

Annual Report 2017-2018

Welcome to the 2017-2018 Annual Report

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Message from the Board Chair and CEO



St. Joseph's Health Care London (St. Joseph's) is many things to many people. It's a place where patients, residents and family caregivers are provided with compassionate care and support. It is a place where patients and community members have the opportunity to become actively involved in the work and planning of our organization; where innovation, education and research make a difference in patient care; and where our staff and physicians are encouraged and supported.

The stories in this year's Annual Report to the Community are inspired by those we serve and those who serve, and by the compassion, care and hope that make up St. Joseph's.

St. Joseph's is a place where people matter. Patients and residents matter here. The care we provide matters here. What we do matters here. This philosophy is at the heart of the new brand platform for St. Joseph's and the St. Joseph's Health Care Foundation. The new brand direction, launched in early 2018, is evident on the exterior of several of our buildings and internally throughout our facilities. Over the next several months, we will build on this presence with additional images of clinicians, staff, volunteers, patients and family members, alongside strong statements – our brand promise – of what matters to our community and those we serve.

This past year was an exciting one as we had the privilege of engaging more than 2,000 people – staff, physicians, volunteers, patients, residents, family caregivers, researchers, educators, students, partners and key stakeholders – in helping to shape our new Corporate Strategic Plan for 2018-2021: Reaching Out, Connecting Care, Innovating Together. Launched in the spring, this bold plan is grounded in partnerships with patients, residents and family caregivers, an uncompromising focus on quality and safety, and the need for collaborations and advocacy to advance care, teaching and research. It is our compass for achieving our vision of earning complete confidence in the care we provide.

Thank you to our staff and physicians for all that you do. Thank you to our community – our patients, residents, family caregivers, community partners, donors – for your continued and steadfast support. To all, thank you for your active participation and engagement. We look forward to planning our journey with you as we continue to serve those who come to us in need,

guided by the principles of Catholic health care and with the same spirit and devotion that has always driven St. Joseph's.

Margaret Kellow

Chair, Board of Directors

Dr. Gillian Kernaghan

President and CEO

Treasurer's Report

St. Joseph's Health Care London continues to be one of the Province's most complex health care organizations today, providing support through a truly unique mix of clinical care and service to a wide range of stakeholders. Bringing the best care each year to those we serve, we continue to earn the complete confidence of our patients and community.

We acknowledge our important obligation to maintain excellence in care while continually seeking ways to do things better. It is St. Joseph's goal to continue in this approach that has served us and our community well for nearly one and half centuries. Through rigorous financial practices, built on those of our founders, the Sisters of St. Joseph, we continue in the tradition of care and careful planning.

Solid financial results

St. Joseph's ended the fiscal year with an accounting surplus of \$10.2 million, primarily achieved through strong performance of the organization's investment portfolio and the receipt of additional post-construction operating plan funding in support of growing patient care in our new and redeveloped facilities.

This year's surplus will enable further investment in strategic capital needs, including the investments required to further enhance the electronic patient record system, as well as the renewal of our clinical equipment across St. Joseph's.

St. Joseph's continued to maintain a strong financial position this year, including a healthy working capital position and a current ratio of 1.8 to 1.0. St. Joseph's also holds internally restricted investments in support of planned future capital investments and other commitments which are externally managed by a professional firm under the stewardship of our investment subcommittee of the Board of Directors. Our internally restricted investments totaled \$170.1 million at the end of the year.

Investing in better patient care

This year, supporting St. Joseph's care, teaching and research mission, \$17.9 million was invested in new equipment and building-related projects, including the replacement of a SPECT CT scanner, lithotripter unit and the completion of \$3.0 million of investments in our Breast Care program, renewing five mammography units.

With the installation of the new mammography units, St. Joseph's now has the ability to perform contrast-enhanced mammograms and breast tomosynthesis (3D mammography) for our patients. These cutting edge imaging tools are resulting in more accurate diagnoses, reducing the need for follow-up visits, decreasing unnecessary biopsies, enhancing critical information required by breast surgeons, and speeding up the overall diagnostic process, which improves access to breast assessment for all patients.

St. Joseph's capital investments were funded by \$11.3 million of hospital resources and \$6.6 million of government grants and support from St. Joseph's Health Care Foundation. The generous support of donors through the Foundation is vital to our ability to invest in the future while responding to today's care, comfort and research needs.

Commitment to our patients

Despite significant funding pressures experienced by St. Joseph's in recent years, patient service levels were maintained during the year, including 337,000 patient days, 22,000 day surgeries, 46,060 urgent care visits and 454,000 ambulatory visits.

St. Joseph's met all performance accountabilities established with the South West Local Health Integration Network. As a significant portion of our funding is contingent on achieving these performance indicators, meeting all accountabilities is critical and a testament to the contributions of many.

Looking ahead

St. Joseph's continues to rise to the challenges of growing health care needs in our communities and funding pressures through our mission and ministry of service, rooted in strong values, a clear and renewed strategic plan, and proven fiduciary and leadership principles.

The constant engagement of patients, leaders, physicians, staff, volunteers, donors and our many partners helps to ensure St. Joseph's can take innovative steps and work in partnership with others to address compelling care needs.

St. Joseph's is blessed with the support of so many. Please accept our thanks for helping St. Joseph's earn complete confidence in everything we do.

View our full audited financial statements for the year ending March 31, 2018.

Board of Directors

Meet our Board of Directors:

- Margaret M. R. Kellow (Chair)
- Howard Rundle (Vice-Chair)
- Alaina Aguanno, MD
- Jonathan Batch
- Brad Beattie
- John Callaghan
- Jim Campbell
- Lesley Cornelius
- Philip Griffin
- Darcy Harris
- Sarah Jarmain, MD
- Gillian Kernaghan, MD (President and CEO)
- Maria Knowles
- Brenda Lewis
- Karen Perkin
- John Sharp, Fr.
- Bruce Smith
- David Sommerfreund, MBBS
- Nawaz Tahir
- Michael Strong, MD
- Gary West
- Susan Wolnik
- Bill Wilkinson

Our Stories

Cooking with heart

It was far from the usual dinner at the Ark Aid Street Mission in London. As the crowd of about 70 came there were wide eyes and grateful faces as they took in the chefs in uniform, juicy slices of roast beef, homemade gravy, whipped mashed potatoes, a bountiful mixed green salad and freshly baked banana bread.



Ready to serve up their roast beef meal at the Ark Aid Street Mission are, from front to back, Michelle Stranges, Julie Bouchard, Fred Cousins, Dave McMurray and Damian Munroe.

Serving up this fine Sunday meal were members of St. Joseph's Food and Nutrition Services (FNS) staff, who prepared and cooked the special dinner.

"My family and I have been involved with the Ark for many years," explains Amy Harrison, FNS Coordinator at Parkwood Institute.

"It's always been my dream to sponsor a meal. I passed the idea by our kitchen supervisor and team of Red Seal certified chefs and everyone was enthusiastically on board."

Amy Harrison



From left, Food and Nutrition Services team members Michelle Stranges, Trina Smith and Amy Harrison, along with former team member Julie Bouchard, enjoyed some camaraderie while preparing a meal at the Ark Aid Street Mission in London.

The team of six FNS members included Amy, Director Trina Smith, kitchen supervisor Michelle Stranges, and chefs Fred Cousins, Damian Munroe and Dave McMurray. Also recruited was St. Joseph's Security Services specialist Richard Ford, Trina's husband, Kelly, and former FNS employee Julie Bouchard.

Out of her own pocket, Amy purchased all the ingredients for the main meal, including 50 pounds of beef and 40 pounds of potatoes. Michelle made the banana bread from scratch.



Don't let the tough guy stance fool you. Kelly Smith, left, Fred Cousins, Damian Munroe, Richard Ford and Dave McMurray were all heart while preparing dinner at the Ark Aid Street Mission.

“We were told it was one of the greatest meals they’ve had in a long time – they were blown away that roast beef was on the menu,” says Amy, who volunteers at Ark Aid up to two nights a week. “I get a lot of genuine thank you’s, but this time people were almost in tears, so excited to have eaten such a ‘fine dining’-style meal – with plenty of calories and protein to sustain them in whatever challenges come their way. “



The team spent five hours preparing the meal in the Ark Aid kitchen before the doors opened – enjoying many laughs and jamming to music.

“It was inspiring to be surrounded by three trained chefs with such excellent prep and knife skills,” says Amy. “Chef Fred peeled 18 pounds of potatoes in the time I peeled two – with a peeler that is older than me!”

Trina expressed much pride in the generosity of spirit shown by the group.

“Our group was struck by the need in our city and moved by the people we met.

Trina Smith



Food and Nutrition Services (FNS) chefs Dave McMurray, left, and Fred Cousins slice about 50 pounds of roast beef cooked by the FNS team at the Ark Aid Street Mission.

There was an overall family feel in the air and I felt so welcomed by the people we were there to serve. I am looking forward to the next event.”

The endeavor was so rewarding and inspiring that Trina has since sponsored a second meal, and a third meal will be funded in the fall by Lori Higgs, Vice President, Clinical Support and Chief Financial Officer at St. Joseph’s. For five additional meals, FNS is supplying the manpower to cook and serve.

Seeing care through the eyes of patients and family caregivers

While hunched over, Tommaso Romagnoli shouts “I can’t see a thing” to fellow first year medical student Sara Cocco as he fits the darkened goggles into place on his nose. Tommaso’s voice projects more loudly than intended because he is wearing ear plugs.

The two sport the goggles, ear plugs and colourful jumpsuits, called aging sensitivity suits, to simulate what it is like to live as an older adult with a chronic illness. The suits have buckles that make the wearer bend forward and velcro fasteners and ties at the elbow, wrist and knee joints that constrain movement.

Tommaso and Sara wore the suits at a Growing Older event at St. Joseph’s Parkwood Institute, where more than 130 medical students participated in activities to help them understand what it’s like for elderly patients as they navigate everyday life.

“Most health care professionals don’t know what it’s like to live each day with an illness,”

St. Joseph’s geriatrician Dr. Laura Diachun.

“As physicians, we often come into the room, perform our consultation and examination and leave the room without seeing the patient move,” says St. Joseph’s geriatrician Dr. Laura Diachun. We can miss a lot in our assessment if we don’t see how the person manages the simple things, like walking 20 feet, getting up out of a chair, dressing and undressing for a physical exam. This information is critical because when someone starts to lose the ability to do these basic activities, that means their independence is at risk. When we witness these challenges, we can provide interventions and support to help the person live more independently and improve their quality of life.”

Students with geriatrician

Geriatrician Dr. Dr. Laura Diachun chats with first year medical students Tommaso Romagnoli, left, and Sara Cocco, who are wearing aging sensitivity suits that simulate what it’s like to age with disease.

The seminar for students is one example of St. Joseph’s continued focus on delivering senior friendly care. The organization is holding similar training for staff and physicians throughout the year.

“As the lead organization in geriatric care in Southwestern Ontario, we want to ensure we are designing and providing care that meets the needs of our frail elderly patients and their family caregivers,” says Elizabeth McCarthy, Director of Specialized Geriatric Services at Parkwood Institute. “Understanding their needs is the first step and the experience training is one way we are expanding our knowledge.”

“We want to ensure we are designing and providing care that meets the needs of our frail elderly patients and their family caregivers,”

Elizabeth McCarthy.

How ten cups of water changed a life

Joan is now giving back to St. Joseph's by participating as a patient advocate in the Improving CARE Together project.



After a traumatic car accident, Londoner Joan Hubert was “broken” in body, mind and spirit. It was July 13, 2016. Joan was in the midst of a busy day at work as the general manager of an insurance company in Komoka when she realized it was getting close to lunch and she needed to get food.

“I told my assistant I was running out for lunch and I would be right back,” remembers Joan. “I haven’t been back since.”

Joan has no memory of the accident but has been told she lost consciousness, veered to the other side of the road and hit a tree head on. She was left with broken bones and tissue damage from her shoulders to her toes, and told by her care team she may never walk again. Her physical injuries were more than most people could manage, but Joan’s mental state was the key to her recovery.

“When I was told I may not walk again, I thought – there is no way. There is just so much life left to live.”

Joan and her husband Paul decided to remain positive throughout her recovery, a difficult challenge given the extent of her injuries.

“One of my biggest frustrations was the loss of my independence. Before the accident, I was very active. I volunteered; I was often out with friends. My husband’s position is very social so we went to many activities, which I so enjoyed. All of a sudden, after the accident, I couldn’t do anything for myself.”

When Joan was admitted to the Complex Care Program at Parkwood Institute she was instructed not to stand for 13 weeks so her body could heal.

“One of the things that frustrated me the most during that time was not even being able to get myself a drink of water. The water cups are very large and heavy and I couldn’t lift them. I was so embarrassed having to call the staff each time I wanted a drink. How could I ask them to stop what they were doing, helping someone else, to help me do something I should be able to do myself?”

When Joan shared her frustration with the team, one of her primary care partners came up with a solution. She lined Joan’s food tray table with 10 little medicine cups filled with water.

“Because they were so tiny, I could lift them and get a drink of water myself. For me, that was huge – that was such an accomplishment.”

After 13 long weeks of lying in bed, Joan was finally able to stand.

“We were so excited. I was between the two [exercise] bars and from my wheelchair...I was able to stand. When I looked up, I saw my husband and he was crying, so I started to cry. When I looked at the two staff members helping me, my physiotherapist and occupational therapist, they were both teary. These women had helped me from day one. I couldn’t believe they were crying too. They help many, many people. I am just one of many. They see this often. The fact that they were emotional because I could do it, for me, was pretty incredible. Their hearts were there; their minds were there. They encouraged me the whole way.”

With the help of the team in Complex Care and in the Musculoskeletal Rehabilitation Program, part of St. Joseph’s Specialized Geriatric Services, Joan is now able to walk with only the assistance of a cane.

“The care I received here at Parkwood Institute was second to none. I am so thankful.”

St. Joseph's expands mental health services for veterans, military and RCMP

The need has never been greater. In the past two years, St. Joseph's Operational Stress Injury (OSI) Clinic at Parkwood Institute has seen a 57 per cent jump in referrals for its specialized mental health services for Canadian veterans, military and members of the Royal Canadian Mounted Police (RCMP).

To meet the demand for these services, Veterans Affairs Canada (VAC) will provide \$2.2 million in funding over 10 years for the St. Joseph's OSI Clinic expansion. The initial expansion of the facility, completed in September 2017, cost \$1.2 million. At the ribbon cutting celebration in, St. Joseph's announced, in partnership with VAC, plans to also expand its satellite OSI Clinic in Toronto.



Members of the Byron and Lambeth Legions receive a demonstration of virtual reality equipment they sponsored through their Poppy Fund for St. Joseph's Operational Stress Injury Clinic.

"These expansions will allow our clinical team to care for more clients and support cutting-edge research," says Dr. Gillian Kernaghan, St. Joseph's President and Chief Executive Officer. "It will also provide opportunities to train more students in various health disciplines to assess and treat military members and veterans with mental health care needs."

"Proper evidence-based treatment is key to help with recovery."

Psychiatrist Dr. Don Richardson

Clients will also benefit from the latest treatment technology. St. Joseph's OSI Clinic now includes a state-of-the-art virtual reality suite for the treatment of operational stress injuries such as post-traumatic stress disorder (PTSD). Through practicing in the realistic simulation environment of virtual reality, clients can learn to face their fears and manage their emotions and reactions to triggers and stressors under careful supervision of a trained professional. The virtual reality suite was made possible by donations from the Byron and Lambeth Legions who contributed \$40,000 from their Poppy Fund, and a donation from St. Joseph's Health Care Foundation.

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“PTSD and operational stress injuries develop from exposure to trauma as a result of military service,” explains psychiatrist Dr. Don Richardson. “Many of our clients also struggle with a major depressive disorder, substance abuse or general anxiety, which further contribute to difficulties adjusting to civilian life. Proper evidence-based treatment is key to help with recovery.”

Following the re-opening of the expanded clinic, the foundation commemorated Canada’s veterans and the invisible injuries they often bring home from the battlefield at its annual Tribute Dinner. Special guest retired Lieutenant General Roméo Dallaire shared his personal journey with mental illness before a sold out crowd at the London Convention Centre. His talk focused on themes from his recently-published work, *Waiting for First Light*, which chronicles his battle with significant PTSD since commanding the UN peacekeeping forces in Rwanda during the genocide of 1994.



Lieutenant General Romeo Dallaire (retired) receives a gift of artwork made by Parkwood Institute Veteran Glenna Stenning. With them are Glenna’s husband, veteran Arthur Stenning and Veterans Care Program Director Heather Tales (far right).

During the Tribute event, the foundation announced a \$1 million gift by local business leaders Kyle MacDonald and John Franklin to support the work of St. Joseph’s Veterans Care Program. The couple hail from military families and made the significant gift in honour of their fathers, both of whom had distinguished Canadian military careers. Their generosity will enhance care for

veterans who call Parkwood Institute home, providing needed medical equipment and significantly expanding the team's research efforts in seeking new treatments for operational stress injuries.

"Philanthropy is an essential driver of health care excellence in our community," said Michelle Campbell, President and CEO of the foundation. "The gift from Kyle MacDonald and John Franklin will enable St. Joseph's researchers to have dedicated resources to significantly advance research into operational stress injuries that will develop new approaches to care for Canada's military."



St. Joseph's leaders were joined by Dr. Cyd Courchesne, Director General of Health Professionals and National Medical Officer with Veterans Affairs Canada, to officially cut the ribbon of St. Joseph's newly renovated Operational Stress Injury (OSI) Clinic. Front row from left are: Heather Tales, Director Veterans Care Program; Dr. Don Richardson, psychiatrist and medial lead, St. Joseph's OSI Clinic; Bev van der Heide, Coordinator, OSI Clinic; Dr. Courchesne; Dr. Gillian Kernaghan, St. Joseph's President and CEO; and Roy Butler, Vice President Patient Care and Risk Management. Back row from left are: Dr. Charles Nelson, psychologist, OSI Clinic; Holly-Ann Campbell Interim Vice President, Communications and Stakeholder Relations; and Margaret Kellow, Board Chair, St. Joseph's Health Care London.

About St. Joseph's Operational Stress Injury Clinic

St. Joseph's Operational Stress Injury Clinic (OSI Clinic) located at Parkwood Institute provides specialized mental health services to veterans, members of the Canadian Armed Forces, the Royal Canadian Mounted Police (RCMP) and their families who are experiencing mental health challenges as a result of military service. The OSI Clinic is one of ten outpatient clinics in a national network across the country funded by Veterans Affairs Canada. St. Joseph's OSI Clinic serves Southwestern Ontario, the Greater Toronto area, Hamilton and Niagara and portions of Central Ontario. The main clinic is located in London with satellite clinics in Toronto and Hamilton.

Virtual reality treatment for operational stress injuries

St. Joseph's Operational Stress Injury Clinic (OSI Clinic) has a state-of-the-art virtual reality suite. Virtual reality is used in the treatment of various operational stress injuries (OSIs). It provides clients with a way to re-live traumatic events in a safe environment under the guidance of a trained professional. Scenarios can be programmed based on the client's experiences or to simulate situations they may be avoiding because of their OSI such as public speaking, grocery shopping and large crowds. Avoiding situations can affect a client's ability to live a full life. The system includes life-like sounds and smells that can be pre-loaded based on the scenario or client's needs. Through practicing in this realistic environment, clients can learn to face their fears and manage their emotions and reactions to triggers and stressors. Clients are provided with coaching during these sessions by their health care provider.

St. Joseph's reduces the worry of living with a peanut allergy

Colin Labrie was 11 months old when he took his first – and last - bite of a peanut butter sandwich. His faced ballooned and his eyes swelled shut. Every day since then has been one of constant vigilance and worry. The possibility of a life-threatening reaction, even death, is never far from their thoughts, say parents Mike and Kathy.

As he got older, Colin became an expert at looking after himself – being on the alert, reading ingredients, and keeping one of an armory of EpiPens nearby. When he was 12, he and his parents took a bold, new step so they could worry less.

Colin is patient of a new Food Allergy Clinic at St. Joseph's Hospital, where allergists are tackling the growing incidence of peanut allergies with a leading-edge approach that's allowing children and adults with the allergy to no longer live in fear of accidental exposure and a reaction. At the clinic, patients diagnosed with a peanut allergy who fit the criteria are offered oral immunotherapy during which a very small amount of peanut is introduced and then gradually increased to desensitize the patient to the allergen. The allergists start with 1/500 of a peanut in the form of peanut flour. If all goes well in the hospital, the patient continues to eat that amount for a month before returning to the hospital to have the amount increased.

“It's about improving quality of life. Patients are excited to try this.”

Dr. Harold Kim

Oral immunotherapy for peanut allergy is done at St. Joseph's Hospital under very strict and careful supervision of allergy specialists, explains Dr. Harold Kim, Medical Director of the Allergy and Immunology Program at St. Joseph's – the only program in Southwestern Ontario providing the therapy using a protocol that is carefully controlled and monitored.

"The goal is to make it safe for people to live in our society where there is significant risk of accidental exposure to small amount of peanut," says Dr. Kim. "It's about improving quality of life. Patients are excited to try this." Allergist Dr. Harold Kim

It takes about one year for a patient to be able to eat one full peanut, which they will continue to eat daily thereafter to maintain immunity. While the treatment isn't a cure, research shows it allows those with the allergy to tolerate exposure to peanuts without overreacting to them, explains Dr. Kim. He cautions, however, that the therapy is not available to patients who have had a severe, life-threatening reaction.



At age 12, Colin Labrie, 12 successfully underwent oral immunotherapy to make it safer for him to live with a peanut allergy.

Colin began treatment in October 2016, mixing the tiny dose of peanut flour he was prescribed monthly into pudding or apple sauce every day. After about one year was able to eat the equivalent of one peanut in the form of peanut flour, at which point he graduated to an actual peanut. Today, he eats one chocolate covered M&M peanut a day to maintain his immunity, and continues to do well.

Patients with any kind of food allergy can be referred to St. Joseph's Food Allergy Clinic where the allergy can be definitively diagnosed using the latest, evidence-based approaches, including food challenges where the person is exposed to the food and monitored.

“If things work out like we think they will based on the research in prevention and treatment, peanut allergies should decrease.”

Dr. Harold Kim

In the last five years, research into the growing prevalence and incidence of food allergies is revolutionizing the approach to prevention, diagnosis and treatment, says Dr. Kim. For example, where the advice was to avoid feeding a child peanuts until age three or four, the thinking now is to expose children at low risk of the allergy (those without a family history, eczema or egg allergy) to peanuts by six months of age to prevent the allergy from developing. For children at higher risk, testing by an allergist is recommended as soon as possible so treatment can be considered.

“Peanut allergies impact one to two per cent of the population,” says Dr. Kim. “If things work out like we think they will based on the research in prevention and treatment, peanut allergies should decrease.”

In creative pursuit of recovery



Richard performs his own original song during a Belong to Song music session at Parkwood Institute Mental Health Care Building.

Everyone knows Richard has talent. The room falls silent as he clears his throat, pulls the microphone close, strums an intro chord and eases into a soulful ballad.

Richard is a patient of St. Joseph's Mental Health Care Program at Parkwood Institute. He's performing one of his original songs, just as he does most Tuesday evenings at the weekly Belong to Song jam session. When he sings, he shines. His voice is captivating, his passion mesmerizing, and it permeates the audience. Music, after all, is said to be the universal language.

Belong to Song is just one component of Parkwood Institute's Recovery Through Creative Arts Program, which connects mental health inpatients with community artists from the London Artist in Residence (LAIR) program – part of the London Arts Council.



A patient sings along karaoke style with the Belong to Song musicians – part of the Recovery Through Creative Arts Program at Parkwood Institute.

Funded by St. Joseph's Health Care Foundation, the program provides therapeutic opportunities for healing and recovery through the arts. Inpatients are encouraged to attend activities on a drop-in basis including music sessions, drama, visual arts and creative reading/writing classes.

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Another inpatient who looks forward to the Tuesday evening music sessions chooses to sing along karaoke style while Belong to Song band members play his song of choice. Those watching can see him connect with the music. He is in the moment and everyone is there along with him.



Sheri Cowan (left), a local artist-educator with the London Arts Council assists a patient during one of the weekly visual arts drop-in sessions.

The use of creative arts in health care has long been recognized as integral for the recovery of people with significant psychosocial complexities.

“The Recovery through Creative Arts Program helps patients develop or strengthen coping strategies and relationships to support their journey of care,” explains Jennifer Speziale, Mental Health Program Director. “We are truly fortunate for this partnership with the London Arts Council, which is helping us bring meaningful activity into the lives of our patients.”

By participating in these activities, patients and their care teams can set personalized goals to help with self-development and personal growth, as well as a successful transition into the community upon discharge.

“Peer supports develop naturally when individuals are engaged in collaborative art-making,” says Catherine McInnes, LAIR Program Manager and facilitator for the Belong to Song program. “One of the project's main goals is to encourage participation in similar programs that are available in the community so when they leave the hospital, they can continue to benefit from the arts as well as the relationships they built.”



Director, playwright and actor, Jim Schaefer conducts a drama workshop with participants of the Recovery Through Creative Arts program.



Andy Verboom front right, a local author and poet works with patients as they learn to write their own Haiku poems during a creative reading and writing session.

The Recovery Through Creative Arts Program includes the following artistic pursuits:

- Music with 'Belong to Song': Belong to Song is a community-based music program led by professional musicians and individuals with lived mental health experiences. Similar to karaoke but with live musicians, both beginners and experienced musicians alike

make music together in a fun, supportive and creative atmosphere that encourages musical expression.

- Visual arts: These sessions offer a fun and relaxed atmosphere with a wide variety of creative experiences to choose from, including drawing, painting, print making and textile art.
- Storytelling and drama: In these sessions, patients have the opportunity to tell tales in creative and thought-provoking ways. Participants can tell stories from their own experiences or create new ones, play improvisation games and even try some acting.
- Creative reading and writing: These sessions focus on creative and fun group reading and writing activities, which encourage self-exploration and sharing through the power of the written and spoken word.

Revolutionary new breast imaging technology comes to St. Joseph's

Comfortable mammograms – hard to believe but they are now available at St. Joseph's Hospital.

In July 2017, St. Joseph's became the first in Canada to install the latest in mammography technology that allows patients to personally control and adjust the rate of compression during the exam.

The Senographe Pristina designed by GE Healthcare is a groundbreaking new breast imaging platform designed by women for women. The mammography machine allows patients to take breast health into their own hands – literally – with a first in-industry, patient-assisted compression tool. Using a remote, patients choose the amount of compression according to their comfort level.



The Breast Care Program team at St. Joseph's Hospital are pleased to offer women greater comfort during a mammogram with the new Senographe Pristina, the latest breast imaging technology that allows patients to personally control and adjust the rate of compression during an exam. The unit was a first in Canada when installed at St. Joseph's in July 2017.

The Pristina mammography unit at St. Joseph's was the first in North America to be equipped with this tool. The feature reduces anxiety and enhances comfort, allowing technologists to focus on precise positioning making the exam easier and faster.

"The new Pristina mammography unit offers a totally different mammography experience for women. It's a complete departure from the mammogram exam as we know it," said Dr. Anat Kornecki, Breast Radiology Lead at St. Joseph's Breast Care Program. "I believe the innovative design of the Pristina will be more inviting for women and help us improve the screening rates so vital to cancer prevention.

Other features of the Senographe Pristina and the exam room are also designed for patient comfort:

- All parts of the unit in contact with the patient's breasts have gentle, rounded corners to help reduce discomfort.
- The system features comfortable armrests that relax the pectoral muscles to simplify positioning, compression and image acquisition. With regular mammograms, women are positioned in a way that projects stress on the handles of the machine, which tenses pectoral muscles and impacts image quality.
- A sensory suite in the exam room allows patients to enjoy a soothing ambiance with music and various scenes on a screen.

“When women are relaxed and comfortable during an exam, there is less movement, which enhances the quality of the images we are able to obtain,” adds Dr. Kornecki. “Better images improve our ability to catch and diagnose breast abnormalities early.”

“It allows you to feel autonomous. When you have control you relax, which helps with the whole process.”

Jane Terhaerd, patient

Research shows that fear of pain is one of the most common reasons women don't schedule a mammogram. London area patients, who were the first in Canada to try the unit, are giving the machine rave reviews in comparison to previous mammogram experiences.

“It's night and day,” says Susan Forde, 65, who has had regular mammogram screening since turning 50. “I didn't have that sense that I wanted to pull away. There were no corners digging in. It didn't feel like I was having a mammogram. It felt like nothing. Before I knew it, it was done. Being in control of the compression was fascinating. It's a game changer.”



Betty Powell, centre, Jane Terhaerd, left, and Susan Forde are among the first patients in Canada to have benefited from the Senographe Pristina mammography unit at St. Joseph's Hospital. With them is radiologist Dr. Anat Kornecki, left, Breast Radiology Lead with St. Joseph's Breast Care Program.

Jane Terhaerd also appreciated the compression control feature. "That was great. It allows you to feel autonomous. When you have control you relax, which helps with the whole process."

For Betty Powell, being positioned on the machine was much easier than in the past. "You don't have to be a contortionist. It's almost like the machine fit around me."

"It shifts the entire paradigm of how we think when it comes to assessing breast abnormalities."

Dr. Anat Kornecki

For the technologists, the machine is more ergonomically friendly, making it much easier to manoeuvre and to position patients, says Sandra MacFarlane, Technical Coordinator, Mammography, at St. Joseph's. "This means less strain for technicians while also getting better images."

The next big step – contrast and 3D mammography

In the months since the first Senographe Pristina arrived at St. Joseph's Hospital, three additional units have been installed. And with them has come the latest wave in breast imaging

technology that is making a significant difference in precision and confidence in diagnosing or ruling out breast cancer.

Contrast-enhanced mammography and tomosynthesis (three-dimensional mammography), are both now in use by St. Joseph's Breast Care Program. The cutting-edge, new imaging tools are resulting in more accurate diagnoses, reducing the need for follow-up visits, decreasing unnecessary biopsies, enhancing critical information required by breast surgeons, and speeding up the overall diagnostic process, which improves access to breast assessment for all patients. "We have been practicing the same way for 30 years," says Dr. Kornecki.

"Now change has arrived, and it's here. It shifts the entire paradigm of how we think when it comes to assessing breast abnormalities."

St. Joseph's first Pristina mammography machine is used for routine breast screening. The three additional units are for breast assessment and diagnosis – when an abnormality has been found. These new units have the added capability of performing contrast-enhanced mammograms and tomosynthesis.

Contrast mammography, developed in the early 2000s and refined and validated over the past decade, combines conventional digital diagnostic mammography with the administration of a contrast agent, explains Dr. Kornecki. The contrast agent – radiographic dye containing iodine – is injected into a vein in the patient's arm before the mammogram images are taken.

With contrast-enhanced mammography, the area of concern within the breast is highlighted in much more detail and can be an alternative to MRI, says Dr. Kornecki. It can pinpoint cancers that can't be seen with standard mammography and is particularly effective in assessing dense breasts.

"When the contrast mammogram rules out the presence of cancer, we can trust that there is nothing there. We have confidence in telling the patient that they don't have cancer. If cancer is detected, it tells us how extensive it is."



A feature of the new Senographe Pristina mammography unit at St. Joseph's Hospital means patients can use a remote to choose the amount of compression during an exam according to their comfort level. The unit at St. Joseph's was the first in North America to be equipped with the patient-assisted compression tool.

Those considered for contrast mammography are patients who have had a screening mammogram that indicated something suspicious, or those with a lump they can feel that is considered concerning. It's a quick exam, eliminates having to wait for an MRI, and can be followed by a biopsy on the same day.

Tomosynthesis, meanwhile, creates three-dimensional images of the breast, providing radiologists with many more views than is possible with a standard mammogram. It also eliminates overlapping shadows of a standard mammogram, reducing callbacks of patients for further investigation.

"The images walk us through the breast layer by layer," explains Dr. Kornecki.

St. Joseph's will be one of eight Canadian centres taking part in a U.S. study – the Tomosynthesis Mammographic Imaging Screening Trial – comparing the standard two-dimensional mammography to tomosynthesis. The study will look at whether tomosynthesis should be used as a screening tool to enhance early detection of breast cancer. Currently, the technology is not approved for routine breast screening in Ontario.

About St. Joseph's Breast Care Program

St. Joseph's Hospital is the primary location for hospital-based breast imaging, diagnostic and surgery services in London, and an affiliate of the Ontario Breast Cancer Screening Program. Approximately 100 patients a day receive breast imaging at St. Joseph's. The goal of the Breast Care Program is seamless, innovative care focused on individualized care needs and collaboration among care providers to provide the best in care, teaching and research.

"I didn't have that sense that I wanted to pull away. There were no corners digging in. It didn't feel like I was having a mammogram." Susan Forde, patient

"It allows you to feel autonomous. When you have control you relax, which helps with the whole process." Jane Terhaerd, patient.

Guitar program hits the right note



From left, music therapist Emily de Bekker, Occupational Stress Injury Clinic clients Erick Faulkner and Sam Carr, and music therapist Jill Kennedy strum some tunes during a guitar program session.

A new guitar program is striking a chord with clients of St. Joseph's Operational Stress Injury (OSI) Clinic at Parkwood Institute. Through the program the soothing power of music is helping clients calm their minds and reduce emotional stress.

Run by music therapists Emily de Bekker and Jill Kennedy, the program is offered weekly to the budding musicians.

"It's exciting and rewarding teaching guitar to the OSI clients," says Jill. "In many ways, it's the perfect instrument to learn because it encourages people to be social and it's cool, affordable and portable."

For Sam Carr, 85, the program is helping him relax and put his mind at ease. Sam served in the Korean War in 1951. When he became ill in 1959, his weight plummeted to 84 pounds. He didn't realize he was experiencing post-traumatic stress disorder (PTSD). After retiring from the military in 1983, Sam did little except watch TV. It wasn't until 2007 when he was diagnosed with PTSD at St. Joseph's OSI Clinic that he started turning his life around.

"The MySelf program is very enlightening," says Sam. "It got me out of the house and talking to people who had similar problems."

The guitar program is one component of the MySelf program, which helps people with an operational stress injury who often isolate themselves to open up, socialize and explore a broad range of new opportunities. The MySelf program is offered by St. Joseph's OSI Clinic in partnership with the Veterans Care Program. Jane Gallimore, a registered nurse with St. Joseph's OSI Clinic has noticed changes in how clients interact with each other during the guitar group.

“This has brought more meaning and pleasure to their lives, and it is wonderful to see the pride they feel as their skills develop.” Psychologist Dr. Jason Carr

“Now they make more eye contact, ask for help, joke and smile more,” says Jane. “Several clients have told me how they look forward to Friday morning guitar practice – it’s often the highlight of their week!”

Positive changes are also occurring in the clients’ daily lives, adds Jane. They talk about being more confident, having more structure in their days, and feeling supported by their families in ways in they may not have recognized or felt before.

“Learning any instrument is a good distraction to help take the mind off things,” says Emily. “In the group, it’s great to see the clients making new friends, supporting each other and having fun.”

“Several of my clients are now practicing guitar daily, and one fellow is now playing guitar with his daughter,” says Dr. Jason Carr, a psychologist with St. Joseph’s OSI clinic.

“This has brought more meaning and pleasure to their lives, and it is wonderful to see the pride they feel as their skills develop.”

Psychologist Dr. Jason Carr

Erick Faulkner had always wanted to play the guitar and jumped at the opportunity to join the group. After joining the military at 17, Erick served in many areas of the world including Somalia and Korea. It was as a peacekeeper in Cyprus that symptoms of PTSD began to emerge.

“I went through years of denial, intrusive thoughts and nightmares,” says Erick. “I was afraid of crowds, isolated myself from other people and didn’t feel comfortable in my own skin.”

Attending St. Joseph’s Clinic since 2013, Erick says every month he gets better because he has the tools to deal with his symptoms.

“I’m enjoying the guitar lessons on many levels,” he says. “They get me out of the house, help me to focus, bring me into the moment and really help with my concentration and memory. I couldn’t imagine not playing guitar now.”

Reducing stigma, gaining compassion



Catholic Central High School student Mari Pullman has enjoyed her experience working in the Sunset Variety store at Southwest Centre for Forensic Mental Health Care, where she has come to know many of the patients.

Mari Pullman admits it. She had some scary misconceptions about people with mental illness. But as she began volunteering at Southwest Centre for Forensic for Mental Health Care, her hesitations, worries and skewed perceptions quickly evaporated.

The Catholic Central High School student has always had a strong interest in forensic psychiatry. To explore this passion, she decided to volunteer at Southwest Centre where she was assigned to the Sunset Variety store. For three to four hours every Thursday, Mari helps to manage the cash, restock shelves, sell a variety of goodies and – her favourite part of the job – spend as much time as possible connecting with patients.

Today, nine months into her experience at Southwest Centre, Mari no longer carries the burden of stigma towards the patients she serves. Through volunteering her time, she has established friendships with some of the patients who visit her regularly in the store to chat and share their stories.

“I have gained a sense of understanding and compassion.”

Mari Pullman

It's been a true life lesson for Mari who says she has learned the importance of getting to know people before judging them – a lesson she can apply across all areas of her life. This experience will also help prepare her for the future since she has recently accepted her offer of admission to King's University College, where she will study social sciences with a special focus on criminology.

“I have gained a sense of understanding and compassion,” says Mari. “Psychiatric patients, especially those who have committed acts deemed criminal, are often, unfortunately, left at the outside of society. I hope the work I do in the future can help create a change for those living with mental illness.”

Walking while talking a possible early predictor of dementia

In a new study, researchers at Lawson Health Research Institute and Western University are demonstrating that gait, or motion testing, while simultaneously performing a cognitively demanding task can effectively predict the progression to dementia and eventually help with earlier diagnosis. To date, there is no definitive way for health care professionals to forecast the onset of dementia in a patient with memory complaints.



Dr. Manuel Montero-Odasso is Director of the Gait and Brain Lab, which is part of Parkwood Institute Research – a program of Lawson Health Research Institute. He is also a professor in the Department of Medicine, Schulich School of Medicine & Dentistry at Western University.

Dr. Manuel Montero-Odasso, a Lawson scientist, geriatrician at St. Joseph's Parkwood Institute, and associate professor in the Division of Geriatric Medicine at Western University's Schulich School of Medicine & Dentistry, is leading the "Gait and Brain Study." His team is assessing up to 150 seniors with mild cognitive impairment (MCI), a slight decline of memory and other mental functions which is considered a pre-dementia syndrome, in order to detect an early predictor of cognitive and mobility decline and progression to dementia.

"Finding methods to detect dementia early is vital to our ability to slow or halt the progression of the disease," says Dr. Montero-Odasso.

"It is conceivable that we will be able to diagnose Alzheimer's disease and other dementias before people even have significant memory loss."

Dr. Manuel Montero-Odasso

The study, funded by the Canadian Institutes of Health Research, followed participants for six years and included bi-annual visits. Researchers asked participants to walk while simultaneously performing a cognitively demanding task, such as counting backwards or naming animals. Those individuals with MCI that slow down more than 20 per cent while performing a cognitively demanding task are at a higher risk of progressing to dementia.

"While walking has long been considered an automatic motor task, emerging evidence suggests cognitive function plays a key role in the control of walking, avoidance of obstacles and

maintenance of navigation,” says Dr. Montero-Odasso. “We believe that gait, as a complex brain-motor task, provides a golden window of opportunity to see brain function.”

“My hope is that participating in the project can help me monitor my memory loss, but also that through my participation...others will benefit too.”

Roy Bratty

The “gait cost” (speed) at which participants completed a single task (walking) versus a dual-task was higher in those MCI individuals with worse episodic memory and who struggle with executive functions such as attention keeping and time management.



Study participant Roy Bratty, 82, demonstrates the walking and talking gait test with Dr. Manuel Montero-Odasso, a scientist with Lawson Health Research Institute and a geriatrician at Parkwood Institute.

Roy Bratty, 82, and his wife, Annabel McMillan, made a family decision to participate in research when they recognized that Roy was beginning to show signs of memory issues. Annabel and Roy chose to participate in the gait study because it is non-invasive and only requires bi-annual visits to Parkwood Institute over a six year period.

"My hope is that participating in the project can help me monitor my memory loss, but also that through my participation and the information I provide, others will benefit too," says Roy.

Results reveal a ‘motor signature’ of cognitive impairment that can be used to predict dementia, says Dr. Montero-Odasso.

“It is conceivable that we will be able to diagnose Alzheimer’s disease and other dementias before people even have significant memory loss. Our hope is to combine these methods with promising new medications to slow or halt the progression of MCI to dementia.”

Smart tech, smart treatment

Many mobile applications are on the market to help people struggling with mental health issues, but these aren't necessarily created or used by health care providers.

Creating an entire smart mental health system is one of the strategic priorities of St. Joseph's and Lawson Health Research Institute's Mental Health Research Group led by Dr. Cheryl Forchuk, Beryl and Richard Ivey Research Chair in Aging, Mental Health, Rehabilitation and Recovery. Numerous projects have been identified as components of a plan spanning seven years.



Lawson Health Research Institute researchers created an app to help seniors with depressive symptoms, allowing for some health and support services to be provided virtually.

With a smartphone pilot project called the Lawson "SMART" record, participants received an iPhone loaded with a custom-designed app. This gave them access to their personal health information and allowed them to easily stay in contact with their health care provider in a secure environment. A mood monitor was built in and, unlike other tracking apps, the information was instantly sent to the care provider.

A patient can choose the kinds of text messages that might be helpful for them to receive, such as a reminder to take medication or even a simple check-in, such as "how is your day going?" Their care provider can then monitor the responses and engage in dialogue.

"This would save the health care provider time, but really it would reduce the burden on a population for which face-to-face visits can be a huge ordeal."

Dr. Cheryl Forchuk

In a similar pilot project funded by the Canadian Frailty Network, the research group created an app to help seniors with depressive symptoms, which are commonly seen in this age group, says Dr. Forchuk. Having depressive symptoms means someone hasn't necessarily been diagnosed with clinical depression but is at risk of developing it. The study looks at whether

some mental health services could be done virtually, such as face-to-face visits through secure video chats and tools like mood monitoring.

“This would save the health care provider time, but really it would reduce the burden on a population for which face-to-face visits can be a huge ordeal, especially in the winter,” says Dr. Cheryl Forchuk.

Using the app is not meant to eliminate structured appointments, but to avert crises between visits.

Moving forward, the research group will pilot two smart home prototypes to study the benefit of technologies built in the home, including automatic medication dispensers, blood pressure monitors, smart mirrors and smart TVs.

With these smart tech treatments, the ‘dose’ of technology would vary. A lower dose could be a text, a medium dose could be something accessed through an app or online, and a higher dose would be having technology set up right in the home.

“It depends on the unique needs of the individual,” explains Dr. Forchuk. “Someone might only need a text message, but since he has trouble remembering to take medications, an automatic medication dispenser could be installed.”

Read more

This article is adapted from [Lawson Link](#) magazine, a Lawson Health Research Institute magazine highlighting hospital-based research in London. The research stories demonstrate the quality and impact of Lawson research and provide proof that the discovery of innovative new treatments leads to improved health outcomes and a higher quality of life for patients.

Partnership sheds light on toll of human trafficking

A novel partnership between St. Joseph's Regional Sexual Assault and Domestic Violence Treatment Program (RSADVTP) and London Police Service is shedding new light on the toll of human trafficking on victims and how best to provide care and support for these girls and young women.



Detective Janine Bonnett, left, Detective Steve Newton, and Detective Constable Jilaine McConnell, all from the Sexual Assault and Child Abuse Section of the London Police Service, were on hand for an open house at the Regional Sexual Assault and Domestic Violence Treatment Program at St. Joseph's Hospital where a new interview room is easing the turmoil for victims of sexual assault.

Since March 2017, the RSADVTP team has been working with London Police Service's Human Trafficking Unit, providing initial examination, testing, and medical and psychological care for victims rescued by police. In this ongoing collaboration, the RSADVTP team is the first point of care for these individuals.

Located at St. Joseph's Hospital, the RSADVTP is one of the first such treatment programs in Ontario to take on this role.

"It is very important work," says Dr. Susan McNair, RSADVTP Medical Director. "These are individuals who are very vulnerable and have unique and very high needs, not only medical and psychological but also with regards to safety, housing, legal advocacy and the most basic necessities."

While human trafficking is a significant and growing problem across the province, London is known as a hub for the crime, says Detective Mike Hay with the Human Trafficking Unit.

"Human trafficking is a unique area of care for the network of sexual assault treatment programs in Ontario and St. Joseph's is leading the way in this work."

Dr. Susan McNair

In October 2016, London Police launched Project Equinox, a proactive investigation into human trafficking that led to sweeping arrests and shined a spotlight on the problem in London. As a result of the six-month project, a specialized unit was established. Led by Detective Hay, the unit's main goal is to rescue victims, some of whom have been as young as 14 years old.

"The partnership with Dr. McNair and St. Joseph's has been fantastic," says Detective Hay. "Having a resource like the Regional Sexual Assault and Domestic Violence Treatment Program as the first point of care has made it very easy for victims of human trafficking in London to have immediate access to services, whether that's counseling, testing for sexually transmitted disease, medical care, or simply a shower."

"The victims we have brought to St. Joseph's have been highly traumatized, but the specially- trained staff help them start to feel safe again."

Detective Mike Hay.

The care provided by the RSADVTP to victims of human trafficking has been comprehensive while respecting the wishes of the survivors. It has included: assessment and care for medical and physical needs; the collection of forensic evidence; providing reassurance and a safe place for victims to share their story; safety planning in collaboration with the police; follow-up care; facilitating contact with families; offering support and education about human trafficking to family members of victims; and more.

"The victims we have brought to St. Joseph's have been highly traumatized, but the specially-trained staff help them start to feel safe again," says Detective Hay.

Among the challenges that have come to light since the partnership began are finding and arranging appropriate medical and psychological follow-up in the community where the victim is relocated. Locally, the team supports efforts to create a "circle of care" – a coordinated community response for survivors. Provincially, the team would like to see the establishment of a care pathway in all Ontario sexual assault/domestic violence treatment centres.

"Human trafficking is a unique area of care for the network of sexual assault treatment programs in Ontario and St. Joseph's is leading the way in this work," says Dr. McNair.

New interview room eases turmoil

Recently, the partnership between St. Joseph's and the London Police was expanded. Victims of sexual assault or human trafficking who choose to give a statement to police can now do so without leaving the supportive environment of RSADVTP. An interview room has been created within the comforting and calm setting of the RSADVTP that allows victims to provide a statement to police, if they choose to do so, without having to go to the station. London Police come to the individual rather than the individual to the police.

"The interview room at the RSADVTP was initiated to provide better service to victims and survivors of sexual assault," explains Detective Sergeant Dave Poustie of the Sexual Assault and Child Abuse Section. "It is an effort to minimize trauma by limiting the number of times a victim has to recount their story. All can be done in one place, if that is what the victim wishes.



Investigators from the Sexual Assault and Child Abuse Section or the Human Trafficking Unit can come to St. Joseph's, where the individual may be more comfortable, to conduct an on-camera interview with the victim."

"Being able to provide a statement to police after receiving care without having to leave our program is truly a patient-centred approach."

Cassandra Fisher

Those coming to the RSADVTP are often very exhausted and stressed by their ordeal," says Cassandra Fisher, Coordinator of the program. "Being able to provide a statement to police after receiving care without having to leave our program is truly a patient-centred approach. They have the choice of receiving care, counseling, involving police, all three, or any combination of those options."

About the Regional Sexual Assault and Domestic Violence Treatment Program

Serving London as well as Oxford, Elgin, Huron-Perth and Middlesex counties, the Regional Sexual Assault and Domestic Violence Treatment Program located at St. Joseph's Hospital provides care for women, children and men who have experienced sexual assault/sexual abuse and/or domestic violence.

A team of specialized nurses, doctors and social workers are available 24/7 to provide care at the time of the assault and in the months following the incident. There are many options for care and each individual can choose what he or she wants to do. Depending on the nature of the assault and the time since the assault, numerous services are offered:

- emotional support/crisis intervention for the patient and significant other
- counseling; physical examination
- testing, prevention, and/or treatment of sexually transmitted infections initially and in follow-up

- HIV prevention medication
- testing and/or prevention of pregnancy due to sexual assault
- documentation/photographs of injuries
- forensic evidence collection
- safety planning
- referrals as needed.

The RSADVTP team also conducts research and provides education to high-risk groups, professional partners in care, and faculty and students at Western University.

Where they want to be

A tireless group of volunteers grace the hallways at Mount Hope Centre for Long Term Care twice a week, helping residents stay close to God.



A dedicated group of volunteers ensures residents have the opportunity to stay close to God while in care at Mount Hope Centre for Long Term Care. Seen here with Fr. Peter Poel are some of these tireless volunteers: John Witlox, left, Ed Jackman, Caroline Carbone, Ann Cromie, Ellenor Castle, Lois Martin and Yvon Bergeron.

Transporting 70 residents to and from Mass twice a week is a big job, but every volunteer feels it is well worth the time, effort and mileage.

“Each volunteer walks about three to four kilometres,” says Ellenor Castle, who is responsible for scheduling and coordinating the volunteers. “Bringing residents to chapel and back up to their floor is a lot of leg work. Some days, when we don’t have enough volunteers, one person transports more than 20 residents by themselves.”

One by one, residents are brought into the chapel, most of them by wheelchair. Not only are the volunteers responsible for getting the residents to church, but they also keep a watchful eye to ensure there are no issues during Mass.

“We ensure they are comfortable and safe,” says Ellenor.

“They become family... They really look forward to seeing us.”

Ellenor Castle, volunteer

The volunteer group is made up of mostly seniors, which makes this troupe even more impressive as they work tirelessly to ensure God remains a part of the lives of those residents at Mount Hope for whom it is important.

Ranging in years of service – from John Witlox who has been a volunteer for 20 years, to newbie Caroline Carbone, who started just over eight months ago – each volunteer expresses their joy in helping.

“They become family,” laughs Ellenor. “If you miss a day, the residents ask ‘where were you?’ They really look forward to seeing us.”

John’s mother became a resident at Mount Hope and even after she passed away, he stayed on and continued portering people to Mass.

“Some of the residents are very religious, spending a lot time in prayer,” says John. “This is a beautiful break in their day.”

John refers to his volunteer work at Mount Hope as his Sunday golf game.

“I enjoy this so much. The happiness we receive from the residents is ten-fold what we put in. The joy in their eyes, the smiles on their faces – I feel very blessed to be a part of this group.”

When asked why this particular vocation is important to the volunteers, it’s clear that God is just as important to them as it is to the residents of Mount Hope. The job, however, can have its ups and downs. Besides the physical exertion, the volunteers establish relationships with the residents and feel the loss when a resident dies.

“It can be a bit hard when someone passes away, but I always remember why I am doing this,” says John.

The residents aren’t the only people who are grateful for this devoted troupe.

“There is an expression – the best way to find yourself is to lose yourself in the service of others – that embodies the life of our volunteers at Mount Hope.”

Chaplain Margaret Vanderheyden

“Without their dedication to generously serve residents and help keep the Eucharist a central part of their lives, Mass couldn’t happen,” says Fr. Peter Poel.

Margaret Vanderheyden, Mount Hope chaplain, understands the importance of the volunteers in the lives of residents.

“Through the eyes of a resident, the volunteers become friends – someone to talk with, share with, someone they depend on, a lifeline to activities they wish to attend. There is an expression – the best way to find yourself is to lose yourself in the service of others. This embodies the life of our volunteers at Mount Hope.”