

Annual Report 2016-2017

Welcome to the 2016-2017 Annual Report

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OPENING MESSAGE



Welcome to St. Joseph's Annual Report to the Community. We hope you are inspired by the [stories](#) of care, recovery, discovery, teaching and resiliency – of our teams, our patients and residents, and their families.

Everyday across St. Joseph's Health Care London, staff, physicians, researchers and volunteers strive to earn complete confidence in the care we provide and make a lasting difference in the quest to live fully. We do this through excellence in care, teaching, research, a commitment to partnerships, and by listening to the voices, thoughts and opinions of our patients, residents and families.

The year saw us expanding our reach in many areas – in the care of veterans and those with diabetes, for men facing prostate cancer, and in the support of caregivers. We are breaking new ground in unravelling dementia, suicide prevention, and inspiring excellence in the next generation of care providers, here and overseas.

No longer encumbered by restructuring and construction, St. Joseph's is forging ahead to achieve our strategic priorities while building upon our legacy, strengths and enduring mission. Our perseverance in responding to the challenges of an always-evolving health care landscape is a hallmark of our organization and has led us to become one of the best and most unique health care organizations in the country, for our patients and those who work within our walls.

Thank you for your interest and support as we strive, always, to strengthen our performance across our programs and services. We will continue to chart new paths and rise to the call to serve all 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.

Dr. Gillian Kernaghan
President & CEO

Philip Griffin

Chair, Board of Directors

Our People

MASTERFUL HANDS GUIDE THEIR WAY



Lack of equipment, mid-surgery power outages and highly complex cases didn't stop Dr. John Denstedt from imparting his wisdom to a clinical team in Haiti while performing the country's first non-invasive kidney stone removal.

Even the most seasoned doctor would cringe at the sound of the power going down and watching your only imaging screen turn black during surgery. But St. Joseph's own Dr. John Denstedt, urologist, kept his cool despite a week of endless challenges during a medical mission to Haiti.

Invited by Project Haiti, a non-profit organization dedicated to medical care and education, the surgeon spent seven days in March 2017 at St. Francis de Sales Hospital in the centre of Port-au-Prince, one of several hospitals impacted by the magnitude seven earthquake in 2010.

"St. Francis was destroyed and has only been up and running for two years," explains Dr. Denstedt. "The main city general hospital was leveled and is still not rebuilt. St. Francis is in the fortunate position to have a new building and operating rooms. The new structure is certainly a blessing for the medical staff that care for thousands of patients but one major difficulty continues to be lack of equipment. Most of what they use is second-hand as affordability is a significant issue."



Dr. John Denstedt imparts his knowledge on Haitian clinicians during his one week mission to Port-au-Prince, Haiti in March.

Teaching enthusiastic Haitian physicians non-invasive techniques, Dr. Denstedt skillfully operated on 16 individuals in need of care. “We just used what we had and made the best of it,” he says on the shortage of medical equipment.

His efforts would galvanize and motivate the Haitian physicians, one remarking that Dr. Denstedt’s teachings “have revived us and created between us Haitian urologists a spirit of togetherness and teamwork that will help us get better faster.”

No stranger to the conditions of hospitals in developing countries, the Canadian-born physician has donated his time and expertise over the years to improve the practice of urology all over the world. Eastern Europe, Africa and China are among the beneficiaries of Dr. Denstedt’s skill and talent. Now Haiti has been added to his humanitarian and teaching dossier.



Dr. Denstedt and a member of the Haitian surgical team

In Canada, percutaneous, or “keyhole”, surgery has been performed for decades to remove kidney stones. In Haiti, however, invasive or “open” surgery was their only option, a practice long eliminated in developed countries.

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“Minimally-invasive techniques are important for any country that does urological surgeries,” says Dr. Denstedt. “In North America, 12 to 14 per cent of people will develop a kidney stone. In Haiti the occurrence is unknown but kidney stone incidence is rising across the globe.”

Spending almost all of his time in the operating room, Dr. Denstedt performed four ureteroscopies with lithotripsy (kidney stone fragmentation) and 12 percutaneous nephrolithotomies – the removal of a kidney stone through a keyhole incision. Included in the 12 was the country’s first kidney stone removal using a minimally-invasive method.

“The medical teams in Haiti have never been taught these procedures firsthand. The goal of my time with them was to begin to introduce these techniques, work through their specific equipment and health care system challenges, and have them utilize the techniques by using what they have,” says Dr. Denstedt.



Photo shows the team learning during surgery

Some of the challenges that arose, and are common place for the Haiti medical teams, included power failures, missing equipment pieces, no access to a blood bank, no post-surgery intensive care units in case of complications, no X-ray technicians and limited adequate pre-operative imaging. Language was also a barrier. Dr. Denstedt spoke to his patients through a translator as the community’s predominant language is Creole.

Dr. Denstedt recognized the issues at-hand and understood he needed to have zero complications, all while teaching new techniques.

“It was challenging but very well worth it. I taught several urologists who will help care for a population of 12 million. It’s a small start, but it’s something.”

The surgeon’s modesty is all but swept away by his colleagues in Haiti, one even referring to his masterful qualities.



“Thank you from the bottom of my heart for this exciting week of achievement that you brought to us,” says Dr. Bernard Brutus, the local Chief of Urology. “Thanks to you we feel we have made huge steps in learning some of the newest technologies in the practice of urology in Haiti. Dr. Denstedt made a magistral demonstration of the beauty and art of the... management of renal and ureteral stones. We are deeply grateful for your commitment and good faith in what you are doing for our people.”

“Your teachings have revived us and created between us Haitian urologists a spirit of togetherness and teamwork that will help us get better faster.”

Renewed by Dr. Denstedt’s teaching and influence, the team is planning their own firsts with an excitement they can barely contain.

“Today is a big day for me... I had a bilateral ureteral stone. I dusted both of them with the laser and I left two double J stents... After that I did a left ureteral stone with the laser... It was cool guys. I did those cases because of you,” said one of the newly trained doctors in an email to Dr. Denstedt and other colleagues.

“The people I met are good people trying hard,” says Dr. Denstedt. “They have a lot of commitment and are dedicated to doing the right thing – the best thing – for patients.”

To help ensure the mission was a success, Dr. Denstedt applied to the humanitarian arm of Cook Medical, which donated about \$15,000 worth of medical equipment that remains in Haiti. And he didn’t stop there. The St. Joseph’s surgeon continues to be in touch with the group, answering questions through email and creating a “pathway forward” document to keep the hospital’s momentum going. With a plan to use televideo in the future, which would allow Dr. Denstedt to proctor into live surgeries in Haiti, he hopes to further guide their progress.

“I wanted to bring them a better and different way to perform these surgeries. Minimally-invasive surgery is a much safer way to care for patients.”

Safer indeed. The patient who underwent the country’s first removal of a kidney stone through a keyhole incision at the hands of Dr. Denstedt only spent two days in hospital.

Typically in Haiti, the patient would have endured six to eight weeks of recovery.

“Coming back home helps me to really appreciate my practice here,” says Dr. Denstedt thoughtfully. “We have so much. But this is why it’s important to help other countries evolve and grow. It’s our role as Canadians to help where we can.”

Awarding extraordinary mission leadership

Demonstrating “extraordinary” leadership, vision and commitment during a time of tremendous transformation to health care in London, Dr. John Denstedt is the first

recipient of the newly named Kathy Burrill Leadership in Mission Award, one of two President's Awards for Leadership presented by St. Joseph's every year.

Surgeon Dr. John Denstedt is the first recipient of the newly named Kathy Burrill Leadership in Mission Award presented by St. Joseph's Health Care London.

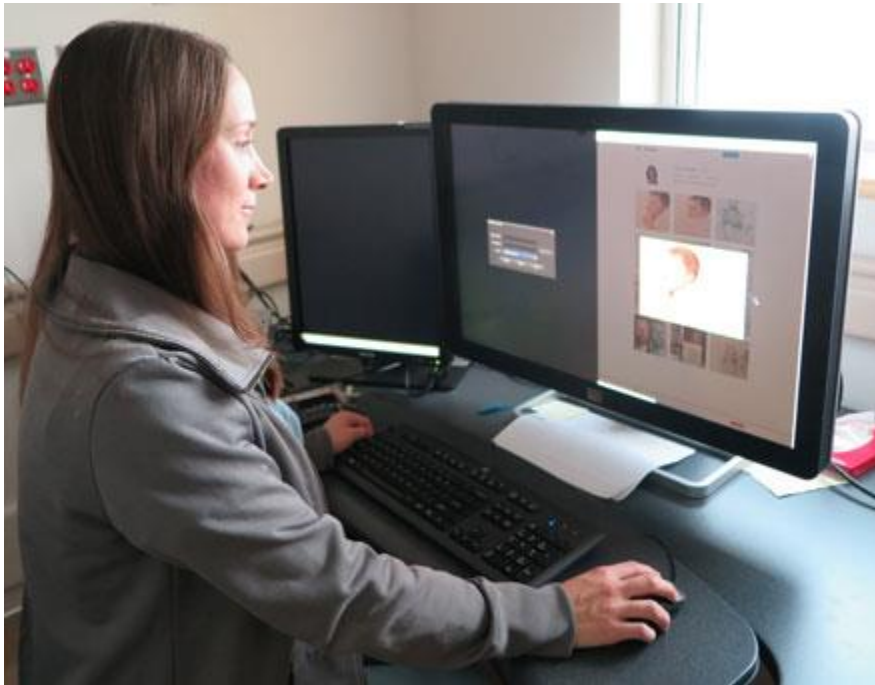
The Kathy Burrill Leadership in Mission Award celebrates efforts to exemplify and advance St. Joseph's roles and values as a Catholic, academic and community-oriented health care provider. Recipients are effective change agents and forward-thinkers – the type of leader others want to follow or work with in partnership. At the same time, they lead in keeping with the example of St. Joseph's founders, upholding a rich history and traditions.

Those nominating urologist Dr. Denstedt say he exemplifies these attributes daily, from his high standard of ethics when the stakes are high, to his clear vision for surgery citywide, staunch support of St. Joseph's role, and many advances he has led in teaching and surgical practice in London. As Chair/Chief of the Department of Surgery throughout restructuring, Dr. Denstedt ensured the needs and concerns of the organization were heard. As a result, leading-edge surgical programs continue to flourish at St. Joseph's Hospital.

The award was renamed to honour Kathy Burrill, who passed away suddenly in November 2015. During her 31 years at St. Joseph's, Kathy was dedicated to cultivating and nurturing partnerships and relationships and made remarkable contributions to St. Joseph's mission.

You can [learn more about Dr. Denstedt and the award.](#)

THE ART OF MEDICAL IMAGING



Kari Visscher is an artist. She's also a physician. And she's turning a promising career as a radiologist into a work of art.

The fifth year radiology resident sees art and beauty everywhere – in the scans she reads, in every encounter with patients and colleagues, in day-to-day life of London's hospitals and the world of health care. In fact, she chose radiology as a specialty because it was a fit with her aesthetics as an artist, her love of anatomy and an affinity for seeing patterns and solving complex medical problems.

***"I'm part of your care. I know you. I look at all your records. I look at all your images. I have a sense of who you are and what's wrong with you, and I'm putting together the pieces."*—Kari Visscher**



Now Kari is raising awareness of the intricacies, scope and importance of her chosen profession through art. In a unique project, she is creating a series of 12 oil paintings on canvass depicting various aspects of radiology and the role of radiologists as part of the health care team.

“Art breaks down barriers – it’s very neutral ground,” explains Kari, who is a trained illustrative artist. “I want to show the everyday, not idealize it, but portray my real life experiences. And I want to involve the patient in this project.” —Kari Visscher

“Art breaks down barriers – it’s very neutral ground,” explains Kari, who is a trained illustrative artist. “I want to show the everyday, not idealize it, but portray my real life experiences. And I want to involve the patient in this project.” —Kari Visscher

Patients are asked for their permission to be photographed and painted by Kari, who explains to them what her project is all about.

Radiology, she feels, is often misunderstood. It tends to be portrayed as a significant cost to the health care system with specialists sitting in a dark room with no patient interaction, she says.

“That’s the stereotype. But I’m part of your care. I know you. I look at all your records. I look at all your images. I have a sense of who you are and what’s wrong with you, and I’m putting together the pieces. We often put a device between us and you, the patient, because the device helps us see what’s going on, but it doesn’t take away from how we feel about you and how much hope we have for you and how much we want you to do well.”

Her project, which depicts her experiences at both St. Joseph’s Health Care London and London Health Sciences Centre, is an opportunity to “show our humanity”, says Kari, whose exquisite, photorealistic paintings capture the passion she has for her profession, the emotion of caring for others, and the beauty and grace she sees at every turn.



Pictured above: Advocacy and Bubbles and below is Hope for Emma.



One of Kari's paintings, called 'The Interventional Radiology Consultation' (photo pictured above), received 1,791 votes in the 2016 international art competition hosted by the Radiological Society of North America. She was the only Canadian to make it in the top 25. Another acclaimed piece, 'Engineering Bubbles', was the winner of the American Roentgen Ray Society Art Forum 2016. Unrelated to radiology, the painting is one of her favourites. It features her husband, a civil engineer, blowing bubbles at a friend's wedding.

Before going into medicine at the University of Toronto, Kari, a native of St. Thomas and a young mom of two boys, completed a Masters of Science in Biomedical Communications in Toronto, where she explored the use of images, interactive technologies, and animation/simulation to communicate complex science and health topics. Her hope is for her project to be publicly displayed at professional gatherings and in public spaces, and for the collection to perhaps become part of education for medical students. Ultimately, Kari's goal is to raise greater awareness of the value of radiology and the physicians who dedicate themselves to this vital and vibrant specialty.

She expects to complete most of her pieces by June 2018.

Our Excellence

TAKING AIM AT VISION LOSS FOR THOSE WITH DIABETES



Individuals living with diabetes may be experiencing vision loss and not know it. In the early stages the signs often go unnoticed.



Screening is readily available and free for those with diabetes, yet, on average, only slightly more than half of people living with diabetes in the London region regularly have their vision checked. That figure plummets to 33 per cent for those ages 18 to 39. With eye disease due to diabetes the leading cause of preventable blindness (ages 30-69) in North America and the leading cause of blindness in Canada, the screening rates are cause for alarm.

St. Joseph's Health Care London, in partnership with the Southwest Local Health Integration Network (LHIN), is taking aim at the problem, embarking on a pilot awareness campaign called the Diabetes Vision Screening program. The program focuses on the importance of regular eye screenings for those with diabetes.

"Vision loss can be sneaky and people who have diabetes, who feel perfectly healthy, may not even realize they have an issue," says London optometrist, Dr. Harry Van Ymeren.

"Vision loss can be sneaky and people who have diabetes who feel perfectly healthy may not even realize they have an issue." —Dr. Harry Van Ymeren, optometrist.

“In my practice, I have seen it many times. People think they are fine and then we discover a problem. The point of screening is to catch it before it becomes too late and treatment is less or not effective.”

Diabetes is a chronic disease that prevents the body from making or using insulin, which in turn leads to increased sugar levels in the bloodstream, known as high blood sugar. The development of early-onset cataracts and glaucoma is more likely in people who have diabetes but the main threat is the effect of diabetes on the retina, the part of the eye that allows you to see.

“This is why screening early and often is so important for those with diabetes,” says Dr. Tom Sheidow, ophthalmologist at St. Joseph’s Ivey Eye Institute. “Diabetes can affect all blood vessels in your body, including those inside your eye. Diabetic eye damage, also called diabetic retinopathy, occurs when there is a weakening of the blood vessels in the retina that can result in swelling of the retina, abnormal growth of blood vessels and potentially severe bleeding. If diabetic retinopathy is left untreated, blindness can result.”

Many are unaware of this frightening fact. In a survey conducted as part of the Diabetes Vision Screening program, 31 per cent of patients surveyed did not know that diabetes was the leading cause of blindness.

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It’s estimated that two million people in Canada have some form of diabetic retinopathy, the most common cause of blindness in people under age 65 and the most common cause of new blindness in North America.

Sarah MacArthur was diagnosed with type 1 diabetes at age three and, as an adult, is very cautious with her care.

“Sarah is the exception to the rule,” says her optometrist, Dr. Van Ymeren. “She ensures she is always proactive and careful and understands the importance of screening. I wish more people who live with diabetes were as diligent.”

In the past four years, and only because she has regular screenings, Sarah and her doctor have noted some symptoms of diabetic retinopathy.

“I had no signs at all,” says Sarah. “There was nothing that prompted me or made me think something was wrong with my vision. But because of the screenings I do regularly, Dr. Van Ymeren found some early indications. At the moment we are keeping a close watch on any changes and keeping up with screenings so we know immediately if there is anything concerning.”

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In the early stages of retinopathy, there may be no symptoms at all,” says Dr. Van Ymeren. “That is why it is vital for those with diabetes to have regular eye exams.”

A routine eye examination can diagnose potential threatening changes that can cause blindness. However, once damage has occurred, the effects can be permanent. Controlling diabetes also minimizes the risk of developing retinopathy.

“People who feel completely healthy are the focus of this new diabetes vision screening awareness campaign,” says Dr. Sheidow. “Anyone with diabetes should have their vision checked. Individuals with diabetes, both type 1 and type 2, are at risk for diabetic retinopathy.”

Seeing an eye care provider is easy

Anyone can see an optometrist – referrals from a family doctor are NOT required. There are many online resources to locate an optometrist. For communities without an optometrist, visiting an ophthalmologist is an option as well.

“It doesn’t matter if you see an ophthalmologist or an optometrist, as long as you get your eyes checked,” says Dr. Van Ymeren. “Yearly screening is free for people with diabetes.”

In Ontario, for people living with diabetes, the cost of an eye exam by an optometrist or ophthalmologist is covered through OHIP. Should the optometrist feel more extensive diagnostic tests are needed for a comprehensive exam there may be a fee associated with those tests as they are not covered by OHIP. However, those tests can be performed by an ophthalmologist. Ophthalmologist fees for additional diagnostic tests are covered by OHIP.

For more information about diabetic eye damage and where to find a doctor visit: www.diabetesvisionscreening.ca

Just the facts

- A recent Health Quality Ontario report indicates that 85,752 people live with diabetes in the South West LHIN and of that number only 48,879 people are having regular eye examinations.
- The Institute for Clinical Evaluative Sciences Western assessed screening rates for 2013-2014 in the South West LHIN as follows:
 - 57 per cent (48,879 people) living in the South West LHIN had diabetic vision screening completed.
 - By age group, the screening rates were: 33 per cent for ages 18-39; 49 per cent for ages 40 to 65; and 68 per cent for those over age 66.
- Eye disease due to diabetes is the leading cause of preventable blindness (ages 30-69) in North America and is a leading cause of blindness in Canada.
- Diabetic eye damage affects approximately two million people in Canada. (World Health Organization, Canadian Diabetes Association, Canadian National Institute for the Blind)

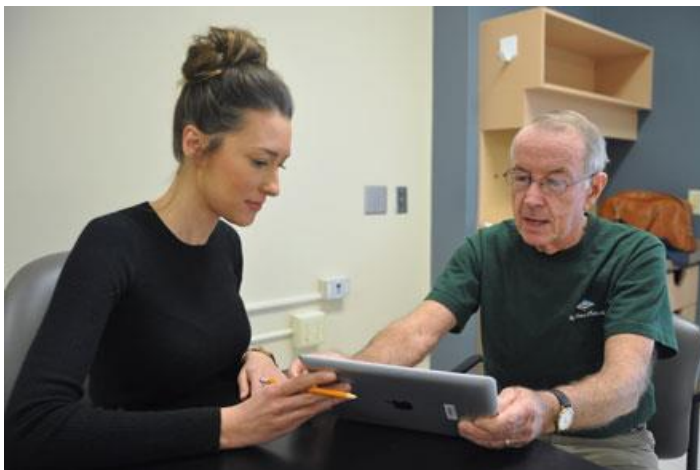
A WORLD-FIRST APPROACH TO COMBAT DEMENTIA



Members of the SYNERGIC Trial research team, from left to right: Korbin Blue, Research Assistant (Co-op Student); Yanina Sarquis-Adamson, Lab Research Assistant; Frederico Faria, Post-Doctoral Fellow; Dr. Montero Odasso, Director, Gait and Brain Lab; research participant; Alanna Black, Lab Research Coordinator; Stephanie Cullen, Research Assistant (Undergraduate Student); and, Navena Lingum, Research Assistant (Master Student).

Researchers at Lawson Health Research Institute are the first in the world conducting a clinical trial to test a triple intervention aimed at treating mild cognitive impairment (MCI) and delaying the onset of dementia. The Mobility, Exercise and Cognition (MEC) team will be incorporating physical exercises, cognitive training and vitamin D supplementation to determine the best treatment for improving mobility and cognition.

“We have learned the brain processes involved in motor control – for example how a person walks – and cognition – for example how that person solves a problem – share similar locations and networks in the brain,” explains Dr. Manuel Montero Odasso, a Lawson scientist and a geriatrician at St. Joseph’s Health Care London. “Problems with mobility are connected to lowering function in the mind, and so can be a good indicator of future progression into dementia.”



As a form of exercise for the mind, participants in the study are asked to perform cognitive tasks using a tablet.



“By delaying declines in cognition, we can improve a person’s quality of life. This research will help to support a more comprehensive preventative treatment with clinical guidelines for physicians whose patients are at risk of developing dementia.”

Gait assessment looks at the way in which we move our whole body from one point to another, helping to analyze mobility and the brain processes involved.

MCI is an intermediate stage between the expected cognitive decline of normal aging and the more serious decline of dementia. It can involve problems with memory, language, thinking and judgment. While many older individuals experience decline in both mobility and cognition, each are assessed and treated separately with no specific recommendations available for physicians.

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The SYNERGIC Trial will combine physical exercises, cognitive training and vitamin D to test how these interventions work together to improve cognition in older adults at risk for dementia. The trial is targeting cognitive decline at the earliest stage, individuals with MCI, where interventions are more likely to have an effect and can be monitored.

Dr. Montero Odasso explains that both physical and cognitive exercises have shown promising effects for maintaining cognition, while vitamin D deficiency is associated with cognitive decline. A key feature of this trial is that participants will receive individualized and progressive training.

Pictured right: Dr. Manuel Montero Odasso, Lawson Scientist and lead for the SYNERGIC Trial.

“By delaying declines in cognition we can improve a person’s quality of life,” he says “This research will help to support a more comprehensive preventative treatment with clinical guidelines for physicians whose patients are at risk of developing dementia. Even more, each one year delay of progression to dementia in older individuals at risk has the opportunity to save billions of dollars for the Canadian health care system”

The study has been funded by the Canadian Consortium on Neurodegenerative in Aging (CCNA) which represents Canada-wide research aimed at enhancing the quality of life and services for individuals diagnosed with a neurodegenerative disease.

TEACHING AND LEARNING TOGETHER



Members of the Parkwood Institute team gather with the students they mentored as part of the Fanshawe College partnership program.

Michael Bird was “a little apprehensive” when he heard students would be involved in his care on the Musculoskeletal Rehabilitation Unit (MSK) at Parkwood Institute. That is until he met registered practical nurse student Mar Baguio.



As part of his training at Parkwood Institute, registered practical nurse student Mar Baguio has a gentle touch with Michael Bird, a patient in Specialized Geriatric Services.

“I was almost instantly at ease and impressed with his skills, his level of knowledge and his ability to transmit to me that he knew what he was doing,” Michael says.

As part of St. Joseph's academic mission, a group of internationally trained clinical students, including 29-year-old Mar, participated in a placement in Specialized Geriatric Services (SGS) in both the MSK and Geriatric Rehabilitation Units at Parkwood Institute. The placement was part of a pilot project and collaborative partnership between Parkwood Institute, Fanshawe College, George Brown College and the Toronto Rehabilitation Institute.

Mar was a registered nurse in the Philippines before immigrating to Canada with his family

"Continuing this occupation gives me meaning in my life. Seeing hope in the eyes of the patients who need you gives me a sense of accomplishment and pride.

"Continuing this occupation gives me meaning in my life," says Mar. "Seeing hope in the eyes of the patients who need you gives me a sense of accomplishment and pride."—Mar

The pilot program gave the students an opportunity to become work ready in a real environment, says SGS coordinator Kathy Holdsworth. "They also learned what it is like working with other clinicians such as social workers and physiotherapists in a team, which isn't something they came across when practicing in their home country."



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A Fanshawe College registered practical nurse student learns how to use a 'Workstation on Wheels', known as a WOW, and scan barcodes.

There is a vast difference in the health care system in Canada and the Philippines, explains Mar. "In the Philippines it's a one way process (between physicians and nurses) and there is hierarchy in the system. In Canada every profession has equal status and collaborates and

advocates for patients."

The team in SGS were happy to share their knowledge and at the same time learned valuable lessons from the students, says Kathy.

"They (the students) speak with their hearts about the patients they have cared for, the challenges they have had and how, under very difficult circumstances, (they) have still given excellent nursing care. It's a joy to see this same passion brought to the care they provide patients on our units. Coupled with their passion for learning, they have very quickly become valued members of our team."

NEW IMAGING RESEARCH CHAIRS MAKE HISTORY



Two research chairs have been named after Drs. Ting-Yim Lee, left, and Frank Prato, both of whom are revolutionizing health care through their groundbreaking imaging research.

In a historical-first, St. Joseph's Health Care Foundation and Western University announced two research chairs that are a critical step toward new approaches in imaging research and patient care in London and around the world. The combined value of both innovative new research chairs is \$6.5 million, which will be endowed in perpetuity to advance imaging research at Western University and Lawson Health Research Institute.

The research chairs have been named after the two scientists who are revolutionizing health care through their groundbreaking imaging research – Drs. Ting-Yim Lee and Frank Prato. The work of both scientists is based at St. Joseph's Hospital.

“These chairs build on the legacy of exceptional imaging leadership across our academic, research and health care organizations,” says Dr. Gillian Kernaghan, President and CEO, St. Joseph's Health Care London. “They are a critical step towards new approaches in medical technology and hospital-based research that will revolutionize patient care,

Research teams in the city are using state-of-the-art imaging technology to help clinicians better predict and diagnose illnesses before their onset and uncover why, and how, illness forms. Their goal is to one day find a cure to some of the most devastating diseases in the world.

“We've come to know medical imaging as one of the cornerstones of innovation and discovery at Lawson, and the two new research chairs represent two monumental leaps forward in the field of imaging research,” —Dr. David Hill, Lawson Scientific Director

- **The Ting-Yim Lee Chair in Cardiac Computerized Tomography (CT) Imaging Research** has been established through the generosity of Ting-Yim and Maggie Lee and a joint funding collaboration between St. Joseph's Health Care Foundation and Western University.

Dr. Lee is a scientist and professor of the Schulich School of Medicine & Dentistry, medical physicist at St. Joseph's and a scientist with Lawson's Imaging program. Through his leadership, The Ting-Yim Lee Chair in Cardiac Computerized Tomography (CT) Imaging Research will transform the way clinicians diagnose, and prevent, severe tissue damage in persons who have experienced a cardiac event.

“Over the past 28 years, St. Joseph’s and Western have created opportunities for me and supported my research endeavor in many ways. I feel this gift is the best way to repay the help that I have received. We are onto something that is worthwhile and successful. By setting up this Chair, there would be a significant person – a clinician-scientist – to lead the next phase of the cardiac CT program. I am really humbled that the institutions see the value in this research and have contributed to guarantee that we have the necessary leader to carry forth this development,” says Dr. Lee.

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This Chair represents the next phase of CT imaging research, focused on developing software and new methods that will save people’s lives.

- **The Dr. Frank Prato Research Chair in Molecular Imaging** has been established to further enhance scientific understanding in the specialty of molecular imaging – building upon St. Joseph’s internationally-recognized leadership in imaging excellence.



Dr. Frank Prato (pictured right) is a scientist and professor of the Schulich School of Medicine & Dentistry, Chief Medical Physicist at St. Joseph’s Health Care London and the founder and Program Leader of Lawson’s Imaging Program. Through his visionary leadership, The Dr. Frank Prato Research Chair in Molecular Imaging will improve the way clinicians effectively diagnose disease and actively correct the course of treatments in real time for life-threatening illnesses.

“Over the past 40 years I have been privileged to work with outstanding people and incredible resources. Today medical imaging has become a cornerstone of care at St Joseph’s Hospital. Here at St Joseph’s we realize patient stewardship includes research as an essential part of the patient care continuum and that discovery, through research, leads to improved patient care. The holder of this chair will help lead us into the next frontier of medical imaging directly benefiting our local, national and global communities,” says Dr. Prato

The research chair in molecular imaging represents the next phase of precision medicine using molecular imaging to distinguish between varying forms of dementias, cancers, and to detect the early onset of cardiac disease and diabetes before symptoms emerge.

NEW MEMORY CLINIC PROVIDES EARLY SCREENING, SUPPORT FOR DEMENTIA

A new memory clinic at St. Joseph's Family Medical and Dental Centre (FMDC) means earlier screening and support for those at risk or showing the first signs of dementia. It's part of a growing trend and burgeoning need for the creation of memory clinics in primary care.



Members of the Memory Clinic team at St. Joseph's Family Medical and Dental Centre are excited to offer this new service. From left are: Lisa Smith, social worker; Will Ong, pharmacist; Dr. Saadia Hameed, family physician; Heather Atyeo, nurse practitioner; Heather Lawrence, nurse; Dr. Tania Rubaiyyat, family physician; and Brook Sturgeon, team assistant. Missing are Anne Segeren, nurse; Carol Morgan, dietitian; and Cecilia Doesborough, occupational therapist.

For the most part, family medical centres haven't had sufficient expertise or the tools to fully screen for or diagnose dementia, explains Dr. Saadia Hameed, who leads the clinic along with Dr. Dr. Tania Rubaiyyat. As a result, most patients are referred to specialists and waiting for screening and care.

"We are very excited to offer the memory clinic," says Dr. Hameed. "It's a tremendous addition to the services we can provide."

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At St. Joseph's FMDC, which serves about 11,000 patients, physicians and staff from various disciplines have undergone intensive training to screen patients and develop a plan that includes treatment, education, counseling and other services that can delay decline, prevent crises, ease the burden on caregivers and keep people in their own homes as long as possible. The clinic, which began at the end of November 2016, means only more complex patients will require a referral to a specialist.

"We know that the population is aging and that by 2036 one in every four people will be over age 65," says Dr. Hameed. "With those numbers we expect the burden of dementia will be significant. By creating a memory clinic for our patients we can provide support and resources earlier to help these individuals and their loved ones."

With dementia, changes in ability and personality happen slowly and progress for many years, which is often confusing for families, explains Dr. Hameed. Family physicians, who build relationships and regularly see their patients for conditions that are risk factors for dementia,

such as heart disease, hypertension and diabetes, are ideally positioned to screen early for cognitive changes.

The memory clinic team includes physicians, nurse practitioner, nurses, social worker, occupational therapist, pharmacist, dietitian as well as a representative from the Alzheimer Society.

“It’s a very robust team,” says Dr. Hameed. “Dementia isn’t a solitary diagnosis. Patients will have other medical problems as well and the dementia will impact those health issues. By bringing together a multidisciplinary team we can look at the patient from all the angles, make recommendations and put them in touch with the right resources.”

Pictured below: Family physicians Dr. Saadia Hameed, left, and Dr. Tania Rubaiyyat led the creation of a new memory clinic at St. Joseph’s Family medical and Dental Centre.



Our Patients

A SELFLESS WISH



Parkwood Institute veteran George Browning drops off nearly 1,000 pounds of food at the London Food Bank, where he is welcomed by Peter Harding, left, Chair of the London Food Bank. Accompanying George from Parkwood Institute is Marie Finkbeiner, left, therapeutic recreation specialist, and chaplain Alida van Dijk.

A wish rooted in philanthropy led to nearly 1,000 pounds of food and \$500 collected for those in need in London.

The wish was that of Korean War veteran George Browning and made possible by the Royal Canadian Legion - Ladies Auxiliary, which sponsors the Dreams and Wishes program at Parkwood Institute. The program provides veterans with an opportunity to fulfill a special dream or wish.

For George, a veteran in the Western Counties Wing at Parkwood Institute, this meant giving back to the community by ensuring London's homeless do not go hungry. He organized a food drive, collecting non-perishable food items from staff and fellow residents.

"I'll tell you right now, I'm happy, so happy and so proud; not only for me, but for the people I've done the work for," said George. "I'm glad I could help get what we wanted done."—George Browning

"George has such a big heart and always looks out for people," says Alida van Dijk, a chaplain at Parkwood Institute. "His wish choice didn't surprise anyone. He is always giving to others."

Watch ['A selfless wish' on YouTube](#)

It was a cold and windy day as George was bundled and loaded onto the bus in February to deliver the donation to the London Food Bank. Smiling and giving a thumbs up all along the way, the blustery weather did not dampen his joy.

“I can’t believe how much food is here,” said George looking at all the donated items piled into the bus. “I’ll go down in history.”

[Your support is always welcome. DonateToday!](#)

Upon arrival, George was greeted by the London Food Bank Chair Peter Harding, along with staff and volunteers. “It’s because of people like you, George, who make this all possible,” said Peter. “We can’t thank you enough for the wonderful gift you’ve given us.”

George was provided a tour of the building and learned how things were sorted, stored and distributed to those in need. As a special surprise, George’s daughter presented a \$500 donation in honour of his late wife. George’s heart was full and he was brought to tears when learned that his donated food collection came in at a whopping 980 pounds.

“I’ll tell you right now, I’m happy, so happy and so proud; not only for me, but for the people I’ve done the work for,” said George. “I’m glad I could help get what we wanted done.”



Pictured above: George Browning with donated food

NOBODY WANTS TO TALK ABOUT IT



Thomas Telfer's first encounter with mental illness occurred when he was a young lawyer. Not long after being called to the Bar, he approached his family doctor and tried to explain that he was not "feeling well" but couldn't put his finger on what could possibly be wrong.

His doctor concluded he was likely dealing with depression and recommended medication. Thomas recalls leaving abruptly, announcing that it wasn't true.

"It's one thing to share with people that you have struggled with depression, but quite another thing to say you have attempted to end your life." —Thomas Telfer.

"I was in complete denial," says Thomas. "I felt guilt and shame and associated mental illness with weakness. Unfortunately at the time, I believed society's messages about it."

For Thomas, his first depressive episode did not last long. Years later, as a professor at Western University, his depression returned in a more severe way. Thomas continued to believe the stigmatizing messages about mental illness, even when he was first admitted to a psychiatric hospital.

"I told my wife that no one could know and I didn't want any visitors," says Thomas.

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He was terrified people at work would find out. Despite his efforts, a good friend tracked Thomas down and went to see him in hospital. Although the friend hadn't experienced mental illness personally, he told Thomas it was not something you get over by trying harder.

When Thomas was recently hospitalized for depression, his attitude towards mental illness changed. He invited work colleagues to come and visit him in hospital. Now back at work, his recovery has been assisted by the tremendous support from family, friends and his Western colleagues.



Thomas Telfer is sharing his experience with mental illness to support the Zero Suicide initiative, which aims to make suicides in the health care system a 'never event'.

Thomas is a survivor of two suicide attempts. He no longer wishes to hide from the stigma and would rather share his story openly to help others. He uses his platform as a professor to share his story and to give his students hope. Recently, he shared his story to group of London lawyers.

"It's one thing to share with people that you have struggled with depression, but quite another thing to say you have attempted to end your life," says Thomas.

His current family doctor was the first to share information about the Zero Suicide Initiative, which is rolling out in phases across St. Joseph's Health Care London. The initiative is now underway at St. Joseph's Parkwood Institute's Mental Health Care Building in the Adult Ambulatory Mental Health Care Program.

"Zero Suicide is exactly the starting point we need for a discussion about suicide," says Thomas. "It's putting proper support in place for people who are struggling and provides them with the help and protection they so desperately need."

Thomas has joined the Zero Suicide Implementation Advisory Committee and one of the committee's working groups to support the initiative from an outpatient perspective. The purpose of the advisory committee is to promote engagement between senior leadership, administrative staff, front line mental health care workers, and patients and families, explains Katerina Barton, St. Joseph's Project Lead for Zero Suicide and its implementation committee.

"The patient and families' perspectives are vital to the project," she explains. "They will help inform some very important decisions about the implementation and policies being developed."

Thomas appreciates the opportunity.

“I hope to make a difference by sharing my experience and participating in the Zero Suicide Initiative.”

Zero Suicide – St. Joseph’s takes a leadership role in Canada

St. Joseph’s Health Care London has embarked on the leadership of Canada’s first Zero Suicide Initiative. The project aims to improve care and outcomes for individuals at risk of suicide and relies on a system-wide approach to close gaps in care rather than on the heroic efforts of individual mental health professionals.

The Zero Suicide initiative has a bold goal – to make suicides in the health care system a ‘never event’. In the health systems of United States and United Kingdom, the project has transformed suicide rates by wrapping care differently around the individual.

Phase one of this program at St. Joseph’s is being piloted within the Adult Ambulatory Mental Health Care Program at Parkwood Institute. As a result, every person admitted to adult outpatient mental health care receives a lifetime suicide risk assessment. St. Joseph’s is also educating outpatient clinical staff, ensuring they have the tools to support those experiencing thoughts of suicide.

Future phases will see Zero Suicide extend across St. Joseph’s inpatient mental health care programs and into the community. When fully implemented, London will be the first to have the gold standard for Canada’s commitment to suicide prevention.

- Visit the [Foundation website](#) to learn more

RECOVERY THROUGH RECREATION

Sitting side-by-side they supported each other and celebrated their unique selves while on the canvas, in strokes of bright colours, their creativity took shape.

But the true significance of the day was not the piece of art they took home. It was what they learned about themselves.

"Live your best life," was Kim's inspiring message to participants. "Know that you don't have to be good at art, you just have to be open to trying something new."—Kim Start



Photo above: Recreation therapists at Parkwood Institute's Mental Health Care program.

A paint day at Parkwood Institute's Mental Health Care Building brought together 33 patients to engage in meaningful activity that focused on creative expression through art. Each produced their own painting but the camaraderie and sense of accomplishment was shared.



All photos below on this page: Patients in Parkwood Institute's Mental Health Care Program engaged in meaningful activity that focused on creative expression through art.



In mental health care, therapeutic recreation promotes leisure and well-being through recovery based programs that encourage patients to take part in activities that are meaningful to them. It also provides opportunities for patients to explore activities they may have never experienced before and discover talents and interests they didn't know they had.

Kim Start, a local self-taught artist, led the painting session at Parkwood Institute, volunteering both her time and art supplies.

At Parkwood Institute, recreation and leisure are recognized as essential to good health – not just physical but mental health as well. Patients are provided with opportunities to explore healthy leisure choices they can then transfer into their day-to-day lives.

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Kim Start, a local self-taught artist from Studio70, facilitated the painting session, volunteering both her time and art supplies. The paint, meanwhile, was generously funded by St. Joseph's Volunteer Services.

With every journey to recovery a unique one, Kim's art session was an opportunity for individuals to explore that uniqueness and foster creativity.

MANY HANDS GET MAURICE BACK ON HIS FEET



Maria and Maurice Baetens are grateful to the various rehabilitation teams at Parkwood Institute that gave Maurice back his independence following a fall and broken hip.

At age 78, Maria Baetens didn't consider herself a senior. But her outlook instantly changed after her husband's accident.

Maurice Baetens broke his hip falling down stairs in the couple's home. "We were very active before Maurice fell," says Maria. "This happens and you sit back and realize we are getting older."

Maria visited Maurice every day while he was in hospital, often arriving early in the morning and leaving after dinner. At first she worried about the future and what would happen.

"For the first two weeks I thought I was going to have to look for a place (long-term care) for Maurice to go to. It was that bad. I knew I couldn't have cared for Maurice at home on my own. Our children all live out of town and our family is overseas."

Thankfully, a few weeks after his hip surgery, Maurice was transferred to the Geriatric Rehabilitation Unit (GRU) at St. Joseph's Parkwood Institute. A month later, he was able to go home. His rehabilitation continued for six weeks as an outpatient of the Parkwood Institute Geriatric Day Hospital (GDH).

Both the GRU and GHD are part of Specialized Geriatric Services (SGS) located at Parkwood Institute's Main Building. Teams of health care professionals in SGS work together to help frail older adults regain independence after an injury or illness. They provide clinical consultation, assessment, treatment, education, research and evaluation. A variety of programs and services are offered through inpatient, outreach and outpatient settings.

***"The care was incredible. The staff were incredible,"
—Maria Baetens.***

During his care Maurice was taught skills to help him regain his independence – how to safely walk up stairs, reach for objects over his head and properly use his walker.

The Baetens were impressed by the collaboration and coordination of all of the staff caring for him at Parkwood Institute.

[Your support is always welcome. Donate today!](#)

"My physiotherapist helped me set goals for my rehabilitation and those goals were shared with all of my care providers," said Maurice. Staff also provided assistance with coordinating Maurice's transition to community care exercise programs.

"I told my physiotherapist one of my goals was to continue to play golf with my buddies. He told me, 'When you get out of this program I promise you, you will hit the ball ten yards further (than before)'. I haven't tried yet – but I know, because of my care here at Parkwood Institute, one day I will get there."

EASING THE JOURNEY FOR PROSTATE CANCER PATIENTS



Members of the project team officially open the Prostate Diagnostic Assessment Program at St. Joseph's Hospital. From left are: Jane Van Bilsen, South West Regional Cancer Program; Dr. Hassan Razvi, St. Joseph's Health Care London; Ann Bornath, St. Joseph's Health Care London; Don Park, patient; Karen Perkin, St. Joseph's Health Care London and others.

The time from suspicion to diagnosis is a complex and important phase of the cancer journey. Patients face numerous tests and consultations, creating much stress for them and families.

“My experience was incredibly difficult but because of it, I was able to help the development of the PDAP project. At various stages of the PDAP development, I was asked for my feelings and opinions as a patient.”

—Don Park

To ease the journey, St. Joseph's Health Care London is pleased to welcome the Prostate Diagnostic Assessment Program (PDAP), which has consolidated all prostate biopsy procedures at St. Joseph's Hospital.

This improved system of care will provide timely access to high quality diagnostic services, accelerate treatments, reduce wait times, and enhance quality of life throughout the assessment of prostate cancer. Medical, surgical and radiation treatment will continue to be provided at decentralized sites within London, including London Health Sciences Centre (LHSC).

Watch a video about the [Prostate Diagnostic Assessment Program on YouTube](#)

On Nov. 29, staff from St. Joseph's and LHSC who were integral to making this much needed service available to the community celebrated the official grand opening of the new PDAP located at St. Joseph's Hospital.

Don Park, a patient who was diagnosed with prostate cancer, understands firsthand the fear that people experience with the suspicion of prostate cancer. Don was a contributor to the project and shared his personal story at the opening.

“I understood the patient perspective at every stage of the diagnostic process and recognize those involved with the PDAP were trying to alleviate stress and anxiety at every touch point.”

Don, who experienced the old system, shared his difficult experience.

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“It took 21 weeks from my family doctor’s recommendation to get a PSA test because my prostate seemed enlarged, to confirmed diagnosis by a urologist,” he recalls. “The tension and worry grew each week thinking about the unknown and fearing the worst. It seemed to take forever to move to each next step.”

Don was in a “mental shock” when told he had serious prostate cancer and, if left untreated, would only have five to seven years left to live.

“To be told there is a real ‘end of life’ possibility with a probable time line is mind numbing. My experience was incredibly difficult but because of it, I was able to help the development of the PDAP project. At various stages of the PDAP development, I was asked for my feelings and opinions as a patient. No matter what the professional expertise was around the table I was genuinely listened to and my thoughts and opinions were used in the creation of the program. This new program will help others experience less stress and anxiety through their process.”

The collaboration of many key stakeholders and donor support, which made it possible to purchase key equipment and enhance the program’s space, made the PDAP a reality – providing better access to care for those with suspected prostate cancer.

IMPROVING THE FAMILY CAREGIVER EXPERIENCE



Cathy Fooks, President and CEO of The Change Foundation, Carol Riddell-Elson, family caregiver and advocate, and Dr. Gillian Kernaghan, president and CEO of St. Joseph's Health Care London, launch St. Joseph's Changing Care Project.

St. Joseph's Health Care London is among four organizations in Ontario each receiving a total of \$2.25 million over the next three years to improve the experience of family caregivers within the health care system.

"Health care providers want to work differently with caregivers. These partnerships will show us how to do that." —Cathy Fooks, President and CEO, The Change Foundation.

The investment is being made by The Change Foundation, a health policy think-tank focused on making positive change in Ontario's health care system. With a firm commitment to engaging the voices of patients, family caregivers and health and community care providers, the foundation explores contemporary health care issues through different projects and partnerships to evolve the health care system in Ontario and beyond.

[Your support is always welcome. Donate today!](#)

Over the next three years, 'Changing CARE' partnerships in London, Huron and Perth counties, Cornwall and Toronto will develop local supports, programs and resources to address four key needs identified by caregivers and health care providers: communication, assessment, recognition and education.

St. Joseph's project titled, "Improving CARE Together," will build on past learning and successes to embed family caregivers as an integral part of the care team in all programs and services. This work will begin at Parkwood Institute Main Building. The project will enable St.

Joseph's to become an organization that not only supports caregivers at the direct care level, but incorporates a strong caregiver voice in program and organizational planning.

"The role of the family caregiver across the health care sector is a vital, but often unrecognized one," says Cathy Fooks, President and CEO, The Change Foundation. "Though we know 3.3 million people in Ontario provide essential support or care to a family member, friend or neighbour, caregivers are often not respected or considered key members of a patient's care team. Health care providers want to work differently with caregivers. These partnerships will show us how to do that."

Over the course of the project at St. Joseph's, health care providers, family caregivers, and administrators will work on a number of activities and mechanisms designed to make impacts across the organization. These include:

- Communication resource toolkits for health providers and caregivers when discussing care planning.
- Caregiver assessments and check-ins to prevent burn-out and increase recognition.
- Education and support initiatives including workshops, lectures and counselling sessions.

The partnerships moving ahead under Changing CARE bring important focus to different facets of the caregiver experience from a multitude of perspectives, including different care settings, demographics, and geographic locations.

DID YOU KNOW?



Avid gardener Gladys Hubbs, a resident at Mount Hope Centre for Long Term Care, wanted to leave a legacy others will enjoy. She purchased a cascading fountain for the recently refreshed Mount Hope courtyard. Through donations to St. Joseph's Health Care Foundation, the courtyard has been rejuvenated with enhanced lighting, new shade-giving trellises and umbrellas, benches, and planters that allow residents to hone their green thumbs. This serene space is a gathering spot for barbeques, birthdays, picnics, tea parties, or simply quiet reflection.



Stroke care in the South West LHIN is now concentrated at seven designated stroke centres so people can receive the best possible care and achieve optimal recovery. Parkwood Institute was selected to be one of these designated stroke centres because of its long-standing stroke rehabilitation expertise.



Neuropathic pain is complex, chronic, and the most common complication reported by people following spinal cord injury, yet it is often overlooked. Researchers at Lawson Health Research Institute are changing that, becoming the first in Canada to develop clinical practice guidelines that address the unique challenges for managing pain during recovery and rehabilitation from spinal cord injury.



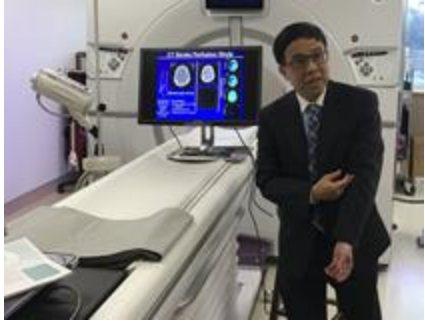
For seven decades, veterans have had an opportunity to learn new artistic skills or practice old ones through the Veterans Arts Program at Parkwood Institute. Established in 1946, Veterans Arts is a vibrant communal area where veterans have an opportunity to express their creativity in woodworking, clay, textiles, painting and more while enjoying the company of each other and a team of art instructors, who take into account the interests and ability of each individual. To mark the 70th anniversary, the veterans' artwork was showcased in a special exhibit at the London Public Library in November.



From atop a dunk tank, leaders across St. Joseph's took the plunge in chilly November as part of Share the Spirit, the annual employee giving campaign for St. Joseph's Health Care Foundation and the United Way London & Middlesex. Dunking a leader was the reward for raising more than \$143,000, increasing new payroll deduction donors by 137 people, and having many existing donors boost their payroll deduction amount – all in support of the community.



A new partnership between Parkwood Institute's Operational Stress Injury (OSI) Clinic and the Centre for Mental Health Research (CMHR) at the University of Waterloo will improve access to care in the Waterloo area for Canada's veterans, members of the Canadian Armed Forces and the RCMP who are struggling with service-related psychological injury. The OSI Clinic is proud to partner with the CMHR and increase the clinic's reach for those in need.



They came, they saw, they tweeted. A 'field trip' organized by the Council of Academic Hospitals of Ontario to the labs of Lawson Health Research Institute generated more than 1.5 million impressions (views) on social media through hundreds of posts and interactions. At one point, the #onHWS tour was trending in Canada as the second most popular topic on social media behind only the Trump inauguration. The purpose of the field trip was to encourage stable investment in hospital-based research and showcase the groundbreaking work underway at St. Joseph's and London Health Sciences Centre.



He's not a health care professional but Hendrikus Bervoets is contributing to the healing atmosphere at Southwest Centre for Forensic Mental Health Care. Eighteen pieces donated by the local artist now hang in Southwest Centre, bringing pleasure to staff and patients alike. Matting and framing for the artwork was generously donated by Great Blue Heron Framing.



Access to crucial HIV/AIDS treatment has dramatically improved for marginalized individuals in London's inner city through a partnership between St. Joseph's and the London InterCommunity Health Centre. Through the partnership, many people have started on life-sustaining treatment who would otherwise not be followed for their HIV. With treatment, the virus becomes undetectable, helping the patient and also helping prevent transmission in the community.



Individuals living with diabetes can leave their mark on the next wave in care by participating in research. In a new St. Joseph's video, learn from diabetes researchers and patients alike about the personal benefits of taking part and the vital role research has played in the evolution of care. Your children and their children will thank you.



A history corner at St. Joseph's Hospital now houses several themed exhibits a year featuring medical artifacts and memorabilia that take us back in time at the hospital and St. Joseph's Nursing School. Visitors can see how far health care has come, find awe in the achievements of some of London's earliest medical pioneers, and view hospital life at a very different time. The exhibit space can be found in Zone A, Level 1, near the Richmond Street entrance.



Patients scheduled for cataract surgery at St. Joseph's Hospital can now know exactly what to expect before leaving home. A [cataract surgery booklet and video](#) steps patients through the surgery from the moment they arrive until they return home. The booklet is also available in French.



[St. Joseph's Hospital, the movie](#), launched in February starring staff, physicians and researchers in action as it happens in nearly every corner of the hospital. The three-part video, made possible through the support of St. Joseph's Health Care Foundation, provides a glimpse inside St. Joseph's Hospital today as it forges a new era in care, teaching and research with nearly 400,000 patient visits a year and fewer than 30 beds.



St. Joseph's is paving the way in Southwestern Ontario to make Problem-Solving Therapy (PST) more accessible for older adults living with depression or other mood disorders. Shown to be as effective as antidepressants, PST empowers people to deal more effectively with challenges and stress that occur in everyday life. The therapy can be used in conjunction other treatments and medications, or provide an alternative for those who may be treatment resistant to medications.



Staff, physicians, volunteers, family and friends earned St. Joseph first place last summer in Canadian Blood Service's Hospital Challenge. St. Joseph's came out on top among 29 Ontario hospitals in blood donations per capita (hospital employee population) during June, July and August. The purpose of the annual challenge is to boost collections during a critical time in the need for blood.

TREASURER'S REPORT

St. Joseph's Health Care London is one of Ontario's most complex health care organizations. Bringing expert care to hundreds of thousands of people each year we continue to earn the complete confidence of our patients and community through communication, comfort and skill.

Built on the steadfast fiduciary practices of our founders, the Sisters of St. Joseph, we continue their tradition of transparency and sound financial planning. We know that health care is expensive and it is our responsibility to be accountable for every dollar spent in our doors. We acknowledge our obligation to our community to maintain excellent care while always looking for ways to do things better. It is St. Joseph's goal to always continue the Sister's tradition of care and careful planning, which has served us and our community well for almost 150 years.

Sound fiscal results

St. Joseph's ended the fiscal year with an accounting surplus of \$9.6 million, primarily achieved as a result of the strong performance of the organization's investment portfolio. St. Joseph's also received unplanned post-construction operating plan funding in support of growing patient care in our new and redeveloped facilities which contributed to a balanced budget for the year.

Excluding the unplanned additional investment returns of \$7.4 million, St. Joseph's ended the year with an accounting surplus of \$2.2 million. The 2016/17 surplus will enable further investment in strategic capital needs, including the investments required to further enhance the electronic patient record system.

Internally restricted investments support the current and future capital investments and other commitments of St. Joseph's and totaled \$165.7 million at March 31, 2017. 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 remained healthy with a current ratio of 1.7 to 1.0 at March 31, 2017.

Investing in better patient care

This year, supporting St. Joseph's care, teaching and research mission, \$16.1 million was invested in new equipment and building-related projects. Investments in our facilities totaled \$5.9 million and included elevator renovations at St. Joseph's Hospital and Parkwood Institute, renovations at Mount Hope Centre for Long Term Care, the completion of renovations at St. Joseph's Family Medical and Dental Centre and the expansion of our Operational Stress Injury Clinic serving veterans at Parkwood Institute. We also invested \$10.2 million in new equipment across all of our sites.

These investments were funded by \$11.4 million of hospital resources and \$4.7 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 2016/17. Total ambulatory visits increased by 6,056 during 2016/17, 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.

Funding reform

Funding reform continues to present both challenges and uncertainty for all hospitals, demanding a rigorous budget planning process and numerous advocacy efforts to respond to the funding formulas as they continue to be refined. St. Joseph's is one of only five 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.

We have welcomed funding increases recently announced for 2017/18; however the funding increases continue to fall short of the inflationary pressures St. Joseph's faces every year. This will continue to present us with financial challenges in the future while we face growing demands on the health system. St. Joseph's continues to advocate for further funding increases to address these challenges.

Looking ahead

Change, funding pressures and growing health care needs in our communities are consistent themes that we will continue to experience in 2017/18. 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 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, 2017.

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