

Annual Report 2015-2016

Welcome to the 2015-2016 Annual Report

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OPENING MESSAGE



Welcome to St. Joseph's Annual Report to the Community. Please read the stories of our staff, physicians, researchers, patients and residents in this report and be inspired by the journeys of care, recovery and discovery taking place across St. Joseph's Health Care London. These stories speak to our commitment to earning the complete confidence of those we serve. We are truly honoured to care for our patients and residents through expert teams, state-of-the-art facilities, and innovative research.

The year saw us settle into our new Mental Health Care Building and the new Zone A at St. Joseph's Hospital, marking the official end to 17 long years of health care restructuring and transformation for St. Joseph's. When we reopened our sacred St. Joseph's Hospital Chapel in June after three years of construction, it was a symbolic homecoming of all that we are and all that we will continue to be.

As an organization, we are now forging ahead, unencumbered by restructuring, to achieve our strategic priorities and build upon our legacy, strengths and enduring mission. There will be new challenges ahead – the path in health care is never clear – but we look forward to an exciting future for our organization with the same spirit and devotion that has always propelled St. Joseph's.

We mark this year once again in a spirit of partnership and community, with patients, residents and families, our health care partners, volunteers and donors. Thank you for your interest and for helping us make a lasting difference. With the strength of our past, the expertise of our staff and physicians, and the support of our community, we will continue to strengthen our performance in all aspects of care, teaching and research. We will continue to rise to the call to serve all those who come to us in need, guided by the principles of Catholic health care.

Phil Griffin
Chair, Board of Directors

Dr. Gillian Kernaghan
President & CEO

Our People

BREAKING DOWN SILOS



Changing the way programs think and patients are seen is improving the patient experience at St. Joseph's Hospital in London, where good progress is being made in integrated chronic disease management.

Sheila Lucas had her first open heart surgery to repair a faulty mitral valve at age 21. Twenty years later, she underwent a second surgery, and now, at 64, is likely facing another heart operation.

To ensure she's in the best shape possible, Sheila was referred to the Cardiac Rehabilitation and Secondary Prevention (CRSP) Program at St. Joseph's Hospital in London. There, she would find care and support that extended beyond the program and address health care needs she didn't know she had.

Designed for individuals with known heart disease, the six-month CRSP program is a safe and effective way to overcome some of the physical and psychological complications of heart disease, limit the risk of developing more heart trouble, and assist in the return to an active social or work life after a heart event.

For Sheila the program was an opportunity to improve her fitness level and reduce the strain on her heart. Tragically, her husband recently died suddenly, three months after being diagnosed with cancer. She was beginning the program in a vulnerable state, physically and emotionally.

"I was way overweight and my heart was bad. I couldn't breathe. I couldn't walk. My ankles were swollen. I couldn't bend over to do my shoes up. I couldn't go from the parking lot into the grocery store without feeling like I was dying. I couldn't do anything."

During the initial comprehensive assessment at the CRSP program, the news got worse. Sheila also had type 2 diabetes.

"It was a shock. I was overwhelmed as it was – this was another blow."

But working with the interdisciplinary cardiac rehab team, which includes physicians, kinesiologists, psychologists, dietitian, nurse, and others, Sheila slowly began making progress. For the diabetes, she was enrolled in a class at the Diabetes Education Centre, also at St. Joseph's Hospital.

Sheila's care experience is part of a focus on integrated chronic disease management at St. Joseph's Hospital, which is changing the ways programs think and patients are seen.

For the most part, hospital programs have care delivery models divided by disease-specific silos, explains Mary Mueller, Director, Medicine Services at St. Joseph's. For example, at St. Joseph's Hospital there is the Centre for Diabetes, Endocrinology and Metabolism and CRSP. Traditionally, there has been little or no integration or coordination of care between these two programs even though their patients share common risk factors.

To break down the silos, a plan has been developed at St. Joseph's to bring programs together in the care of patients with chronic diseases. First up was creating new care pathways for diabetes care and cardiac rehabilitation. Looking at identified risk factors seen in patients in both programs, a coordinated, collaborative care model was developed to optimize the care and service for these patients.

It begins with a comprehensive medical assessment for all patients entering CRSP. This starts the ball rolling to systematically detect and address all vascular health risk factors and behaviours. For patients presenting in CRSP with diabetes or pre-diabetes it means they are now referred to the appropriate diabetes services specific to their needs – Diabetes Education Centre, Diabetes, Endocrinology and Metabolism Clinics, or Primary Care Diabetes Support Program – all part of St. Joseph's. Since March 30, 2015, 92 cardiac rehab patients have been referred to diabetes services. More importantly, 63 per cent did not know they had diabetes and are now being offered care for that condition.

As well, new diabetes patients at St. Joseph's now receive exercise education within the Diabetes Education Centre and routine screening for referral to cardiac rehab's exercise programming. If eligible, they are offered enrollment into a six-month program. Exercise is a key component in care for type 2 diabetes patients yet many don't get enough physical activity. Since July 2015, 211 out of 251 diabetes patients were found to be eligible for the exercise program.

"Bringing programs together in this way is very exciting work that we are slowly expanding across St. Joseph's Hospital," says Karen Perkin, Vice President, Patient Care, and Chief Nurse Executive. "Essentially, we are combining our services in the best way possible around the needs of the patient."

For Sheila, the focus on integrated care has been life changing. Her weight is on the downswing, her stamina, heart health and emotional wellbeing are on the upswing, and her understanding of what she needs to do to regain her health is empowering.

"I don't know what I would have done without St. Joseph's," says Sheila. "I was such a mess physically and emotionally. St. Joseph's has been a true blessing. Everyone has been so encouraging. They keep me motivated."

INNOVATIVE TRIAL AIMS TO INDUCE REMISSION OF TYPE 2 DIABETES



The treatment is a significant departure from the standard approach to care.

Remission is well-known as the goal in cancer treatment but scientists are discovering it's also an exciting possibility for those with type 2 diabetes.

This new concept is being tested by researchers at Lawson Health Research Institute, who are challenging traditional type 2 diabetes treatment and testing an aggressive approach in recently diagnosed patients.

St. Joseph's Hospital in London is one of seven Canadian sites taking part in the innovative trial considered a significant and innovative departure in strategy in the care of people with type 2 diabetes. Known as the REMIT Study, it is being led by the Population Health Research Institute (PHRI), a joint institute of McMaster University and Hamilton Health Sciences. This trial follows a PHRI pilot study of early aggressive treatment that resulted in up to 40 per cent of 83 patients with type 2 diabetes going into remission and not needing any diabetes treatment for at least three months.

"For type 2 diabetes we have a wide array of new drugs, a wide array of new insulins, lots of choices, and we are doing our best with our family doctor colleagues, but we're not winning," explains Lawson researcher and endocrinologist Dr. Irene Hramiak, Chief of the Centre for Diabetes, Endocrinology and Metabolism at St. Joseph's. "We still have 50 per cent of patients with type 2 diabetes who are not reaching their blood sugar targets. Unfortunately our patients still are suffering the complications – amputations, eye disease, dialysis and heart attacks from their diabetes. So we have to stop and ask maybe it's our approach."

The standard treatment for people diagnosed with type 2 diabetes is to start on a single medication, which is then followed by the addition of more drugs and insulin as the disease progresses.

"We don't start multiple drugs all at once," says Dr. Hramiak. "We take one at time. We wait until you run out of efficacy from that drug, which can take a variable length of time and then we add a drug. But over the course of many years, there are lag periods and people spend a lot of time poorly controlled rather than well controlled because of the progressive nature of the disease."

The experimental treatment will see patients receiving intensive treatment - two drugs plus insulin at bedtime - for three months to see if remission can be induced.

"It's a proactive approach," says Dr. Hramiak. "The theory is that we should be aggressive with treatment early in the disease and that may slow the progression of the disease."

A total of 152 patients are being sought in Canada – 25 at St Joseph's - who have been diagnosed with type 2 diabetes within the last eight years.

"It's quite innovative," says Dr. Hramiak of the experimental treatment. "It's really changing the disease and inducing remission rather than treating disease. It's a huge difference to our overall approach."

LENDING A HAND – HULC FELLOWSHIP



They come from across Canada to be trained by the best.

Developed in 2011, the Hand Therapy Fellowship Program at the Roth McFarlane Hand and Upper Limb Centre helps occupational and physical therapists to develop the necessary skills to be proficient in providing hand and upper extremity therapy – a highly specialized area of rehabilitation.

The 600-hour course delivered over an intense four months is designed for both entry level and experienced occupational or physical therapists. Fellows are immersed in learning anatomy, physiology, biomechanics, pathology, functional utilization of the upper extremity as well as research methodology.

“Progressive” and “prestigious” are just some of the words former fellows use to describe their fellowship experience at St. Joseph’s Hospital. At a recent hand and upper limb symposium, three former fellows returned and shared their thoughts on the program.

Kristen MacDonald, a fellow two years ago, says she uses the skills and knowledge she learned from the program daily as a hand therapist in Kitchener.

“It was beyond what I expected,” recalled Kristen. “The staff were passionate, knowledgeable and extremely supportive. I was able to learn different skills and applications and present my research. The program encompassed so much that I use today.”

With a main focus on hands-on clinical training, fellows are given the opportunity to use various Roth McFarlane Centre learning resources such as cadaveric video demonstrations of elbow, wrist, and hand pathologies, observe various live upper extremity surgical procedures, and participate in teaching rounds and journal club meetings. Fellows also work in collaboration with plastic and orthopaedic surgery residents and fellows at St. Joseph’s Hospital.

Laura Yurkowski completed her fellowship in 2014 and now works in outpatient hand therapy at a private clinic in Winnipeg.

“My experience at St. Joseph’s included involvement in treatment and research. It was incredible watching the teams work together. They were always helpful.”

Now working in Philadelphia as a hand therapist, Chelsea Barker was the program’s first fellow.

"During the program I was able to participate in clinical research rounds with plastic and orthopedic residents, I observed surgeries and was able to present my research at conferences," says Chelsea. "I was exposed to many different types of injuries and saw new techniques and surgeries. My experience there was second-to-none."

Internationally renowned, the Roth McFarlane Centre provides a wide range of state-of-the-art care for patients with any injury or condition of the hand, wrist, elbow and shoulder. Opened in 1992, it is unique in its scope, providing comprehensive orthopedic and plastic surgery as well as non-surgical services. The centre is a recognized centre of excellence in treatment, research and teaching.

The team of hand therapists at the Roth McFarlane Centre offer specialized rehabilitation services to patients of all ages with conditions and disorders of the upper limb. Working closely with the expert surgeons, the team develops treatment plans based on each individual's care needs.

In addition to the fellowship, the hand therapy program attracts several clinicians every year from around the world who come for two to four weeks to observe the hand therapists in action.

Our Excellence

BUSY HANDS BRING CALM



What started as a search for a worthwhile project for a staff knitting group at St. Joseph's to pursue in their leisure is resulting in calming creations for people with dementia.

As soon as Noelle Tangredi, eLearning developer from Organizational Development and Learning Services at St. Joseph's, came across the inspiring idea of knitted hand muffs (cylinders that keeps hands warm) for people with dementia, she knew it was the perfect fit for her group.

"We knit the muffs with soft, chunky or novelty yarns for varying textures, then attach objects like buttons, strings and beads," she explains.

People with dementia like to have something to keep their hands occupied. So making these muffs not only keeps their hands warm but the muff also provides visual, tactile and sensory stimulation.

St. Joseph's behaviour analyst Bruce McBride explains that when people with dementia are restless, the hand muff provides stimulation and reduces anxiety. They are soothed by having something to keep their hands occupied,

For some patients the hand muffs are having remarkable results, says Jennifer McPhee, a therapeutic recreation aide at Mount Hope Centre for Long Term Care.

"We have a resident who talks loudly and repetitively, but once she puts the hand muff on she becomes very calm."

At Parkwood Institute, therapeutic recreation specialist Tichelle Schram is finding the hand muff particularly helpful with one patient who loves to tinker. "It helps him focus his energy and attention on something positive," she says.

Currently the knitting group has donated hand muffs to patients and residents with dementia at Parkwood Institute and Mount Hope who benefit the most, and to others who have asked for them, including staff members caring for a parent at home who has dementia.

"This is definitely an easy project busy_hands_thmb.jpg for new knitters," says Noelle. "We would love it if others in the community want to join in."

If you would like to knit hand muffs for people with dementia, the [pattern can be found online](#). Once completed, please drop off the hand muffs between 8:30 am to 4:30 pm weekdays to:

- Alzheimer Society London and Middlesex, 435 Windermere Road, London
 - Alzheimer Outreach Services of McCormick Home, 2022 Kains Road, London
- Related:*
- [CBC News - Comfort and warmth for people suffering from dementia](#)

HOWIE'S WORLD



Canadian comedian, actor and author Howie Mandel balances a successful career with – at times – crippling mental illness. On Oct. 7, he shared his story at St. Joseph's Tribute Dinner.

At the best of times, Howie Mandel has a crowd in stitches with never-ending laughter. But at the worst of times, he has spent anxiety-ridden hours in never-ending repetition to ensure his front door is locked.

The 59-year-old Toronto native has spent more than 30 years in the limelight and almost twice that long struggling with a range of mental illnesses, including obsessive compulsive disorder (OCD), attention deficit hyperactive disorder (ADHD) and depression. Due to his quick wit and notoriety, Howie has been able to make light of a dark situation and inspire thousands of others.

Starting out as a “manic young comic” on the Canadian comedy scene, Howie was known for his zany shows. His first headlining act featured his name and tagline “Borderline Psychotic” – a reference, he says, to his hyperkinetic nervous energy on stage. Though he used his quirky behavior to draw laughs from the crowd, Howie wasn’t ready or willing to open up about his personal struggles with mental illness.

Howie’s career got a kick start when a producer saw him at the legendary Comedy Store in Los Angeles and gave him a role on the game-show *Make Me Laugh*. His appearance led to other talk shows, a reoccurring role as a doctor in the award-winning series *St. Elsewhere*, and his own creation, *Bobby’s World*, an animated children’s show inspired by his childhood experiences. He also hosted the popular game shows *Deal or No Deal* and *Deal with It*.

As his star rose, behind the scenes Howie continued to be plagued by doorknobs he couldn’t open, hotel rooms that required a path of clean towels to walk on and hands he couldn’t shake for fear of germs. It wasn’t until he appeared on the famed Howard Stern Show on radio that his personal struggles became public. After the show had wrapped for the day, Howie couldn’t bring himself to touch the door knob to let himself out of the studio. Despite requesting assistance, nobody would open the door. As his anxiety grew he exclaimed that he was in therapy for his OCD. He was let out but would discover that he was still live on-air. Howie was embarrassed, but the public’s reaction was positive.

Realizing that people could relate, Howie was inspired to write his 2009 memoir *Here’s the Deal: Don’t Touch Me*. Since then, he’s joined other Canadian icons as a spokesperson for Bell Let’s Talk Day, unabashedly sharing his experiences with mental illness with the hope of promoting mental health care and reducing stigma.

A record sell-out crowd of more 1,200 turned out on Oct. 7, to hear Howie tell his story of mental illness at St. Joseph's Health Care Foundation's Tribute Dinner, an annual fundraising event that supports the highest priority needs across St. Joseph's. Remarkably candid, surprisingly poignant and hilariously funny, Howie captivated the crowd and brought new awareness to mental illness.

CYCLING TO INDEPENDENCE



Canada's first arm cycling program is in place at St. Joseph's Parkwood institute for patients with a spinal cord injury.

A new therapy at Parkwood Institute is helping Dan Harvey with simple tasks most take for granted, like adjusting a thermostat, reaching the radio in his van or turning on a light switch.

In 2003, Dan was 17 when he ricocheted off a trampoline and landed head first in a foam-filled pit. "I had no idea what was happening, I just knew I couldn't move and called for help," says Dan.

The fall resulted in a compression fracture of his C4 cervical vertebrae and an incomplete spinal cord injury, meaning he still had some motor function in his arms. To increase his muscle strength and range of motion, as well as reduce neck and shoulder pain and muscle spasms, Dan is working with the Upper Extremity Functional Electrical Stimulation (FES) Program — an arm cycling program for those with a spinal cord injury who have upper limb paralysis or weakness.

When the spinal cord is working as it should, the body sends electrical impulses to contract muscles. Because this process doesn't work for those with a spinal cord injury, the FES cycle replicates the process. It cycles forward and backward for a programmed period of time, targeting specific muscle groups to contract when they receive electrical stimulation through electrodes.

"I can actually feel the electrical current going into my muscles," says Dan.

If the muscle fibers become fatigued during cycling, a motor kicks in to provide relief. The bike also tracks whether individuals are using electrically-stimulated arm muscles to power the cycle or whether the motor is helping them with the motion.

"The Upper Extremity FES has many benefits, including relaxing muscle spasms and preventing muscle atrophy," explains occupational therapist (OT) Sarah Miles, who, together with her OT colleague Manny Paiva, assesses patients and helps them set goals for the FES program.

"We believe we are the first program in Canada offering this therapy in a clinical setting," adds Manny.

Fitness instructor Kari Logie oversees the logistics of setting patients up on the FES program, such as attaching the electrodes and calibrating the cycle. Students from health sciences and kinesiology at Western University are also learning how to operate this new device by supporting patients who are completing this therapy.

Now four months into the Upper Extremity FES program, Dan – who lives with his wife and two “ridiculous” cats – is excited about the small changes he’s noticing in his arm movement and strength.

“It is these small, incremental victories like having a little more strength to reach a button in my van and closing the door on the first try instead of after multiple attempts that are helping me become more independent.”

WORLD FIRST IN IMAGING TECHNOLOGY DEVELOPED AT LAWSON



The unique London-based coil product is now being sought worldwide

Scientists at Lawson Health Research Institute, in collaboration with Ceresensa Inc., have produced the world's first commercial imaging product for PET/MRI scanners. The novel head coil provides unparalleled images to advance the study, diagnosis and treatment of a wide range of diseases. This research innovation comes after Lawson installed Canada's first whole body PET/MRI scanner in 2012 at St. Joseph's Hospital. This hybrid imaging scanner combines magnetic resonance imaging (MRI) and positron emission tomography (PET) into one powerful and simultaneous whole-body system, with substantial and innovative results. Patient diagnosis is faster and overall information available from the scan is better and more detailed.

"With only 50-60 PET/MRI scanners installed worldwide, Lawson's Imaging program has made significant early contributions to this young technology and pioneering system," says Dr. Jean Théberge, a scientist with Lawson Imaging and a physicist with the Diagnostic Imaging Centre at St. Joseph's.

During scans, a coil is positioned around the head. The coil contains several elements, called channels, which detect the MRI signals being emitted. No gamma rays are used in standard MRI and so the components are not designed to avoid absorbing this radiation. For PET images, participants are injected with a radioactive material which emits gamma rays. The problem is that in a hybrid PET/MRI scanner, the PET gamma rays are absorbed by the MRI head coil, resulting in a loss in the quality of data at the level used for research.

"Our challenge was to create a MRI head coil with 32 channels for research-grade scans that would be transparent to gamma rays," explains Adam Farag, Scientific Director and Co-Founder of Ceresensa.



Together, Dr. Théberge and Farag arrived at a design that solved the problem, making possible advanced and highly effective neuroimaging with both MRI and PET. This was done through significant changes to the geometry of the existing coil and, thanks to the wide array of imaging equipment at Lawson, careful testing and selection of materials. With PET-friendly geometry and PET-friendly materials, the result is simultaneous acquisition of images and information from both the PET and MRI scans – giving a more complete picture of the area being studied.

“Simultaneous PET/MRI has changed what we can dream of for brain imaging research and clinical applications,” says Dr. Théberge. “PET/MRI has proven to deliver uncompromised quality compared to standalone PET or MRI scanners. Our brain imaging coil extends this quality to advanced neuroimaging applications, attracting neuroscientists previously specialized in only PET or MRI. This opens up considerable possibilities for collaboration and synergy.” At Lawson, the coil will be used for research in schizophrenia and depressive disorders, Alzheimer’s disease and fronto-temporal dementia, and the study of brain damage resulting from chronic dialysis.

CELEBRATING TRANSFORMATION

There was much to celebrate on Jan. 28 when staff, patients, family members and community partners gathered together to commemorate the first year in Parkwood Institute's Mental Health Care Building.

It was just a little over ago, in November of 2015, when St. Joseph's opened the doors to its new, hope-inspiring building. Since that date, patients, families, staff and physicians have witnessed the impact these new spaces have made on those who come for care and support.

"We have been so pleased with how this facility has allowed our skilled team of dedicated health professionals to care for people in healing environments that foster dignity and promote individual growth and skill development," said President and CEO, Dr. Gillian Kernaghan at the one-year celebration.

But the event was more than marking the anniversary of a new building. It also celebrated the dedication of many who worked together to help transform mental health services across region. At the event, Longwoods Publishing launched of a [special edition of Healthcare Quarterly](#) entitled "Transforming Mental Health Services: Lessons Learned from Southwestern Ontario". Dedicated entirely to the success of mental health transformation in the region, the issue features articles published by current and former mental health care leaders at St. Joseph's and partners in our region.

Dr. Paul Links, Chair/Chief, Psychiatry, shared his gratitude for the opportunity to share stories, successes and lessons through the publication, and to the many who made mental health transformation possible.

"St. Joseph's is very proud of those who came together across our organization – leaders, former leaders, frontline staff, physicians and volunteers, in partnership with many agencies from across Southwestern Ontario – for helping to advance our mental health care system," he said.

The work now taking shape within mental health is advancing a recovery and rehabilitative approach to care, added Karmia Velji, Vice President, Patient Care and Quality.

"In keeping with the vision of Parkwood Institute, St. Joseph's regional and provincial role as a leader in recovery and rehabilitation models of care will grow as we leverage knowledge and synergies across programs and through teaching and research," she said. "As we celebrate a successful year in this remarkable new building we look ahead to what the next chapter will bring for our patients, our organization and our region."

Our Patients

IN THEIR OWN VOICE – IN FLANDERS FIELDS

In 1915 during the World War I, while sitting in a crude bunker in Belgium, military surgeon John McRae penned the famous poem In Flanders Fields. To mark the 100th anniversary of the poem's creation, eight veterans at Parkwood Institute were recorded reciting its timeless lines. The result was a poignant and moving reminder of the sacrifices and heroics of Canada's veterans.

"It was a profound experience recording these veterans who had the love, passion and bravery to fight for our country," says St. Joseph's videographer Pauline Devilee. "The video gives us a glimpse into the emotion behind their sacrifice."

"The veterans were proud to honour their fallen comrades by participating in the video," adds Mary Lynn Kelly, unit secretary in Parkwood Institute's Western Counties Wing, home to 140 veterans.

The video ends with the next generation – three young children of St. Joseph's staff members – saying "We will remember them. I will remember them. You will remember them."

The video was shared around the world through social media in 2015, reaching 5,600 on Twitter and 34,000 on Facebook.

Watch the video here: <https://youtu.be/S-IY-RH1928>

A DIFFERENT WORLD IN THE HEART OF LONDON



During February and March, three St. Joseph's staff members became a mini mobile medical team in response to an urgent request by the South West LHIN for help in meeting the health care needs of London's Syrian refugees. As they neared the end of their secondment, the following is how the three described their experience and what it has meant to them.



Every day for the first six weeks, they pushed and pulled a wagon filled to the brim with basic medical supplies along snowy sidewalks to attend to the most immediate health care needs of London's burgeoning Syrian refugee population.

From their well-equipped, state-of-the-art spaces at St. Joseph's Health Care London, the team found themselves in large London hotel rooms with no exam beds or patient privacy - even without easy access to running water in one location - and hundreds of Syrians needing care. At one hotel, make-shift exam beds were created by pushing together tables and chairs and a projector screen tipped on its side became a privacy screen.

And yet this dedicated trio describes the experience as meaningful, illuminating and infinitely rewarding.

Nurse practitioner Caitlin Carreau, OR nursing unit secretary Angela Morgan, and admitting clerk Marlo Davidson are St. Joseph's quick response to an urgent request from the South West LHIN on behalf of London InterCommunity Health Centre (LIHC) to deploy staff members to support health assessments for Syrian refugees. They are part of a partnership of LIHC, the Cross Cultural Learner Centre (CCLC) and Thames Valley Family Health Team addressing the health care needs of the Syrian newcomers that require immediate attention.

Ingenuity, perseverance and heart best define the St. Joseph's team. In the centre of London, they are on the frontlines in a very different world.

In a normal year, London sees less than 300 refugees arriving in the city, according to the CCLC. Since December 2015, 878 Syrian refugees have flooded into London, most arriving in January and February. Another 800 are expected by the end of the year.

"It's been a huge learning curve for me," says Caitlin, who was seconded from her role in Adult Ambulatory Services at Parkwood Institute's Main Building. "As a nurse practitioner I'm working very independently so have been pushed to the limits and boundaries of my profession. And learning about the culture has been eye opening."

A tiny clinic space was eventually created within the CCLC for the mini mobile medical team. Some mornings, a crowd is waiting outside the centre for their arrival, referring to Caitlin, as "doctor" despite her best efforts to inform them otherwise. She sees everything from ear and throat infections, skin rashes, pregnancy concerns and dental pain, to infections from surgical procedures performed while the Syrians were living in refugee camps in Jordan, Lebanon, Turkey and Egypt.

Medications that Caitlin prescribes are walked over to a pharmacy for filling (there is no fax machine) and delivered to the Syrians' hotel rooms that evening or the next day.

Many have chronic illnesses that need to be followed, such as diabetes. Some, like a three-year-old who had heart surgery before coming to Canada, and a two year old with kidney damage, need ongoing care from specialists.



Angela Morgan, left, Marlo Davidson, and Caitlin Carreau, a medical team from St. Joseph's Health Care London, pull their wagon of medical supplies from the London InterCommunity Health Centre to the Cross Cultural Learner Centre to attend to the health care needs of Syrian refugees

It's Marlo's daunting task to create medical charts for the refugees, and Angela's to find family doctors for each family. Of the 538 Syrians on her initial list, she has so far, with great diligence, found family doctors for 200.

Any medications and doctor reports the Syrians come with are in Arabic, says Marlo. While interpreters are available, "we often rely on hand signals to know what's wrong. It's like charades."

It's been a daunting, intense and often-overwhelming two months, professionally and personally, the three say, but the highlights are many.

"I'm so glad the children are here and can go to school and play outside," says Angela, who has revelled in getting to know those families who live in the CCLC's dorm-like quarters before more permanent housing is found.

The children hang out near the elevators, smiling and proudly practicing their new-found English, which they have been quick to pick up, says Angela. "Every day you can see them feeling safer in their new world. The other day some of the kids were pushing boxes down the hall to pack for their new home and I realized I won't get to see them anymore."

There are tears when the three talk about their experiences.

"When you stop to think about all the turmoil these families have been through, essentially having to leave everything behind, it makes you appreciate how fortunate we are," says Marlo. "I'm delighted they're finally stable, safe, happy and able to call Canada home. You can hear the children outside playing in the snow shouting 'I Love Canada'.



Caitlin Carreau, a nurse practitioner from St. Joseph's Health Care London, says it's been a challenge, but rewarding, to be part of the Syrian refugee support effort in London.

A particularly emotional moment for Caitlin was when she asked a mom how old her child was and the mom didn't know, guessing she was two or three. Many don't know the birthdates of their children - their records provide only a generic date and year due to the chaos of their lives.

"I have a two year old daughter and her birth was such a special, monumental moment," says Caitlin. "It's incredible to me – and says so much – that someone wouldn't know their child's birthdate. That made me cry."

While their work with the Syrians as a medical team will come to an end, all three say the bond they now have with each other, relationships built with partner organizations, and their memories of this time, will endure. Their involvement with the Syrian people, they add, will also continue – one way or another.

MUSIC IGNITES MEMORIES



Therapeutic recreation specialist Katherine sits with Esther, a resident at Mount Centre for Long Term Care, as she enjoys the music on her iPod as part of the Music and Memories Program.

Music can have a profound effect on our emotions. A song on the radio, for example, can immediately take us back to a special time or place.

Building on this concept, the Music and Memory Program at Mount Hope Centre for Long Term Care is having a profound impact on the quality of life for residents with cognitive impairments and dementia.

Research shows musical memories remain even when all other memories and the ability to recall details are lost to disease. The power of music can tap into deep memories enabling individuals to feel more like themselves again.

Eight therapeutic recreation specialists (TRS) at Mount Hope trained with the Music & Memory certification program to learn how to use iPods and individualized playlists to infuse music into patient care plans. Since the program began, residents who had been non-verbal for years are singing, while others are becoming more engaged, dancing, and tapping their fingers and toes. Music has re-awakened and reconnected the residents to life around them, helping them feel more like their old selves.

"Music can bring a resident to life but it also has a calming effect," says Katherine Plested, TRS at Mount Hope. "It's a therapeutic tool that we can use instead of medications to manage reactive behaviours." Residents, who previously wandered or called out now sit calmly through meals and are less agitated while listening to music on their iPods. Managing these behaviours not only has a positive effect on the resident, but it also contributes to a calmer environment, which positively impacts fellow residents and the care team.

The Mount Hope TRSs, nurses, or family members identify which residents might benefit from the program. A good candidate may be passive, socially isolated, not attending programs or exhibiting responsive behaviours. Katherine acknowledges “it won’t work for all behaviours for all residents, but when it does it is so uplifting.”

The key to success is a meaningful music playlist individualized for each resident. The TRS interviews the resident, and sometimes friends and family members, to determine the type of music they might respond well to. Sometimes it’s a matter of identifying a genre of music; for example, Spanish music for someone who took frequent trips to the Caribbean, spiritual/soulful music for someone with a strong religious faith, or perhaps music from a special occasion, such as their wedding song.

“It takes a little effort to get it right”, says Katherine, “but when you do and you see the sparkle in a resident’s eyes it’s so worthwhile - the music brings magic to residents.”

Esther Lambert, a resident at Mount Hope who rarely speaks, was one of the first residents enrolled in the program. Her daughter knew she would be a good fit because her childhood memories are filled with sounds of beautiful music her mother played for her. On a recent visit, Esther’s face lit up when Katherine brought in her headphones. That smile was soon followed by dancing, more smiles and a nod of approval.

Thanks to a grant through St. Joseph’s Health Care Foundation, the program recently purchased additional iPods, headphones, docking stations, iTunes cards and a laptop dedicated to downloading music. The additional equipment will enable another fifty residents to experience the joy of music and the memories it reawakens.

KEEPING RESIDENTS SAFE



Attractive murals at Mount Hope Centre for Long Term Care are serving a vital purpose.

At first glance they appear to be lovely murals, but take a second look. These works of art are actually serving a vital purpose.

Not merely an attractive addition to Mount Hope Centre for Long Term Care, the murals disguise elevators to help keep residents with dementia safe by deterring them from trying to leave their care unit.

"Exit seeking may cause agitated behaviour in some residents with dementia," explains Mount Hope Director Janet Groen. "In turn, this agitation can lead to falls or other injuries. While traditional interventions to prevent exit seeking include medications, physical restraints and locked doors, using design interventions like the murals is a kind and gentle strategy we have added to our toolkit for our dementia units."

Studies show that disguising exit points leads to less agitation and depression in residents with dementia. Some residents with dementia consistently seek exits. When they see a door, they want to see what's behind that door and wait for a chance to get out. When they can't get out, they feel sad and frustrated. Masking the exits with murals leads to a more peaceful atmosphere because residents don't realize it's an exit point so they don't try to leave — they just enjoy the scenery.

"The murals have brought a calm feeling to the area — for the residents it's like enjoying a moment in nature," says Terry Matheson whose mom Evelyn lives at Mount Hope.

Hiding elevators with murals is known as a concealment design principle, explains Facilities Management project consultant Sarah Coelho. "The artist who painted the murals did an excellent job of interpreting our needs with the murals—she even painted a railing in the foreground so residents didn't feel like they could walk into the setting. It is so rewarding seeing the positive impact this is having on residents."

COMFORT AND COPING



In St. Joseph's Palliative Care Unit, new activity kits are helping children deal with impending loss of a loved one

A new resource kit is helping children work through their grief when someone significant in their lives is near the end of life in the Palliative Care Unit at Parkwood Institute.

"Children are especially vulnerable when a loved one is dying because they don't usually have any experience dealing with death," explains Dawn Fania, a chaplain at Parkwood Institute. "They are acutely aware of what's going on in their environment, and it is healthy for them to be engaged in the process. While talking about dying doesn't take away their pain or loss, it does help them to be more prepared."

The St. Joseph's Palliative Care Council initiated the idea of creating the resource kits as part of an effort to ensure the palliative care team is providing space and opportunity for play and recreation for children and youth. Dawn took the lead on the project, focusing on finding materials for the kit to engage the children in creating a legacy for their loved one, and to help them work through anticipatory grief—a grief reaction in anticipation of an impending loss. Included in the kit are items like the Game of Hearts to help children cope with their feelings, craft projects such as card making kits, and the book Waterbugs and Dragonflies which helps to explain death. The activities in the kit can be done independently by children or with the guidance of adults.

"The added bonus is that by supporting children, adults engage in their own anticipatory grieving in a very non-threatening way," says Dawn.

One of the most powerful tools in the kit is 'Your Story' which provides an outline for the child to interview their loved one in palliative care. The interview questions include such questions as: tell me about your favourite foods, favourite songs and tell me a story about you and me. Through this interview the children capture memories to comfort them in their time of loss, and to treasure for the rest of their lives.

ROOTED IN RECOVERY



What's old is new again – it's an idiom you wouldn't expect to be true in health care. But it is. At the Southwest Centre for Forensic Mental Health Care in Central Elgin, a program for patients is reminiscent of pioneering practices from more than 70 years ago.

In the late 1940s the former mental health facility then known as The Ontario Hospital, St. Thomas, had earned a wide-spread reputation as "the most advanced in the dominion" for many innovative approaches that supported patient health and well-being.

One unique approach was the establishment of a 463 acre farm, which provided patients with the opportunity to participate in food production for the entire hospital. Medical pioneers of this self-sustaining facility recognized back then that involving patients in productive and meaningful activity was instrumental to recovery.

Today, gardening and growing food is once again bearing fruit – literally and figuratively – a reminder that the legacy of excellence in mental health care in Elgin County has deep roots.

In spring 2015, Food and Nutrition Services (FNS) staff at Southwest Centre teamed up with Therapeutic Recreation to develop a gardening and cooking program for patients, providing them with the opportunity to get involved and develop skills they would need for returning to life in the community.

With the help of staff, patients built and then planted 20 gardening boxes in the interior courtyard at Southwest Centre with an array of fruits and vegetables, and a few varieties of flowers.

"We planted tomatoes, carrots, spinach, zucchini, lettuce, potatoes and green peppers...just to name a few," says Amy Harrison with FNS who helped to launch the program. Over the course of the spring, summer and fall, patients reaped the rewards of their efforts.

"We wanted to encourage healthy eating habits for patients and also teach them skills they could continue to use upon discharge," added Amy Bennett, therapeutic recreation specialist, noting that the program gave patients first-hand experience with planting, maintaining, and harvesting the gardens and ultimately preparing their own fresh fruits and vegetables.

"It was great to see them out there almost every day, weeding and watering and checking on the produce...they really got involved and took initiative."

Some of the planted boxes were designated as "snacking gardens" so patients could wander outside and pick a healthy treat to eat whenever they wished, such as cherry tomatoes, snap peas and strawberries.

"We were excited to see how successful those snacking gardens were in increasing vegetable consumption...especially with some of our patients who didn't normally eat their veggies," laughed Amy Harrison.



1 Southwest Centre staff members Amy Bennett and Amy Harrison help Kevin and Skip as they harvest fresh vegetables from one of the gardening boxes they planted at Southwest Centre

salads...learning to prepare the food from scratch was a whole new experience for me.”

Kevin, now an outreach patient, also benefitted from the program.

“Being in hospital for more than five years meant I missed out on the grocery shopping experience for a long time...I had no idea the prices of what things cost,” says Kevin. “Growing my own garden means I’ll pay less for produce at the grocery store, which will help keep my expenses down.”

“I really enjoyed the whole process,” he adds. “I looked forward to it every day.”

The cooking and nutrition portion of the program then taught them how to use those ingredients to make wholesome meals.

One highlight Amy Bennett recalls was when the patients ate the very first salad they made from the garden and a patient remarked, ‘why would anyone go to a fast food restaurant and pay nine dollars for a salad that’s not even fresh?’

“It was the best salad they ever had,” adds Amy Harrison.

The program was launched on the Forensic Rehabilitation Unit where 10 patients were involved either through gardening, joining a cooking class, or both. The goal is now to expand the program to other inpatient units at Southwest Centre.

Skip is a patient who thoroughly enjoyed the program and the many things it taught him.

“I had always wanted to learn how to plant a garden,” he said in the fall as he dug out a batch of fresh carrots. “Now I know how.”

Skip also revelled in learning how to cook and bake and, of course, in tasting the recipes. “We made salsa, and zucchini bread, baked French fries and some delicious

TREASURER'S REPORT

The new St. Joseph's



With many years of restructuring behind us, and our new mental health care facilities and redevelopment of St. Joseph's Hospital complete, 2015/16 was the year we fully became a new St. Joseph's for all patients, volunteers, staff and physicians.

Following the completion of \$584.5 million of investments in our Parkwood Institute Mental Health Care Building, Southwest Centre for Forensic Mental Health Care and the redevelopment of St. Joseph's Hospital last year, St. Joseph's continued to support the renewal of all facilities in 2015/16. This year, supporting St. Joseph's care, teaching and research mission, \$11.6 million was invested in new equipment and \$4.1 million was invested in building-related projects. These investments were funded by \$11.5 million of hospital resources and \$4.2 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.

Sound fiscal results

St. Joseph's ended the fiscal year with an accounting surplus of \$14.1 million, primarily achieved as a result of unplanned one-time revenues including investment returns. St. Joseph's also received substantial unplanned post-construction operating plan funding which contributed to a balanced budget for the year.

Excluding the one-time investment variance of \$14.4 million, the organization ended the year with an accounting deficit of \$0.3 million. Although we don't anticipate the same level of investment returns in the future, the 2015/16 surplus will enable further support and investment in strategic capital needs.

Restricted investments support the current and future capital and other commitments of St. Joseph's and totaled \$172.9 million at March 31, 2016. St. Joseph's investments are externally managed by a professional firm under the stewardship of the investment sub-committee of the board of directors. Our working capital position also remains healthy with a current ratio of 1.7 to 1.0 at March 31, 2016.

Commitment to our patients

Despite significant funding pressures experienced by St. Joseph's in recent years, patient service levels were maintained during 2015/16. Total ambulatory visits increased by 1,523 visits during 2015/16, which is mainly attributable to our service growth plans established with the Ministry of Health and Long-Term

Care to increase patient service volumes in our new mental health care facilities and redeveloped space at St. Joseph's Hospital.

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.

St. Joseph's is blessed with the support of dedicated, skilled staff and physicians, compassionate volunteers, responsive partners, and a supportive community. Please accept our thanks for your effective stewardship and performance.

Looking ahead

Funding reform continues to present both challenges and uncertainty for all hospitals, demanding a rigorous budget planning process to respond to the funding formulas as they continue to be refined. St. Joseph's is one of only four teaching hospitals in Ontario that is impacted by all areas of the Ministry's Health-Based Allocation Methodology, which speaks to the complexity of our organization and the many roles St. Joseph's fulfills in our health system.

Change, funding pressures and growing health care needs in our communities are consistent themes that we will continue to experience as we enter 2016/17. St. Joseph's continues to rise to these challenges through our mission and ministry of service, rooted in strong values, a clear strategic plan, and durable fiduciary and leadership principles.

The constant engagement of patients, leaders, physicians, staff, volunteers, donors and our many partners helps us ensure a sound foundation on which we can take new innovative steps and work in partnership with others to address compelling care needs, today and tomorrow.

View our full [audited financial statements](#) for the year ending March 31, 2016.

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