

To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: September 18, 2019

As always, September took off at full speed after the slightly slower pace of summer. Much work is ongoing related to the development of Ontario Health Teams across the province and for London-Middlesex.

I have spent significant time with our Ontario Health Team (OHT) partners in London-Middlesex to prepare for our full OHT submission due on October 9, 2019. A coordinating committee has been established with representatives from each sector to support this work.

On September 18, a second, larger partner session will be held to provide an update on the progress of establishing an OHT for London Middlesex and to discuss the implementation approach and roles and engagement of various stakeholders. A full briefing will be presented at the board meeting.

The Catholic Health Association of Ontario Board of Directors, of which I am Chair, facilitated a working session to develop a guidance document that will assist Catholic health care organizations with their participation in an OHT (with other Catholic entities and non-Catholic entities) in a manner that will preserve the mission accountability of our organizations. The session, held August 23, 2019, was led by Anne Corbett, a partner in the Toronto law firm Border Ladner Gervais, who is providing guidance to Ontario health care providers and organizations in developing governance options as they work toward OHT implementation.

As you may know, I have been Co-Chair of the Hospital/South West LHIN CEO Leadership Forum for the past several years. This group extended an invitation to CEOs in the Erie St. Clair LHIN and the first collaborative forum was held on September 13. Given patient flow in Southwestern Ontario, creating a unified forum will assist us in meeting the needs of the people of this region.

Also this month, as a member of the Decanal Selection Committee for the new Dean of Schulich School of Medicine and Dentistry, I will be participating in the first-round interviews on September 21-22.

And finally, I'm delighted to welcome Dr. Bill Sischek to his new role as Integrated Vice-President, Medical and Academic Affairs, for London Health Sciences Centre and St. Joseph's. Dr. Sischek is a tremendous asset to our Senior Leadership Team and I look forward to working with him in this new capacity going forward.

REACHING OUT

Not your usual toolkit

On August 9, 2019, senior friendly communication toolkits were delivered across St. Joseph's to support care in our programs and clinics for older adults. Each toolkit contains: reading glasses; an LED magnifier; an audio-port device with ear covers; a dry erase whiteboard and marker; a pen and pencil with grips; alcohol swabs for cleaning; and sheets with pictograms and a pain scale. These practical items can be offered by frontline staff to older patients or caregivers who seem to be struggling with vision, hearing, communicating or speaking. A quick teaching guide offers examples of how and when staff can engage with patients or caregivers who may need help.

This initiative follows the distribution of sample toolkits in the spring, which received rave reviews from St. Joseph's leaders, who then requested the kits for their clinic, program or patient areas. More than 165 kits have been distributed to all St. Joseph's sites a part of the Senior Friendly Care strategy.

Sowing the seeds of recovery

The Healthy Garden Initiative is collaboration between the therapeutic recreation specialist (TRS) and the registered dietitian on the Stroke Rehabilitation Program's inpatient unit at Parkwood Institute Main Building. The garden is a means to provide rehab therapy in an outdoor setting, complementing other therapies and promoting health and wellness. With the assistance of the TRS, patients walk or are portered down to the garden located on the grounds of Parkwood Institute to work on their endurance, gait, balance and route finding. Patients improve fine motor skills by planting seeds/plants, cultivating, weeding, watering and harvesting the garden. They also learn about the nutritional properties of the vegetables being grown and how to prepare healthy recipes using the garden's harvest. The goal is to provide patients with skills and knowledge they can bring home when discharged.

In July and August, 2019, patients from the stroke unit participated in smoothie and baking groups using fresh ingredients from the garden. The occupational therapists have also been using the fresh vegetables to help patients can practice their cutting, chopping, shredding, peeling and dicing skills.

As vegetables become readily available, the program will see patients making homemade salsa, zucchini and carrot muffins, fresh salads and other nutritious recipes.

The ABCs of a safe school year for parents of children with food allergies

Starting school is a major life step for youngsters as well as their parents. But when a child has a food allergy, that happy milestone can also be fraught with fear and anxiety. From EpiPens and classroom cleaning protocols to bake sales and bullying – the perils for pupils with allergies is a learning curve for parents whose youngster is heading off to school for the first time.

In plenty of time for the start of school, allergist Dr. Samira Jeimy with St. Joseph's Allergy and Immunology Program, provided parents of children with food allergies important advice to prepare for the school year. A top 10 practical checklist was created and posted on the St. Joseph's website, which also generated media stories. Dr. Jeimy's tips can be found on [St. Joseph's website](#).

A virtuous venture

Breanne Carr, a therapeutic recreation specialist with the Stroke Rehabilitation Program at Parkwood Institute Main Building, has turned a personal fundraiser into a popular and meaningful therapeutic activity for patients. The benefits are far-reaching – to patients, heart and stroke research and St. Joseph's Health Care Foundation.

For the past year, Breanne has offered essential oil bracelet workshops to staff, donating \$3.00 from the sale of each bracelet to her team's Big Bike Ride, a Heart & Stroke fundraising event. When one patient took an interest in designing and making these bracelets Breanne turned the bracelet-making into a therapeutic intervention. She has been working one-on-one with patients who use their creativity to design and make unique bracelets now being sold in the Parkwood Institute Main Building General Store.

In creating the bracelets, the patients are working on fine motor skills, sequencing/patterning, creativity/design and visual/spatial skills. At the same time, patients love that they are contributing to important causes, and people are enjoying their beautiful creations.

The bracelets are sold for \$20.00 each in the General Store with \$3.00 going to Heart & Stroke, \$8.00 to the foundation, and the remainder to cover the cost of materials.

Fresh air fun

A new program at Mount Hope Centre for Long Term Care is offering recreational mobility to residents on a uniquely engineered cycle pedaled by therapeutic recreation staff. Called [Cycling Without Age](#), the program is bringing much joy and a sense of freedom to residents, providing them with an opportunity to enjoy the outdoors, city parks and neighbourhoods,

The program is a grassroots movement founded in Denmark that is now available in more than 30 countries. It's geared to individuals who have experienced a loss of mobility and independence, which can lead to isolation and loneliness. Since launching in spring 2019, the program has rapidly become a favourite among Mount Hope residents. Time slots are filled quickly – and include those who normally keep to themselves.

Mount Hope's Cycling Without Age program is made possible through the generosity of donors to St. Joseph's Health Care Foundation, which contributed to the cycle purchase.

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

CONNECTING CARE

Collaborating to improve rehabilitation

The road to recovery following a spinal cord injury (SCI) or acquired brain injury (ABI) can be long and challenging. Every patient has a unique condition, with an equally unique set of rehabilitation needs. Optimizing treatment for the individual is the goal of Lawson Health Research Institute's Research 2 Practice (R2P) program located at Parkwood Institute.

The R2P team, led by Lawson scientist Dalton Wolfe, is guided by the overarching philosophy of health learning systems through clinical and research integration. Embedded Implementation Science Research is part of a fulsome knowledge translation approach used by this team. It involves interdisciplinary collaboration among researchers, clinicians, administrators and persons with lived experiences. The team operationalizes new and existing clinical processes and assesses outcomes to inform improvements to practice.

Parkwood Rehabilitation Innovations in Mobility Enhancement (PRIME) aims to create evidence-based treatment protocols by investigating what combinations of physical or occupational therapies are best for what type of patient. Physio and occupational therapies are integral parts of the rehab process for persons with ABI and SCI, and there are many possible therapeutic activities a practitioner might prescribe.

R2P researchers work alongside clinicians to carefully track therapeutic activities and patient progress. Through collaborations with computer scientists and engineers, the R2P team hopes to identify which of these activities might be linked with the best physiotherapy practices, with the ultimate goal of providing the best possible clinical recommendations.

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

INNOVATING TOGETHER

Could microorganisms in poop help treat the deadliest form of skin cancer?

A multidisciplinary team at Lawson Health Research Institute is exploring whether fecal transplants can improve outcomes in melanoma patients treated with immunotherapy.

Immunotherapy drugs stimulate a person's immune system to attack and destroy cancer. While they can significantly improve survival outcomes in those with melanoma, they are only effective in 40 to 50 per cent of patients. Preliminary research has suggested that the human microbiome – the diverse collection of microbes in our body – may play a role in whether or not a patient responds. According to Dr. Jeremy Burton, a Lawson scientist based at St. Joseph's Hospital who specializes in human microbiome research, the gut microbiome helps establish immunity from an early age so it makes sense that a healthy gut could improve response to immunotherapy. This led his team to consider the potential of fecal transplants.

Fecal transplants involve collecting stool from a healthy donor, preparing it in a lab and transplanting it to the patient. The goal is to transplant the donor's microbiome so that healthy bacteria will colonize in the patient's gut.

In a phase I clinical trial, the research team is the first in Canada to study the use of fecal transplants to alter a cancer patient's microbiome and improve their response to immunotherapy drugs. Research participants will be 20 melanoma patients recruited from the London Regional Cancer Program (LRCP) at London Health Sciences Centre. They will undergo a fecal transplant at St. Joseph's Hospital, followed by immunotherapy at LRCP. The transplant will consist of taking a number of specially-prepared oral capsules. Patients will be assessed over time for any changes to their cancer, microbiome, immune system and overall health.

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

An online approach to care

With an aging population, neurological conditions like stroke, brain injury and multiple sclerosis are on the rise in Canada. Those living with neurological conditions face many long-term challenges that can affect both their physical and cognitive functioning. They are also at an increased risk for mental health challenges such as depression and anxiety. Yet many of these individuals often go untreated, particularly those living in remote areas who may not have access to specialized services or where stigma may be a concern.

To address this issue, Lawson Health Research Institute scientist Dr. Swati Mehta and a collaborative research team are developing an internet-delivered cognitive behavioural therapy (ICBT) program. With cognitive behavioural therapy (CBT), patients learn strategies and skills to self-manage mental health symptoms. It's one of the most widely used therapies for the treatment of depression and anxiety.

A panel of researchers, persons with lived experience of neurological conditions and community organizations are working collaboratively to develop an accessible ICBT program that meets the needs of persons with neurological conditions and mild cognitive impairment who are also experiencing symptoms of depression or anxiety. The Neuro Course will be piloted with a small group of research participants, including patients from Parkwood Institute.

The free online course consists of six easy-to-understand CBT lessons and will take approximately 10 weeks to complete. In addition, participants will be encouraged to work through various activities during the week. Participants will also receive regular support from a designated online guide. Guides will be health educators who are certified providers or graduate students working under the supervision of certified providers. All guides will have training in psychology or social work.

The goal of the program is to overcome barriers to face-to-face therapy by providing an effective online alternative. Read more on [Lawson's website](#).

Improving mental health care for veterans

Psychiatrist Dr. Don Richardson with St. Joseph's Operational Stress Injury (OSI) Clinic, has accepted an invitation to sit on the Mental Health Treatment Review Committee (MHTRC) of Veterans Affairs Canada (VAC) as the OSI researcher representative. This committee was created in an effort to improve mental health care outcomes for veterans in an effective, equitable, safe and financially responsible manner. The work of the MHTRC will be to advise and make evidence-informed recommendations to the VAC Director General, Service Delivery and Program Management, and the VAC Director General, Health Professionals, regarding mental health treatments, interventions, service provider qualifications, as well as all initiatives, programs, benefits and services aimed to support the mental health and well-being of VAC clients.

LEVERAGING TECHNOLOGY

Preparing for One Chart - electronic enhancements

As previously reported, clinical documentation (OneChart) will transform how care is provided to patients and advance the electronic health record capabilities across St. Joseph's, London Health Sciences Centre 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

Phase one of the OneChart project is scheduled to kick off on October 7, 2019. While the London and regional hospitals and staff have been waiting for this very important patient and safety quality initiative to move forward, significant work has been completed aligned with and supporting the vision of OneChart. The following electronic enhancements have been implemented over the last year and are focused on improving safety, reducing risk and improving the overall quality of care we provide to our patients and residents:

- **Screening tools (falls prevention; Columbia Suicide Severity Rate Scale; skin and wound care; nutrition):** The implementation of online screening tools gives us the ability to audit compliance electronically. There are also significant patient safety benefits: tools can be seen by the entire care team, they are front facing and not in the chart; screening information is available to everyone who enters the electronic health record; and it provides the ability to see the patient's full picture electronically.
- **Care Compass:** Care Compass is a summary workflow view that assists with the planning and prioritization of patient care. Care Compass also provides visual indicators that allow for more intuitive navigation of the electronic chart and display additional information than what is currently included in the electronic health record.
- **Vital Signs/Intake and Output:** Electronically documenting the patient's fluid intake and output provides real time information and time savings as the system auto calculates fluid totals. Intravenous infusions from the Medication Administration Record are also automatically transferred into the Intake and Output flow sheet. The implementation of online documentation of vital signs, meanwhile, prepares us for future deployment of tools such as the sepsis screening agent.
- **Clinical Leader Organizer:** Clinical Leader Organizer is a nursing tool for clinical leaders. With this functionality nursing leaders can see the acuity, risk indicators and outstanding patient tasks for all patients on their floor. Leaders or charge nurses can use this to assign staff and proactively check patient/task/order issues.
- **Nursing Handoff/Transfer of Care:** By documenting care transitions electronically, the hand off tool can be used by all members of the multidisciplinary team when patients are transferred between units or services. Information is shared at care transitions in a defined and standardized manner in real time and can be viewed by multiple clinicians.

Empowering patients through PocketHealth

As previously reported, St. Joseph's Diagnostic Imaging Centre is partnering with [PocketHealth](#) to provide patients with easy access to and control over their medical imaging. Patients who choose to enroll with PocketHealth have their images stored permanently and readily accessible at any time, from any device, in full diagnostic quality. There is a \$5.00 fee paid to PocketHealth to have all their images at St. Joseph's stored with PocketHealth, as well as any additional exams over the subsequent two weeks after enrolling. Patients are notified of new images, which can be added to their account. After the initial two-week period, there is a \$5.00 fee to store new images. Strong privacy and encryption protocols keep the medical information secure.

Through PocketHealth, patients can also provide others, such as physicians in the community, with access to their images through fax, a secure email, or a link. The service also enables provider-to-provider sharing, which is also in control of the patient.

Since the service launched at St. Joseph's in June 2019, a total of 6,182 diagnostic images have been transferred to 424 patients who have enrolled with PocketHealth to date.

EMPOWERING PEOPLE

Personal support worker student placements

In September, Mount Hope Centre for Long Term Care hosted personal support worker (PSW) student placements for the first time in several years. The eight students are from Westervelt College, one of the province's larger career colleges. In January 2020, Mount Hope will also be hosting PSW students from Fanshawe College. It is hoped that through developing relationships with the colleges and their students Mount Hope will have the first opportunity to recruit these students once they have graduated from their programs.

Senior friendly care training

Continuing in the fall, classroom-based Senior Friendly Care Awareness Training is being offered to both clinical and support staff in all areas of the organization. Providing interactive learning and simulated exercises, this 1½ hour workshop allows participants to step into the life of older adults and experience what it's like for them to navigate the health care system. The goal is to provide participants with a better understanding of the lived experience and needs of older adults in the health care system and community.

This learning opportunity is supported by the Senior Friendly Care initiative, which seeks to build and enhance a senior-friendly culture across our organization.

Congratulations to Dr. William Sischek

Dr. William Sischek has been appointed as the new Integrated Vice-President, Medical and Academic Affairs, for London Health Sciences Centre (LHSC) and St. Joseph's. Dr. Sischek has been actively involved in the clinical academic life of the two London hospitals and Western University for more than 30 years. He is a Canadian Certified Physician Executive and has served as a committed physician leader, including the teaching and mentoring of many new physicians. As the recipient of both a LHSC and St. Joseph's Medical Advisory Committee Award for his outstanding contributions, Bill is an experienced, inclusive and visionary leader.

In this role, Dr. Siskchek will continue to provide inspiration, direction and support to citywide professional staff including residents/fellows and administrative staff across both hospitals. He will work collaboratively with the chairs of the Medical Advisory Committees and the LHSC Chief Medical Officer to facilitate the work across both hospitals and help build a regional integrated system of care. As Dr. Sischek is currently fulfilling the role in the interim these past few weeks, his permanency in the role begins September 30, 2019.

OUR FINANCES

There is nothing new to report at this time

UNCOMPROMISING QUALITY AND SAFETY

Accreditation 2019 – an update

With the onsite visit by Accreditation Canada surveyors scheduled for September 30 to October 3, 2019, preparations are nearing the finish line. The following is an update on this work:

- **Accreditation forums:** Staff, physicians, leaders and volunteers were invited to attend open forums held at each site September 9-12 to learn more about what to expect when the Accreditation Canada surveyors are here, what the surveyors will want to know, and to have questions answered. These interactive sessions were well attended and well received with a total of more than 430 individuals attending across all sites.

- **Going red:** St. Joseph's intranet homepage will be getting an eye-catching new look from September 16 to October 4. To keep accreditation top of mind for staff and physicians, the homepage will temporarily turn red. This visual cue will remind staff of the upcoming Accreditation Canada survey and lead them to important resources in preparation.

New tool supports workplace violence reporting

The most prevalent type of workplace violence at St. Joseph's involves behaviours by patients/residents toward staff. The importance of reporting these incidents is an ongoing focus across the organization as they can be an early indicator of the need to augment care plans with measures to better meet the needs of our patients and residents while improving safety for everyone.

As part of the Workplace Violence and Prevention Program at St. Joseph's, a new decision aid has been created to help staff members in their reporting of incidents of workplace violence. Staff can use this guidance tool to know when and what to report related to workplace violence toward staff and affiliates.

Hand hygiene audits in patients' hands

Working closely with Infection Prevention and Control, the Comprehensive Outpatient Rehabilitation Program (CORP) team at Parkwood Institute has launched a pilot for patient hand hygiene audits. Patients, by choice, can complete a survey/audit available in the CORP waiting room that asks them whether their health care provider completed hand hygiene. Patients are also encouraged to ask health care providers if they have completed hand hygiene if they did not observe it. As CORP primarily serves patients recovering from stroke, Infection Prevention and Control worked with CORP on making the surveys aphasia friendly.

PARTNERSHIPS WITH PATIENTS, RESIDENTS, FAMILY CAREGIVERS

Listening to what matters most

As part of St. Joseph's ongoing commitment to reducing the use of seclusion and restraint, peer-led patient debriefs are now being trialed after incidents of seclusion and restraint at Parkwood Institute Mental Health Care Building. The principle behind this process is the recognition that the patient's voice is an important part of understanding what contributed to a seclusion event and what might have done been differently to avoid it. Further, there is recognition that patients may not feel completely comfortable in debriefing with the same staff who might have been part of the incident.

Leading practices suggest peer support staff (individuals who provide care, who themselves have a lived experience of mental illness and who have formally trained in the role of 'peer support provider') should conduct the patient debrief. Parkwood Institute's mental health care program is fortunate to have a peer support provider, Craig Tilford, who is in his final stage of training with the Ontario Peer Development Initiative and completing his internship hours working with us to develop and pilot the model. After an incident of seclusion or restraint has occurred and the patient is more settled and able to leave seclusion/restraint, the patient's name (with his or her consent) is shared with Craig, who will meet with the individual and ask standardized questions to better capture the patient's experience and their suggestions for other ways the situation might have been handled.

Upon completion of the pilot in the fall, the mental health care leadership team will evaluate next steps and further roll out.

Feedback on food

In July 2019, Food and Nutrition Services (FNS) asked inpatients and residents for feedback on 23 different meal items. In total 1,062 responses were received with scores between 70-100 per cent likeability. It was interesting to see a pattern of likeability across sites. For example, the Southwest Centre for Forensic Mental Health Care score for 'kale slaw' was 31 per cent, yet at all other sites the scores ranged from 88 per cent to 100 per cent likeability.

The results are used in FNS' menu planning process. Items are not added to the menu without testing and gathering feedback from patients and residents. This is an ongoing process that is conducted throughout the year.

ADVOCACY AND COLLABORATIONS

Sharing our expertise

Citywide Pathology and Laboratory Medicine (PaLM) has entered into a laboratory medicine partnership agreement with Alexandra Hospital Ingersoll and Tillsonburg District Memorial Hospital, commencing October 1, 2019. This provides PaLM with additional resources to invest in quality and offset fixed costs, while providing the Alexandra and Tillsonburg hospitals with leadership and quality management expertise to sustain and improve their operations as well as quicker and more comprehensive diagnostic testing for their patients. This service model builds on two years of success with Middlesex Health Alliance.

Partnering to enhance Volunteer Services at St. Joseph's

To boost the profile of volunteer opportunities at St. Joseph's, enrich the volunteer experience, and enhance services provided by our volunteers, Volunteer Services has recently partnered with three community groups:

- By joining the Pillar Nonprofit Network, St. Joseph's is able to post volunteer opportunities on the Pillar website and provide an organizational profile to heighten the visibility of the core services of St. Joseph's and Volunteer Services. Since joining, a number of applications have been received to fill open volunteer positions at St. Joseph's.
- The coordinator of Volunteer Services has joined the Age Friendly London Network – Employment & Volunteerism working group. Governed by the City of London, this working group, comprised of representatives from various London agencies and older adult Londoners, improves access to information about employment and meaningful volunteer opportunities for older adults throughout the city. Actively participating in this group will expand opportunities to advertise volunteer positions at St. Joseph's and our network within the community.
- Volunteer Services is partnering with the Alzheimer Society London Middlesex to offer 'Dementia Friendliness' certificate training to all St. Joseph's volunteers (currently totaling 938). This 2.5 hour certificate course will provide useful information for all volunteers who interact with patients and visitors at St. Joseph's. Two training sessions will take place – one during the day and one in the evening to accommodate students and those volunteers who work during the day. In person sessions will take place at a St. Joseph's facility with videoconferencing to various other sites.

A supply chain standout

On July 24, 2019, representatives from the Ministry of Health and Long-Term Care, Ministry of Government and Consumer Services, and PricewaterhouseCoopers (PwC) visited Healthcare Materials Management Services (HMMS) as part of their current state assessment of the

Broader Public Sector (BPS) Supply Chain. The meeting was extremely positive and identified several opportunities for HMMS to enhance its reputation and role within the BPS supply chain. The following resulted from the meeting:

- The representatives were impressed with HMMS' demonstrated success throughout the region and its breadth of supply chain services.
- HMMS' renal home patient delivery service was identified as a unique differentiator within the province and HMMS was encouraged to be more overt in informing key government influencers about the scalability and benefits of the program.
- HMMS is encouraged to identify procurement opportunities that cross government sectors and drive material savings throughout the province.
- HMMS' unique position of housing a centralized data repository of regional supply chain transactions is seen as extremely valuable in modeling contract harmonization opportunities. Follow-up will take place where suppliers have numerous price points for the same product within HMMS' service model.
- HMMS has been encouraged to provide feedback on the current state observations and user personas (patient, clinician, and administrator) in provided materials.

The government and PwC will be back to conduct a deeper dive into HMMS' warehousing and distribution operations. As well, HMMS will be inviting government representatives to attend future Customer Advisory Committee (CAC) meetings to gather the voice of community hospitals in the government's supply chain transformation process. The CAC, which meets quarterly, is comprised of chief financial officers of the regional hospitals who participate as affiliates in HMMS' supply chain services.

RECOGNITIONS AND CELEBRATIONS

Highest Honours

Congratulations to Joy MacDermid (PhD), who has been named among the new Fellows of the Royal Society of Canada (RSC), the highest honour a scholar can achieve in the arts, humanities and sciences.

Founded in 1882, the RSC comprises the Academies of Arts, Humanities and Sciences of Canada. Its mission is to recognize scholarly, research and artistic excellence, advise governments and organizations, and promote a culture of knowledge and innovation in Canada and with other national academies around the world. Recipients are elected by their peers in recognition of outstanding scholarly, scientific and artistic achievement.

A professor at Western University and a Lawson Health Research Institute scientist, Joy is a physical therapist, hand therapist, epidemiologist, and Co-Director of the Clinical Research Lab within the Roth | McFarlane Hand & Upper Limb Centre. She pioneered patient-reported outcome measures that are widely used to assess functional outcomes. As a leader in evidence-based surgery and rehabilitation, she has developed and applied methods to synthesize research.

Joy works with knowledge users to identify priority issues in musculoskeletal health and leads the resulting (inter)national clinical trials. These trials and syntheses have had a major impact on practice and policy in Canada and internationally.

Recovery self-help book shines a light on Parkwood Institute

Elizabeth Peirce, who struggled to put her life together after a concussion, recently published a book entitled *Lost and Found: Recovering Your Spirit After a Concussion*, which combines five

years of research and her own personal experience with this debilitating injury. Elizabeth was connected to the Acquired Brain Injury (ABI) Rehabilitation Program through a former patient, [Rob Staffen](#), and visited Parkwood Institute to learn more about the program. Throughout the book are the stories and voices of other concussion survivors, including Rob, and the health professionals who treat them. It offers comfort and reassurance through practical suggestions and self-help techniques. Some of the treatment philosophies of the ABI outpatient program are highlighted in the book.

OTHER

Code of conduct for nurses

The College of Nurses of Ontario (CNO) has developed a [Code of Conduct](#) that outlines the conduct to be expected from a nurse when a patient is receiving care. It also informs nurses of the standard of practice to which they are professionally held accountable. CNO has produced a [webcast](#) to illustrate case scenarios and to assist nurses in applying the accountabilities in the code. Additional resources are available on the [CNO website](#).

Appropriateness Working Group recommendations

Ontario's Appropriateness Working Group (AWG) has submitted its first 11 recommended updates to tests and procedures that can be replaced with more modern and effective approaches. Minister of Health Christine Elliott has accepted these recommendations on behalf of the government. The [recommendations](#), which take effect October 1, 2019, were also accepted by the Ontario Medical Association (OMA).

The working group, which was established as part of an arbitrator award in February 2019 between the Government of Ontario and the OMA, is a physician-led group that is using the best available evidence to improve the quality of patient care and reduce medically unnecessary services. These include initiatives such as eliminating medically duplicative, outdated or unnecessary tests.

Ontario announces \$155 million for home and community care

On September 11, 2019, Ontario's Minister of Health Christine Elliott [announced](#) a \$155 million investment to expand home and community care this year, with a specific focus on addressing hallway health care.

The investment includes \$45 million in funding for innovative, integrated care models through targeted partnerships between hospitals and home and community care providers. The Health Minister highlighted the potential of such models to address hospital overcrowding by helping patients to transition home from hospital more quickly, making hospital beds available for those who need them. Another \$63 million is being invested in existing integrated care models.

Reorganization of Ministry of Health

On September 12, 2019, Ontario's Deputy Minister of Health Helen Angus issued a memorandum detailing structure changes within the Ministry of Health and Long-term Care to better align with its priorities. View an [updated organizational chart](#) and a [summary of the changes](#).

Environmental Scan

Prisoners need better health care: government report

A review by a panel of outside experts urges a boost of millions in spending for inmate health care. Doing so would lessen the strain that sick prisoners impose on the outside medical and criminal-justice systems, and take advantage of a “unique opportunity” to treat marginalized members of society, says the panel.

The report’s specific, detailed recommendations were censored before the government released it to the John Howard Society of Ontario. But unredacted sections laud decisions in Alberta and other provinces to put jail health care under health ministries, rather than corrections departments.

The panel suggests at least a 40-per-cent hike in the system’s current \$62-million budget for inmate health care is needed to make real change. Yet spending estimates issued by the government forecast a \$36-million cut in overall operating expenses for correctional services.

Inmates are up to five times more likely than the general population to have serious psychiatric problems, have 20 times the rate of HIV, and nearly 100 times the incidence of hepatitis C. But the province’s 25 jails tend to provide a minimal level of care, responding to health crises and emergencies with little follow-up or prevention, says the committee. In the first six days after getting out of jail, inmates are 58 times more likely than Ontarians overall to end up in a psychiatric facility.

The committee says it’s “not unusual” for hospitals to refuse to admit or to quickly discharge those mentally ill inmates who show up with their guards, partly because they’re convinced the jail will look after them. But “the reality is that correctional facilities are not designed, staffed or equipped to provide a full continuum of health care services,” says the report.

Compounding the problem, said the document, some hospitals refuse to share health records when they discharge inmates, believing jail health workers are “correctional” staff and shouldn’t see the private information.

[National Post, May 24, 2019](#)

City poised to get \$7.3 million back from London Medical Network

Three years after the City of London dished out a \$10 million contribution to the London Medical Network (LMN), city politicians voted unanimously in favour of taking back what’s left – \$7.3 million –and re-directing it to supportive housing for those with mental health and addiction challenges.

The LMN, initially a partnership between Western University, London’s health care research institutes and hospitals, and city hall, was focused on harnessing expertise in medical research and putting London on the map as a centre for medical innovation. Expected to create 550 full-time sustainable jobs, it has created the equivalent of 100 full-time jobs in London over the last 3½ years. Three projects were funded, including a medical device company ADEISS, which network members described as one of their proudest accomplishments. One project later folded.

[London Free Press, August 27, 2019](#)

London-area paramedicine program gets funding boost

A London-area ambulance initiative to help patients with chronic conditions in their homes is getting a funding boost from the South West Local Health Integration Network (LHIN) – part of a push to scale back emergency room visits and hospital admissions.

The Middlesex-London Paramedic Service's community paramedicine program is getting an additional \$190,000 in one-time funding to expand the initiative, which offers medical support and monitoring to people with chronic illnesses. Through the program, paramedics can remotely monitor the vital signs of people with congestive heart failure, chronic obstructive pulmonary disease or diabetes. The patients' family doctors are given regular updates. Paramedics may also make house calls to educate people about how to manage their conditions. The paramedicine personnel may also electronically refer patients to other community resources if necessary.

The program has been running in the London area since 2015, when the provincial government offered one-time funding for the pilot project. In 2017, the South West LHIN assumed oversight of the program. The Middlesex-London Paramedic Service has been receiving \$174,900 annually for the program since then. The \$190,000 is over and above the annual base funding.

[London Free Press, August 30, 2019](#)

Worst June on record for 'hallway medicine' at Ontario hospitals

Hospital overcrowding for the month of June hit a record high this year, according to the Ontario Hospital Association (OHA). With an average wait of more than 16 hours to be admitted to hospital from an emergency department, it was the worst June on record for so-called "hallway medicine" dating back to 2008, when the province began collecting the data, says the OHA.

OHA president Anthony Dale said the trajectory is worrisome given that flu season is around the corner. He warns that the situation is "not viable." At the same time, the financial position of some of the province's biggest hospitals is bleak, he says. They are trying to meet an exploding demand for services while struggling to make ends meet with limited resources.

Hospital capacity measurements for June are the most current monthly metrics available. They show that the average wait time to be admitted to hospital from an emergency room was 16.3 hours. At the same time, more than 4,500 patients were occupying hospital beds during the month even though they no longer required hospital care. Known as ALC patients – for "alternate level of care" – their numbers were 450 higher than the previous year.

The Ford government is creating new long-term care beds, which will relieve ALC pressures, but they won't open for a number of years. It's also continuing to create "transition" beds for patients while they wait for space to become available in long-term care homes. At the same time, the province is creating Ontario Health Teams to improve integration of care. But a viable bridge strategy is needed until these long-term solutions take hold, said Dale.

[Toronto Star, September 4, 2019](#)

Suicide kills one person every 40 seconds worldwide

One person dies by suicide every 40 seconds, according to [a new report by the World Health Organization \(WHO\)](#). Released on September 9, 2019, the report also revealed that more people die by suicide than in war every year. It urges governments to adopt suicide prevention plans to help people cope with stress and to reduce access to suicide means.

Overall, nearly 800,000 people die by suicide every year around the world – more than those killed by malaria, breast cancer or homicide, the WHO said. Among young people ages 15 to 29, suicide was the second leading cause of death, second only to road injury.

[Global News, September 10, 2019](#)

The hidden burden of diabetes on family members revealed

People living with diabetes are not the only ones impacted by the condition. According to a new international study of 4,300 family members of people with diabetes, worrying about low blood sugar, also known as hypoglycemia or 'hypos', can place a significant burden on them too.

To better understand how low blood sugar affects families living with diabetes, Novo Nordisk conducted a series of filmed experiments in which the person with diabetes and his/her family members were separately asked similar questions about their experiences with, and feelings about, low blood sugar. The films are available at www.TalkAboutHypos.ca, along with materials that could help improve conversations about low blood sugar within the family, as well as with doctors.

Dr. Stewart Harris, professor in Family Medicine/Division of Endocrinology/Epidemiology and Biostatistics at Schulich School of Medicine & Dentistry, and Medical Director of the Primary Care Diabetes Support Program of St. Joseph's Health Care London, is the lead investigator for the TALK-HYPO.

“There has been little research undertaken on the wider impact of low blood sugar on the family members of people living with diabetes. But something as simple as having an open and honest conversation can be incredibly beneficial. This study suggests that family members may be an important catalyst for more conversations about low blood sugar both within the family, as well as with health care professionals, and that these conversations may help improve the lives of people with diabetes.”

[Novo Nordisk, September 10, 2019](#)

Toronto-based hospital network commits land to building affordable housing

The largest academic hospital in Canada is planning to offer a radical new treatment for its neediest patients: a place to live. The University Health Network (UHN) in downtown Toronto has committed a plot of land worth nearly \$10-million to a unique affordable-housing project designed to ease overcrowding at the network's two acute-care hospitals.

UHN has signed a memorandum of understanding with the City of Toronto and the United Way Greater Toronto to launch what they are calling a “social-medicine initiative.” The linchpin of the plan is a proposed affordable-housing development on a 30,000-square-foot lot the UHN owns in Parkdale, a rapidly gentrifying neighbourhood where sky-high rents are forcing the poor out of stable housing and, in some cases, into the emergency room.

“Never in the country has there been a hospital willing to rededicate land to housing, which we know is inextricably linked to health,” said Andrew Boozary, the UHN's executive director of health and social policy and a family doctor. “This is one of the major pressing issues in the city. For us, it's one of the major public-health issues.”

All three partner agencies say they'll first work with the community to decide what type of housing and other social supports are best for the site. But the affordable units, when open, are unlikely to be reserved exclusively for UHN patients.

The plan's backers say the UHN's land contribution speaks volumes about a growing understanding that if patients can't afford fresh food, quality child care and a decent place to live, they're more likely to wind up in the hospital, particularly if they also struggle with mental illness and drug or alcohol addiction.

[Globe and Mail, September 16, 2019](#)

St. Joseph's in the News

[Severe food allergies can make return to school even more stressful](#), CTV London, August 29, 2019

[Interview with Dr. Samira Jeimy – Making sure your child is allergen free](#) – London Morning (CBC London), August 29, 2019

[London doctor pens back-to-school food allergy checklist for parents](#), The London Free Press, September 2, 2019

[New program to help people with brain injuries](#), CTV London, September 9, 2019

[New international study: The hidden burden of diabetes on family members revealed](#), Novo Nordisk, September 10, 2019

[Parkwood Institute takes measures to prevent fatal bird strikes](#), London Free Press, September 11, 2019

[Walking again after losing both legs to diabetes](#), London Morning (CBC London), September 16, 2019