiation oncologists to deliver treatment to women with gynaecological cancers, including vaginal, cervical and uterine cancer.

By transforming a conventional ultrasound probe already found in most clinics, the technology can provide a 360-degree, three-dimensional view of surgical tools and surrounding tissue and organs. It provides a clearer and more accurate picture in the operating room for clinicians who need to precisely insert needles into the tumour for a procedure called interstitial brachytherapy, a type of targeted radiation therapy that uses intense energy to kill cancer cells in the tumour from the inside out.

The study's principal investigator, Aaron Fenster, a scientist at Robarts Research Institute, says this technology has potential to be practice-changing. The short term goal is to reduce complication rates by ensuring the needles don't go into the bladder or rectum. It's also hoped that correctly placing needles will provide an improved dose pattern distribution to the tumour and surrounding tissue, increasing the chances of eradicating the cancer.

[Western University, April 9, 2019](#)

### **Health care super agency to save \$350 million a year, says finance minister**

Ontario's new super agency to oversee the province's massive health care system will save taxpayers \$350 million a year when it's fully up and running in four years, Finance Minister Vic Fedeli boasts in his spring budget. It's the first time the government has specified how much the move will save for the province's biggest-spending ministry.

The super agency, called Health Ontario, is consolidating six agencies – including Cancer Care Ontario – and 14 local health integration networks to trim the separate bureaucracies and duplicate administration costs.

[Toronto Star, April 11, 2019](#)

### **Ontario consolidating public health units into 10 regional entities**

The Ontario government is consolidating local health units and cutting their budgets. A drop from 35 to 10 local health units and a \$200-million reduction in funding over the next two years were announced on April 11, 2019 in the Progressive Conservative budget. The \$200-million cut equals an across-the-province reduction of 27 per cent, from \$743 million.

"That will put real pressure on administrative costs but also frontline services," said Dr. Chris Mackie, medical officer of health for the Middlesex-London Health Unit,

It's not clear yet if specific programs will be targeted by the cuts or if the cuts will happen across the board. But Mackie said the consolidation of 35 health units to 10 could be beneficial for some programs.

"There are lots of exciting opportunities there. You will get larger scale organizations that can integrate and coordinate across regions."

[CBC News, April 12, 2019](#)

### **Ontario to give pharmacists ability to prescribe medication for common ailments**

Pharmacists in Ontario could be given new powers to assess patients and prescribe medication for a number of common ailments, including coughs, sore throats, pink eye and urinary tract infections.

Premier Doug Ford's budget, introduced April 11, 2019, included measures to expand the scope of practice for several health care providers. Instead of referring a patient to a physician, pharmacists would be given the ability to perform on-site assessments and prescribe medications, while also administering flu shots to children above the age of two.

The move is being hailed by the Ontario Pharmacists Association, which has been advocating for the change for over a decade.

Health Minister Christine Elliott says the government is hoping that by allowing pharmacists to use the full extent of their medical expertise they'll be able to divert patients away from overloaded emergency rooms and allow doctors to focus on patients with more complex needs.

The Ministry of Health and Long-term Care will be working with the College of Pharmacists to determine the appropriate list of minor ailments that can come under a pharmacist's jurisdiction.

[CTV News, April 17, 2019](#)

## **St. Joseph's in the News** ---

[Health tips for obese pregnant women benefit babies: London study](#), London Free Press, March 20, 2019

[Healthy lifestyle counselling helps obese women deliver healthier babies: local study](#), Global News/980 CFPL, March 21, 2019

[Change during pregnancy can help obese moms](#), CTV London, March 20, 2019

[Pregnant women advised to sit less](#), Blackburn News, March 20, 2019

[Artificial Intelligence could help improve psychosis treatments](#), CTV London, March 21, 2019

[Artificial intelligence could improve psychosis treatment](#), Blackburn News, March 21, 2019

[Sisters of St. Joseph Awards of Excellence](#), Congregation of the Sisters of St. Joseph, March 19, 2019

[Western withdrawing from London Medical Network](#), CTV London, March 21, 2019

[Western University pulls out of research group, so can London get its money back?](#), London Free Press, March 21, 2019

[Major Western University grant to test AI to sort psychosis treatment data](#), London Free Press, March 24, 2019

[Head of Ontario Power Generation tops province's annual Sunshine List](#), CTV London, March 27, 2019

[Zero Suicide initiative, newsmaker with Dr. Sandra Northcott](#), CTV London, March 29, 2019

[Zero Suicide initiative, interview with Dr. Sandra Northcott](#), London Free Press, March 29, 2019

[London researchers probe public heat warning efficacy](#), London Free Press, April 2, 2019

[Federal carbon tax hurting hospitals, says Ford government](#), Blackburn News, April 3, 2019

[Ontario NDP Leader Andrea Horwath hosts health care town hall in London](#), Global News/980 CFPL, April 4, 2019

[Western professor investigates alternative treatment for bipolar disorder](#), The Gazette, April 5, 2019

[London suicide prevention initiative earns national honour](#), London Free Press, April 7, 2019

[Indwell launching new supportive housing programs in London](#), Indwell, April 11, 2010

[50 Shades of Pink fundraiser](#), CTV London, April, 11, 2019 (first segment starts at 9:40, second segment starts at 20:52)

[Spring 2019 Dream Lottery launches with showcase of Ironwood Road home](#), Global News/980 CFPL, April 18, 2019

[Dream Lottery back with luxury homes, cash](#), Blackburn News, April 18, 2019

[Patients tell painful personal stories to health-care panel eyeing change](#), London Free Press, April 19, 2019