



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan,

President and CEO
Date: June 29, 2020



Once again this month, the board report focuses exclusively on our response to the evolving COVID-19 pandemic, which is now heavily concentrated on the reintroduction of services. We will keep you informed as this work progresses.

This month, St. Joseph's launched a new social media campaign – Behind the Mask – that captures the feelings, functions, sacrifices and triumphs of our staff and physicians during the unprecedented and challenging COVID-19 pandemic. You can learn more about the campaign in this report. I encourage you to read the profiles of our dedicated staff and physicians, which you can find on our social media channels and [website](#).

Also in June, St. Joseph's Annual Report to the Community went live to provide a glimpse of our accomplishments from 2019-2020, as well as our financial performance. All speak to innovation and excellence across our organization. While the global COVID-19 pandemic overshadowed the year as a whole, it has also defined all that makes St. Joseph's an exceptional organization of which I am so proud. You can read the report [here](#).

Also now online on the intranet is the latest edition of Our Connection. As previously reported, Our Connection, which replaced Imprint as our internal newsletter, is published every other month and features key St. Joseph's developments, initiatives and achievements to keep everyone well informed and connected. Delayed during the pandemic, this second issue is now available.

Non-COVID related, I participated in the Catholic Health Alliance of Canada's CEO Forum on June 11, where the theme was "People and Mission Inspired Culture." St. Joseph's was well represented among the guest speakers by Patricia Hoffer, Chief Communications Officer, and Karen Stone, Vice President of Human Resources and Facilities, who presented on the culture and mission at St. Joseph's.

Then, on June 23, I was pleased to take part in St. Joseph's Health Care Foundation's Annual General Meeting. This was an opportunity to recognize the significance of the foundation's contributions to care, teaching and research across our organization and Lawson Health Research Institute. Many of the hospital's current strategic priorities have, or are, benefitting from donor support through the foundation and would not be possible otherwise. I congratulate the foundation on a remarkable year. We remain grateful for the support of our donors and for the hard work of the foundation staff and Board of Directors on behalf of our mission at St. Joseph's.

And finally, you will notice a brand new look and feel for St. Joseph's website. Over the past 15 months, St. Joseph's Health Care London and St. Joseph's Health Care Foundation have

pioneered a collaborative approach to our online presence that supports the needs of our patients, visitors and donors all in one location. The new site reflects best practice in website design and functionality. Guided by market research, internal and external stakeholder interviews and focus groups, and analysis of peer health care organizations, our new site is contemporary and user-friendly, with easier navigation and an improved ability to showcase our program areas, priorities and events. As well, more prominence is provided to areas identified by our patients, visitors and donors as being of utmost importance to them.

UNCOMPROMISING QUALITY AND SAFETY – COVID-19

COVID-19 – an update

The following is an update on measures and processes put in place over the past month to manage the evolving COVID-19 pandemic. As always, the focus is on staff, physician, patient and resident safety. Planning is ongoing with London Health Sciences Centre (LHSC) and the Middlesex-London Health Unit in alignment with provincial directives.

Personal protective equipment (PPE)

- **Eye protection:** Evidence shows COVID-19 is spread through direct, unprotected contact with respiratory droplets from an infected person primarily into the nose or mouth. There is some emerging evidence about potential exposure through the eye membranes. Throughout the pandemic, eye protection has been provided to staff as part of droplet/contact precautions. It is also provided to those involved in screening for COVID-19 when there is no physical plexiglass barrier in place.

Given a declaration on May 16, 2020 of a COVID-19 outbreak at Mount Hope Centre for Long Term Care due to one isolated positive case (see “Testing” below), St. Joseph’s moved to increased use of eye protection for Mount Hope staff as an added precaution. Effective May 22, 2020, Mount Hope staff providing direct care or within one metre of unmasked residents for more than 15 minutes are provided with eye protection of either a face shield, goggles or safety glasses.

The following week, eye protection was implemented across the organization where staff have prolonged close contact with patients who are not masked.

- **Hand sanitizer recall:** In mid-May, St. Joseph’s was made aware of a change to the ingredients of our recent shipment of Microsan Encore hand sanitizer. Due to a shortage in food grade ethanol, the supplier moved to using technical grade ethanol as authorized by Health Canada. The new formula should not be used by children, those with broken or damaged skin, or those who are pregnant or breastfeeding. St. Joseph’s Environmental Services team worked quickly to remove the affected product from all areas as part of a voluntary recall by the organization. Given the short amount of time the affected hand sanitizer was in our facilities and minimal level of usage (containers retrieved were full or mostly full), the risk of issues was low for those who may have used it.

Programs and services

- **Reintroduction of scheduled services:** Our plans and feasibility assessments for the reintroduction of services are submitted in two-week time-periods to Ontario Health West for approval. These plans and assessments are created based on criteria set by the Ministry of Health such as our readiness for a potential surge in COVID-19 cases, human resources capacity, infection prevention and control standards, innovative and

new practices for service delivery, the availability of personal protective equipment and critical medications, and diagnostic and lab capacity.

The first plan for services reintroduction was for May 25 to June 7, 2020. This received approval and has been implemented. Our second submission was for June 8 to 22. This was approved on June 5. That time-period has been extended by Ontario West to June 28, meaning we can continue to add services under that criteria for an additional week.

The next plan time periods will be:

- June 29 to July 12 activity, submitted June 12 and approved
- July 13 to 26 activity, submission due June 26
- July 27 to August 9 activity, submission due July 10

Monitoring and reporting for each plan is done weekly.

- **New team guides next steps:** A Redesign and Reintroduction Team (RRT) is guiding the next phase of our response to the COVID-19 pandemic. As a temporary working group of the Senior Leadership Team (SLT), this team reports directly to SLT, advises on how to move forward with emerging priorities that have developed in response to the pandemic, and ensures alignment with existing structures including Directors Council, leadership councils, Medical Advisory Committee, OpNet, and our patient and family councils. Under the leadership of Roy Butler, Vice President Patient Care, this team meets weekly and regular updates are provided to the organization. The RRT mandate is to:
 - Provide executive oversight to the development, implementation and monitoring of the strategy for reintroduction and redesign of services inclusive of clinical care, teaching and research
 - Explore and adopt innovative and creative new practices to enhance care during redesign and reintroduction
 - Establish key priorities including criteria, targets and directions that will inform our collective work
 - Assign leadership and resources to address priorities of the plan and align the work to our established leadership councils
 - Ensure ongoing communication, transparency and awareness of strategy and progress
 - Provide recommendations to SLT for approval

The Pandemic Management Team has moved to meetings twice a month and at the call of the Chair under the leadership of Karen Perkin, Vice President Patient Care and Chief Nursing Executive. Regular all staff updates also continue to be shared as needed under this structure.

- **Patient and family engagement:** A key principle of the reintroduction and redesign of services is the engagement of our patients and families. To date, our patient and family councils have been engaged in our response to COVID-19 and how we are moving forward. Plans are underway to develop a formal approach to care partner engagement in key initiatives such as virtual care and the reintroduction of care partner presence.
- **Sub-Acute Medicine Unit:** While we are shifting our focus to gradually reintroduce and expand patient care services at Parkwood Institute Main Building, we must continue to fulfill our role in maintaining regional capacity to respond to a resurgence of COVID-19. To support increased acute care capacity in the region, the 40 bed Sub-Acute Medicine Unit (SAMU) on 5BSouth will remain open until at least the end of September. Further review of the need for this unit will be done in the fall. Much work is being done to design

staffing models for the SAMU as we work to be able to send redeployed staff back to their home units/programs as needed.

Visitors for veterans and residents

Outdoor visits for our veterans, residents and their families began June 18. While this is welcome news, there are important measures that must be followed to keep everyone safe from exposure to COVID-19. Some of these measures include ensuring visits only occur outside with proper physical distancing, having visits arranged in advance and requiring visitors to pass our active perimeter screening which, for long-term care visitors, includes attesting to having had tested negative for COVID 19 within the past 14 days.

Care partner presence and resumption of hospital visitors

The Ontario Hospital Association provided guidance on welcoming patient and family partners back into the hospital setting. At the same time, the Ontario Medical Officer of Health recommended acute care hospitals consider resuming visiting and revising current visitor restriction policies. We are approaching this work at St. Joseph's using the principles developed to create our Family Presence policy. Our patient and family partners will be engaged in co-designing our plans, which will consider all the necessary measures to keep everyone safe.

Testing

- **Testing new admissions:** We are now able to test all new inpatient admissions coming from hospitals, retirement homes, long term care and group home settings. Testing is to discern if a person has the virus on the day they are tested. It doesn't detect if the individual has been exposed and may become infected within the 14 days. If we already have someone on precautions and they develop symptoms, it protects the other patients and our staff and physicians. We are therefore continuing the 14-day isolation as well as swabbing prior to admission.
- **Testing of staff and physicians:** As per the Ontario government [announcement](#) regarding expanded testing (details below), St. Joseph's will continue to offer testing through Occupational Health and Safety Services to any staff and physicians who may have symptoms consistent with COVID-19. We will also continue to test staff as part of contact tracing for those who may have had unprotected exposure to a person with confirmed COVID-19 at work. This is part of exposure management completed for all cases of COVID-19 confirmed in our patients, residents and staff/physicians.

Staff or physicians who are asymptomatic but would like to have COVID-19 testing as part of the provincial government's commitment to increase testing of persons at higher risk of exposure can attend a public health assessment centre to have the test.

- **Testing at Mount Hope:** As previously reported, testing of all staff, physicians and residents at Mount Hope Centre for Long Term Care for COVID-19 began on May 11, 2020, as per direction from the Ministry of Health and Ministry of Long-Term Care. On May 16, 2020, one resident on St. Mary's 5 was confirmed positive. Given the resident was living within a St. Joseph's facility, they were transferred to Parkwood Institute Main Building's fifth floor for care. This case has since resolved.

Testing all staff and physicians at regular intervals at Mount Hope is ongoing as an important part of surveillance to proactively prevent spread of the virus. One staff member tested positive in June. The Middlesex-London Health Unit has deemed that we are not in outbreak at this time, and we are treating this as an isolated case. The risk of exposure to others in the building is very low based on a review of this situation with infection control experts.

Pandemic pay

St. Joseph's received our letter from the South West LHIN outlining details for one-time funding to support the temporary pandemic pay increase, which was part of the province's COVID-19 response in the hospital sector. In alignment with hospitals in the region, St. Joseph's has begun work to review and create our implementation plan. We remain disappointed that the list of eligible workers defined by the province does not represent the entire workforce that has contributed to our pandemic response. However, the province has outlined the conditions by which we can distribute this funding, and we do not have any ability to allocate differently. For more information, see the Ontario government COVID-19 updates below.

Student placements

In March 2020, St. Joseph's and London Health Sciences Centre discontinued student placements to ensure safety, reduce transmission of COVID-19 and conserve personal protective equipment (PPE). Medical Affairs and Student Affairs are now ready to resume processing placements. Beginning in June, each clinical area is being contacted to assess available capacity for students using principles and checklists developed to ensure readiness of clinical spaces and staff. PPE needs are being calculated and will be shared with Healthcare Materials Management Services to ensure adequate supplies. Clinical supervisors are encouraged to design student experiences that minimize the need for enhanced PPE.

St. Joseph's may not be able to achieve the same volume of students we have taken in past summer months, but we are eager to collaborate with clinical teams and our academic partners to welcome students back into our clinical learning environment.

Research

For the past few months, research has been limited to essential studies only including studies focused on COVID-19. As we gradually expand clinical services, Lawson Health Research Institute is carefully planning for a phased resumption of research activity. Guiding principles have been created to align with public health directives and plans from St. Joseph's, London Health Sciences Centre and Western University.

Research teams are now engaged in creating individual resumption plans which will require Lawson and hospital approval before initiation of Phase 1 in Lawson's overall plan. We thank our research teams for their continued patience and understanding as we work together to resume activity in a safe manner.

Support for staff, physicians, patients/residents and families

- **Support for family caregivers:** During the COVID-19 pandemic, many family caregivers were faced with significant challenges as supports within the community decreased to align with safety measures to prevent the virus from spreading. Recognizing the need for additional resources due to the changing health care landscape, St. Joseph's partnered with a Caregiver Support Project Team to develop a [new online support tool](#) for family caregivers in Southwestern Ontario.

The team is a sub-group of the COVID-19 Community South West Region Pandemic Planning Table. It is made up of members of community-based health service organizations, a caregiver, and the South West Frail Senior Strategy (SWFSS) team, led by St. Joseph's. The website tool was designed to deliver relevant, easy to understand information for caregivers on how to find local resources on topics such as finances, mental health, abuse and social/physical distancing. Recognizing some caregivers have challenges with access to technology, the online information was formatted into printable tip sheets.

- **Sustaining Hope:** St. Joseph's Psychological Health and Safety in the Workplace intranet site is proving to be a popular source of support for staff. In particular, the [Sustaining Hope](#) resource is much sought-after with nearly five times as many staff members accessing the site after this resource was launched.

Sustaining Hope is a menu of resources that provides evidence-based strategies for individuals, leaders and teams to consider as they strive to bolster their resilience in this ever-changing and challenging time. It offers easy-to-use strategies that build capacity, foster positive relationships and engender hope. This menu is refreshed bi-weekly. Even though there was nearly two and a half times as many articles posted to the intranet overall during the pandemic, some of the Sustaining Hope resources were still attracting more than 300 pageviews among the increased volume of content competing for users' attention.

Communication for staff and physicians

Virtual Brown Bag Forums continued in June with excellent participation from staff and physicians. On average, about 325 participants are tuning in to each forum. Topics in June included:

- June 4: "Recognizing and Responding to Health Care Worker Mental Health Distress due to the COVID19 Pandemic" presented by Dr. Heather Flett, consultant psychiatrist with St. Joseph's Operational Stress Injury Clinic, and Deb Miller, Director of Operational Development and Learning Services.
- June 11: "Virtual Care - Progress to Date and Next Steps" presented by: Dr. Sarah Jarmain, Physician Planning Lead – OneChart; David Veeneman, Director, Information Technology Services; and Gabriele Davey, Project Lead, Virtual Care.
- June 25: "Reintroduction of Services at St. Joseph's and Success Stories from Clinical Teams" with Roy Butler, Chair, Redesign and Reintroduction Team, and Jennifer Payton, Director of Quality, Strategy and Innovation

Gratitude

- In June, St. Joseph's launched a new social media campaign that tells the stories of our health care workers from all different roles and disciplines. The campaign captures the feelings, functions, sacrifices and triumphs that our people have experienced during COVID-19. The public is invited to take a glimpse into the vast and varied lives of the people who work here, and how they are coping professionally and personally with one of the greatest health care challenges of our time. The Behind The Mask features can be found on St. Joseph's social media channels and [website](#).
- When the pandemic began, health care providers from both St. Joseph's and London Health Sciences Centre (LHSC) received an outpouring of support from the community. Much of this support came in the form of food donations for emergency and urgent care staff and physicians at LHSC's University Hospital and Victoria Hospital, and St. Joseph's Urgent Care Centre (UCC). To say thank you, the staff at these three locations have teamed up to raise more than \$7,500 for London Food Bank. Read about this team effort on [St. Joseph's website](#).

INNOVATING TOGETHER

Innovations and silver linings

As part of our ongoing work to appreciate and learn from the impact of pandemic operations on our organization, interviews were conducted with directors and physician leaders to hear about specific issues within the different programs. They were also asked what “silver linings” and opportunities for innovation have arisen through this disruption. In all we learned about nearly 40 different innovations and opportunities – from specific program-based positive changes, to cross-organization innovations, to system-wide silver linings. Themes emerged with the innovations and opportunities falling into the following categories:

- Implementing change under pressure:
- Changing the way we provide and structure care
- Changing how and where we do business
- Enhancing how we work together
- Changing our access processes and physical infrastructure
- Changing our access to quality data, information and learning
- Opportunity to change the “impossible” – something we had long been trying to do but could not surmount obstacles.

Among highlights of the innovations and silver linings within those themes are:

- Reduction of red tape – a shift from “we can’t” to “how can we”
- Emerging leadership at every level – individuals who became “change champions”
- The re-prioritizing of projects and initiatives to support the greater good
- Unified “trust” structure for organizational implementation – enabling one or two individuals to lead, trusting their direction and supporting them to execute change
- Cross-training and providing team-based care to support redeployment and managing new patient populations.
- Rapid and significant increase in virtual care by programs and services across the organization.
- Expediting the implementation of provincially-vetted standardized care pathways
- Evaluating where services should be cohorted or performed to optimize ‘centres of excellence’ and improve waitlists.
- Providing care in different settings both within and outside the hospital
- Improved partnerships, camaraderie and willingness to work together across programs and with our hospital and community partners to better inform decision-making and increase responsiveness across the system.
- Expedited process for onboarding new staff

Jodi Younger, Vice President, Patient Care and Quality at St. Joseph's, and Jackie Schleifer Taylor, Interim Chief Clinical Officer and Executive Vice President for London Health Sciences Centre, are co-leading a regional table to gather similar themes and look for opportunities for collaboration on larger system change. Two emerging themes from this work include: sustaining and growing the structure and supports for ongoing virtual care methods; and creating integrated intake and waitlist management across certain populations where family doctors have a single point of access for referrals.

PROVINCIAL AND NATIONAL UPDATE

Ontario government

Directives, orders, amendments to acts, memorandums, action plans, frameworks

- **Long-term care**

- On May 26, 2020, the Ontario government outlined [key findings](#) from the [Canadian Armed Forces report](#) on the five long-term care homes at which the military has been assisting. The report details serious concerns around infection prevention, safety, staffing and level of care.
- On May 27, 2020, the Ontario government [announced](#) it is taking additional immediate action at high-risk long-term care homes following the disturbing allegations outlined by the Canadian Armed Forces (CAF). The Ministry of Long-Term Care has deployed long-term care inspection teams to conduct comprehensive, detailed inspections at six high-risk homes, including those captured in the CAF report. Other long-term care homes currently considered high-risk will be inspected over the next 21 days. Further, the recently announced independent commission into Ontario's long-term care system will now begin its work in July 2020.
- On May 28, 2020, to further protect seniors and staff in long-term care homes, the Ontario government [announced](#) it is extending the mandate of the Incident Management System (IMS) Long-Term Care Table. This table is composed of health care professionals who make immediate decisions to deal with issues related to staffing levels, infection management and resources during the COVID-19 outbreak. In April 2020, an IMS structure was established to coordinate operational support to long-term care homes. The IMS table meets daily to organize efforts across multiple providers and government to make rapid decisions that support long-term care homes in need.
- On June 11, the Ontario government [announced](#) the appointment of Cathy Fooks as Ontario's new Patient Ombudsman to help improve the quality of care and supports people receive in hospitals, long-term care homes and in their own homes through home and community care. In this role, Fooks will also oversee an investigation into the care and health care experiences of long-term care home residents during COVID-19. This work will complement the government's independent commission into Ontario's long-term care system which will begin in July 2020.
- Also on June 11, the Ontario government [announced](#) the gradual resumption of visits to long-term care homes, retirement homes, and other residential care settings. Family and friends will be allowed access to these settings beginning June 18, 2020. Long-term care homes will allow outdoor visits of one person per resident each week at a minimum. Retirement homes will resume indoor and outdoor visits in designated areas or resident suites when physical distancing can be maintained. Other residential care settings will be able to allow outdoor visits of two people at time.

Visits will be subject to strict health and safety protocols, including requiring visitors to pass active screening every time they visit, confirming with staff that they have tested negative for COVID-19 within the previous two weeks, and complying with the

infection prevention and control protocols. This includes wearing a face covering during visits.

- **Acute care**

On June 15, Dr. David Williams, Chief Medical Officer of Health, distributed a [memorandum](#) regarding visitors to acute care settings. In recognition of the important role of visitors in enhancing the patients' quality of life and well-being, Dr. Williams is [recommending](#) that acute care settings begin the resumption of visitors. Existing visitor policies regarding essential visitors should be revised accordingly to allow visits by family/caregivers and other types of visitors. Consideration should be given to the patient's circumstances and the visitor's role.

- **Social gatherings/business/school closures**

- As the Ontario government carefully and gradually reopens the province, those taking public transit, returning to work or going out shopping are being urged to continue to adhere to public health advice as the best line of defence against COVID-19. On May 20, 2020, the Ministry of Health [announced](#) specific recommendations on how to choose, wear and care for appropriate face coverings used in public where physical distancing is not possible, along with additional safety measures for provincial transit agencies.

- The most recent extension of the Ontario government's emergency orders in force under s.7.0.2 (4) of the Emergency Management and Civil Protection Act was [announced](#) on June 24, which keeps the current orders in effect until July 15, 2020. They include those allowing frontline care providers to redeploy staff to areas most in need, limiting long-term care and retirement home employees to working at one home, and enabling public health units to redeploy or hire staff to support the province's enhanced case management and contact tracing strategy.

- On June 8, the Ontario government announced it is moving forward with a regional approach to Stage 2 of reopening the province. Effective June 12, the province increased the limit on social gatherings from five to 10 people, regardless of whether a region has moved to Stage 2. Additionally, all places of worship in Ontario are permitted to open with physical distancing in place and attendance limited to no more than 30 per cent of the building capacity. Middlesex-London was among the regions allowed to begin Stage 2. Details of the Stage 2 reopening is available [here](#).

- On June 12, Ontario's Chief Medical Officer of Health [announced](#) updated public health advice to come into effect immediately province-wide allowing social circles of up to 10 members, including those outside the immediate household. The province has developed a practical [step-by-step guide](#) to help Ontarians as they safely develop and join a social circle.

- On June 16, the Ontario government [announced](#) it is providing employers with a new general [workplace guide](#), which will help them develop a safety plan to better protect workers, customers and clients. The new toolkit offers tips on how to help prevent the spread of COVID-19 as more people get back on the job during Stage 2 of the reopening of the province.

- **Testing and tracing**

- On May 24, 2020, the Ontario government [announced](#) new testing direction for COVID 19 making testing available to all people with at least one symptom as well as those who are not experiencing symptoms but are at risk or are concerned about

- exposure. This direction is in addition to the testing guidance provided by the Chief Medical Officer of Health.
- On May 29, the Ontario government [released](#) the next phase of the province's COVID-19 testing plan, [Protecting Ontarians Through Enhanced Testing](#), which will make testing available to more people in more locations across the province. The plan includes three branches of testing:
 - Assessment Centre testing: Expanding who gets tested to now include asymptomatic individuals concerned about exposure and continued routine symptomatic testing at assessment centres.
 - Targeted campaigns: Detecting and containing cases by expanding asymptomatic surveillance for vulnerable populations, including in long-term care homes and other shared living spaces like shelters and group homes, as well as targeted testing of workplaces in priority sectors that work with priority populations and where it may be difficult to physically distance.
 - Outbreak management: Testing to ensure rapid and agile response capacity for outbreak management, including in specific neighbourhoods and regions or at hospitals, institutions and workplaces.
 - On June 15, in response to requests by community leaders and public health experts, the Ontario government [announced](#) it is proposing a regulatory change to mandate the reporting of data on race, income, language and household size for individuals who have tested positive for COVID-19. This will help ensure the province has a more complete picture of the outbreak. Under these proposed changes, individuals who have tested positive for COVID-19 infection will be asked additional questions about their race, income, languages spoken, and household size. Individuals can choose not to answer any or all of these questions. Individuals' privacy is protected as it is for all information currently collected on other diseases.
 - As the province safely and gradually reopens, the Ontario government is enhancing case and contact management to quickly test, trace and isolate cases of COVID-19 to stop the spread of the virus and prepare for any potential future waves. These additional measures, [announced](#) on June 18, include a comprehensive case and contact management strategy, “Protecting Ontarians through Enhanced Case and Contact Management”, and, in partnership with the federal government, a new made-in-Ontario national app called COVID Alert. The enhanced strategy focuses on strengthening and standardizing case and contact management by:
 - Ensuring all new cases and their close contacts are identified early, contacted quickly, investigated thoroughly, and are followed up daily for up to 14 days
 - Supporting public health units with up to 1,700 additional staff from Statistics Canada
 - Improving technology tools by modernizing the integrated Public Health Information System through the implementation of a new custom-built COVID-19 case and contact management system
 - Launching a privacy-first exposure notification app to alert Ontarians when they may have been exposed to COVID-19
 - **Prescriptions:** With the supply of many drugs and medications having stabilized in the province, the Ontario government [announced](#) it is lifting the recommended 30-day supply limit for dispensing Ontario Drug Benefit program medications. Effective June 15, program recipients can return to filling up to a 100-day supply from their pharmacy or dispensing physician, when appropriate.

- **Resuming elective and non-urgent care**
 - On May 26, 2020, Directive #2 was [amended](#) to support the gradual restart of all deferred non-essential and elective services carried out by health care providers. Directive #2 was issued on March 19, 2020, requiring all non-essential and elective services to be ceased or reduced to minimal levels until further notice. In the gradual restart of services, health care providers must comply with the requirements set out in [COVID-19 Operational Requirements: Health Sector Restart](#) and follow key principles outlined in the Ontario Health framework, [A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic](#).

Funding

- On May 28, 2020, the Ministry of Health (MOH) issued a [memo](#) regarding pandemic pay, including the anticipated timeline for communication of funding commitments required to implement this pay in June 2020. While the government also updated its [pandemic pay website](#) with additional details on eligible auxiliary employees, the memo from MOH advised that the government is not expanding the application of pandemic pay beyond those employees that were already deemed to be eligible. The occupations omitted by the government represent a substantial portion of the hospital workforce and would result in a significant cost across all hospitals if pandemic pay is expanded to these employees.

The memo was followed on May 30, 2020, by a new [emergency order](#) regarding the scope and implementation of pandemic pay. The order now clearly restricts the scope of pandemic pay to be applicable to only the eligible workplaces and employees as defined by the government. Further, the order prohibits employers and arbitrators from expanding the application of pandemic pay as defined by government. It requires hospitals to implement pandemic pay only as directed and defined by government. Finally, hospitals are not required to obtain the agreement of any relevant unions to implement pandemic pay and the order prohibits any complaints to the Labour Relations Board regarding this implementation. Hospitals are now protected against grievances and complaints when implementing this government direction.

- On June 2, the Ontario government [announced](#) financial support for three additional businesses through the Ontario Together Fund to re-tool their processes and increase their capacity to make personal protective equipment:
 - Sterling Industries in Concord is receiving \$1,023,325 to increase its output of face shields from 200,000 per week to more than a million per week.
 - SRB Technologies in Pembroke is receiving \$59,889 to help the company convert a portion of its production from emergency lighting solutions for the nuclear, aerospace, construction and defence sectors to manufacturing medical-grade face shields, which will be supplied to regional hospitals and long-term care facilities.
 - Southmedic in Barrie is receiving \$1.8 million to reengineer and retool its current production and to purchase new moulding equipment so it can double its output of oxygen masks, triple its output of ETCO₂ masks, which are specialty masks used to monitor breathing prior to ventilator use, and quadruple its output of eye and face shields.
- The Ontario Hospital Association (OHA) has convened a new Hospital Finances Advisory Panel for the 2020-2021 fiscal year to assist the OHA in further understanding the existing and emerging financial challenges facing hospitals. The COVID-19 pandemic has and will continue to present extraordinary challenges for hospitals and timely financial support will be critical to ensuring the sustainability of hospitals and the

health system through this time. At this juncture, the new Advisory Panel will provide advice to the OHA on matters concerning hospital financial stability and potential changes to funding methodologies.

Research

- On May 21, 2020, the Ontario government [announced](#) the first phase of research projects to receive funding from the [Ontario COVID-19 Rapid Research Fund](#). Fifteen proposals will receive a total of about \$7.2 million from the fund. These [projects](#) focus on important areas of research, including vaccine development, diagnostics, drug trials and development, and social sciences. The \$20 million fund was created as an immediate response to engaging the research community on ways to fight COVID-19. Three of the initial 15 projects are based in London:
 - A Lawson Health Research Institute project led by Claudio Martin, a critical care medicine physician at London Health Sciences Centre, is looking at the therapeutic benefits of Annexin A5 in severe COVID-19 patients who develop sepsis. Annexin A5 is a human protein that has potent anti-inflammatory, anti-apoptotic (cell death prevention) and moderate anticoagulant (blood clot prevention) properties. The ultimate goal of the trial is to use Annexin A5 to treat sepsis and prevent respiratory and multi-organ failure.
 - A Western University project aims at developing a point-of-care blood test to identify infected individuals, including those without symptoms, devising strategies for the production of virus-neutralizing antibodies to treat the severely ill, and identifying viral epitopes to inform epitope-vaccine development.
 - A team at Western University has begun the Food Retail Environment Study for Health & Economic Resiliency (FRESHER) project. The project will examine the economic and social impacts of COVID-19 in Southwestern Ontario by identifying what businesses modified their operations, temporarily closed or permanently closed during the outbreak, and how it has affected businesses and their employees.
- On June 4, the Ontario government [announced](#) the appointment of Dr. Jane Philpott as the special advisor to support the design and implementation of the new Ontario Health Data Platform (formerly known as PANTHR). This data platform will provide recognized researchers and health system partners with access to anonymized health data that will allow them to better detect, plan, and respond to COVID-19. As well, this platform will support projects from the [Ontario COVID-19 Rapid Research Fund](#).

Resources

The Ontario government is working with Medical Innovation Xchange (MIX), Canada's first industry-led hub for med-tech start-ups, to provide non-medical manufacturing companies free support as they retool to provide essential supplies and equipment to health care facilities during COVID-19. With this new collaboration, [announced](#) on May 19, 2020, the government will drive innovation in the sector, create jobs and build Ontario's domestic medical supply chain to ensure the province is as self-sufficient as possible and prepared for a future health crisis.

Federal government

Funding/Support

- On June 4, Prime Minister Justin Trudeau [announced](#) that seniors eligible for the Old Age Security (OAS) pension and the Guaranteed Income Supplement (GIS) will receive their special one-time, tax-free payment during the week of July 6. Through this measure and others, the government is providing nearly \$900 more for single seniors and more

than \$1,500 for senior couples, on top of their existing benefits, to help these vulnerable Canadians with extra costs during the pandemic.

- On June 16, Prime Minister Justin Trudeau [announced](#) the extension of the Canada Emergency Response Benefit (CERB) by eight weeks to ensure Canadians have the help they need as they transition back to work. This extension will make the benefit available to eligible workers for up to a total of 24 weeks.

Environmental Scan

New device could reduce COVID-19 infection risk and demand for invasive ventilators

COVID-19 is primarily spread through inhalation of respiratory droplets and the most severely ill patients require a ventilator to help them breathe. Unlike invasive ventilators, which require intubation, non-invasive ventilators help patients breathe through a mask that provides positive pressure to keep the lungs open and functioning. While non-invasive ventilators may be effective for some COVID-19 patients, their use comes with a much higher risk of spreading infection through aerosolization of respiratory droplets.

Led by Lawson Health Research Institute, London Health Sciences Centre, University Health Network and General Dynamics Land Systems-Canada, researchers have designed a non-invasive ventilation mask that could significantly reduce aerosolization when treating patients with COVID-19. The new device aims to reduce infection risks associated with non-invasive ventilation and lessen the demand for invasive ventilators. It is currently being tested through a clinical trial with patients at LHSC.

The novel device is customized from a standard firefighter's mask using 3D printing and can be attached to any CPAP (continuous positive airway pressure) or BiPAP (bi-level positive airway pressure) machine. Unlike traditional masks, it creates two tight seals – one around the patient's nose and mouth and another around the face. Patients breathe in and out of a filter that captures any viral particles before they are released to the air.

[Lawson Health Research Institute, May 13, 2020](#)

Diagnosing COVID-19 using artificial intelligence

A team of researchers at Lawson Health Research Institute is investigating whether an artificial neural network could be used to diagnose COVID-19. The artificial intelligence (AI) system is being trained to learn and recognize patterns in ultrasound lung scans of patients with confirmed COVID-19 at London Health Sciences Centre (LHSC) by comparing them to ultrasound scans of patients with other types of lung infections.

“Machines are able to find patterns that humans cannot see or even imagine,” explains Dr. Robert Arntfield, Lawson researcher and Medical Director of the Critical Care Trauma Centre at LHSC. “Lung ultrasound scans of patients with COVID-19 pneumonia produce a highly abnormal imaging pattern. This pattern isn't unique to COVID-19 and can be seen in other causes of pneumonia. It is plausible, however, that there are details that distinguish COVID-19 at the pixel level that cannot be perceived by the human eye. If we can train a neural network to learn and identify these unique characteristics among different scans, we can apply this AI to enhance the diagnostic power of portable ultrasound.”

[Lawson Health Research Institute, May 20, 2020](#)

Ontario's review of long-term care should include home care, other seniors' services

The mandate of the province's commission into long-term care should be expanded to look at how frail seniors are treated in the entire health system, says the president of the Ontario Hospital Association.

The pandemic has overwhelmed all parts of the health system, not just long-term care, and seniors have paid the highest price, Anthony Dale said, adding that the federal government should be involved in the commission's work.

Health system sectors – including long-term care, hospitals, home care and community care – are interconnected. What happens in one can affect the others, Dale explained. The way forward should involve expanding home care, he argued.

The pandemic has laid bare society's reliance on chronically congested hospitals, Dale said. Hospitals are now faced with the "extremely difficult challenge" of dealing with competing demands. In addition to caring for the growing number of alternate level of care patients, they have been ordered by the province to reserve 15 per cent of their acute-care capacity for COVID-patients. At the same time, they have begun to ramp up elective surgeries and some scheduled cancer surgeries, which were cancelled in mid-March, 2020.

"This (resulting) risky situation means that this is not a moment for half measures. This is a moment for powerful change in Ontario's health care system."

[Toronto Star, May 20, 2020](#)

Ethical guidelines developed to test COVID-19 vaccine

Western University professor Dr. Charles Weijer, along with 13 other international experts, have developed guidance for the World Health Organization on the ethical permissibility of purposefully infecting informed and willing healthy volunteers with COVID-19 in order to test a vaccine. They are part of the Working Group for Guidance on Human Challenge Studies,

Called human challenge studies, trials of this kind have been carried out for decades in highly controlled laboratory environments for diseases like malaria, influenza and cholera to test potential treatments or vaccines.

The working group developed a set of eight requirements for COVID-19 human challenge studies to be considered ethically permissible. They include a requirement that they can only be done in communities where COVID-19 is already circulating and research participants have a high probability of contracting the virus outside of the research study. They also require an exceptionally high standard for informed consent, and a requirement that these studies only be conducted among individuals who have the lowest risk of developing complications of COVID-19 – healthy individuals between the ages 18 and 29

[Western University, May 22, 2020](#)

Ontario's hospitals are filling up, hampering the resumption of surgeries

Although hospitals around Ontario are now allowed to resume non-emergency surgeries, many of them can't, either because they're too full or don't have enough personal protective equipment (PPE).

Two criteria crucial for hospitals to meet before they can resume non-emergency surgeries are:

- The hospital's occupancy rate must be no higher than 85 per cent.

- The hospital must have a 30-day supply of PPE, such as masks, gowns and gloves.

But many hospitals do not qualify, said Anthony Dale, president and CEO of the Ontario Hospital Association. Dozens of hospitals are currently registering occupancy rates above the 85 per cent mark, according to the association. Calling it a “risky situation” should there be a second wave of the pandemic, Dale is calling on the province to find more space outside of hospital for patients who don't need acute care beds and to "redouble its efforts" in helping hospitals obtain PPE.

The evidence from hospitals points to two main reasons why occupancy rates are creeping upward. Emergency departments had witnessed a sharp drop in traffic after the pandemic was declared in March 2020, likely heeding the advice to stay away from hospitals except in the most urgent cases. In recent weeks, people have resumed coming to emergency departments for medical issues unrelated to COVID-19.

Meanwhile, the novel coronavirus outbreaks that made long-term care homes inaccessible, combined with limits on the availability of home care during the pandemic, mean fewer patients are being discharged from hospital than are being admitted.

[CBC London, May 23, 2020](#)

Here's what needs to happen before we can all get vaccinated for COVID-19

Development of a COVID-19 vaccine is going much faster than expected. The first human vaccine trials began in March 2020, just two months after the virus and the disease were identified. With the SARS epidemic in 2003, it took 20 months for a vaccine to get to the stage where it was ready for human testing – although the vaccine was never developed, as the epidemic was over by then.

As of May 15, 2020, the World Health Organization reported that there were 110 candidate vaccines in pre-clinical evaluation around the world, and eight in human Phase 1 and Phase 2 trials. A Phase 1 trial has been approved by Health Canada to take place in Halifax.

[CBC News, May 25, 2020](#)

London's largest medical lab ramps up processing of COVID-19 tests

London's largest medical lab processing COVID-19 tests has undergone a remarkable transformation, from processing 30 to 50 flu tests a day in the pre-pandemic world to analyzing more than 1,200 coronavirus test swabs daily.

The Pathology and Laboratory Medicine (PaLM) facility – a joint venture of London Health Sciences Centre (LHSC) and St. Joseph's Health Care London (St. Joseph's) – aims to process up to 3,000 tests a day for medical facilities throughout Southwestern Ontario.

Glen Kearns, Vice President, Diagnostic Services and Chief Information Officer for LHSC and St. Joseph's, said PaLM hadn't had the chance to do testing on such a large scale. The goal is to produce test results in 24 hours and, except for a few days when long-term care testing volumes reached a peak, they've been able to maintain that standard.

As of May 26, 2020, the PaLM lab had processed about 32,000 COVID-19 tests.

[CBC London, May 26, 2020](#)

Post-pandemic mental health wave coming

Canadian mental health has taken a severe hit during the pandemic with the nation seeing exploding rates of anxiety and depression, increased use of alcohol and drugs, and difficulty accessing important supports, according to a recent survey from Mental Health Research Canada. The troubling findings are an early warning sign to governments and health care officials of a coming need for quality care for these complex issues, according to researchers.

In a the national study, [Mental Health in Crisis: How COVID-19 Is Impacting Canadians](#), released on May 19, 2020 by Mental Health Research Canada, more than 1,800 Canadians were surveyed over the last week in April 2020 to identify and evaluate the factors that influence mental health. It is the first of a year-long effort to track mental health levels during and beyond the COVID-19 crisis. The numbers revealed by the survey are staggering.

"We found that anxiety quadrupled," said David Dozois, a psychology professor at Western University and a member of the research team. "I did expect there would be an increase, but I didn't expect people who already rated their anxiety and depression high to have jumped that much."

The survey found the highest concern for Canadians is the economic downturn.

The findings have implications for both provincial and federal governments, Dozois said. Those who need more help and have more severe symptoms currently have trouble accessing care.

[Western News, May 26, 2020](#)

Surgery risks greater for COVID-19 patients

Patients with COVID-19 who undergo surgery are at increased risk of postoperative mortality and pulmonary complications, a new global study published in *The Lancet* reveals.

Janet Martin, associate professor at Western University's Schulich School of Medicine & Dentistry, is part of the CovidSurg Collaborative which examined data for 1,128 patients from 235 hospitals in 24 countries, including Europe Africa, Asia, and North America. In collaboration with lead researchers at the University of Birmingham, the research findings show that COVID-19 patients who undergo surgery experience substantially worse postoperative outcomes than would be expected for similar patients who do not have COVID-19.

Overall 30-day mortality for COVID-19 patients who underwent surgery was almost one in four, or 23.8 per cent. Mortality was disproportionately higher than expected across all subgroups, including elective surgery (18.9 per cent), emergency surgery (25.6 per cent), minor surgery such as appendectomy or hernia repair (16.3 per cent), and major surgery such as hip surgery or colon cancer surgery (26.9 per cent). The study also found that 51 per cent of patients developed pulmonary complications within 30 days after surgery.

"As elective surgeries begin to resume here and elsewhere around the globe, this study will help to guide decision-making for surgery," said Martin. "Our goal is to achieve optimal patient outcomes. For the first time, we have data from a large study to inform when the benefits from surgery outweigh the risks in patients who may also have COVID-19."

[Western University, May 29, 2020](#)

Ontario Ombudsman launches investigation into oversight of long-term care homes

On June 1, 2020, Ontario Ombudsman Paul Dubé launched an investigation into the oversight of long-term care homes by the province's Ministry of Long-Term Care and Ministry of Health

during the ongoing COVID-19 pandemic. The investigation will focus on whether the oversight of long-term care homes by those ministries during the coronavirus crisis is adequate to ensure the safety of residents and staff.

Dubé said he is invoking his authority to investigate on his own initiative – without receiving complaints – in light of the grave concerns raised by COVID-19 outbreaks in long-term care homes across the province, and the report by Canadian military personnel that revealed shocking conditions in five such homes.

Investigators with the Special Ombudsman Response Team, which handles the Ombudsman's large-scale systemic investigations, will review the ministries' standards and policies for long-term care homes during the pandemic, as well as the adequacy of oversight mechanisms to ensure compliance. Among other things, they will look at complaint handling, inspections carried out by the Ministry of Long-Term Care, emergency planning, steps taken to support long-term care homes during the COVID-19 crisis, collection of data on coronavirus cases, rates of infection and deaths in long-term care, and communication with long-term care home residents, staff and the public.

[Ombudsman Ontario, June 1, 2020](#)

Federal government asks for extension to revamp assisted dying law

The federal government is asking for another five months to comply with a court ruling ordering changes to Canada's medical assistance in dying (MAID) law, arguing the global pandemic's disruption of parliamentary proceedings has made it impossible to change the law in time.

Justice Minister and Attorney General David Lametti filed a motion requesting an extension to December 18, 2020, to respond to a September 2019 Superior Court of Quebec ruling. It's the second request for an extension.

"The COVID-19 pandemic has led to unprecedented challenges, including the disruption of the current parliamentary session. While this legislation remains a priority for the government of Canada, the realities of the pandemic have unfortunately rendered it impossible to advance bill C-7 through the parliamentary process in order to meet the current deadline of July 11, 2020," reads a statement from Lametti and Health Minister Patty Hajdu.

[CBC News, June 11, 2020](#)

COVID-19 disproportionately hitting London-area minorities

The COVID-19 pandemic is disproportionately impacting minority groups in London and Middlesex County, a new report by the local public health officials shows. Though minority groups represent 17 per cent of the area's population, according to 2016 data, 27 per cent of all cases involve members of minority groups, according to data collected by the Middlesex-London Health Unit (MLHU).

Public health officials began in April 2020 to collect data on "social determinants of health," such as gender, income and race, to better understand how the virus is impacting the region and find ways to eliminate inequities within the community. MLHU officials were able to collect race information from about 87 per cent of confirmed cases while 86 per cent provided income information.

[London Free Press, June 17, 2020](#)

New chair appointed to Ontario's Patient and Family Advisory Council

Minister of Health Christine Elliott has announced the appointment of Betty-Lou Kristy as the new Chair of the Minister's Patient and Family Advisory Council.

Currently the Director of the Centre for Innovation in Peer Support, Support & Housing-Halton, Kristy has lived experiences as a patient, caregiver and bereaved mother. In her new role, Kristy will help the government's ongoing work to engage with patients, families and caregivers and deliver patient-centred care.

The Patient and Family Advisory Council provides advice to the Minister of Health on key health care priorities that have an impact on patient experience and patient care.

[Ministry of Health, June 23, 2020](#)

St. Joseph's in the News

[Your health questions – diabetes, mood swings and low energy](#), Good Times Magazine, April 2020

[Domestic violence, sex assaults up during pandemic, even on dates and at gatherings](#), London Free Press, May 20, 2020

[What we know about COVID-19 outbreaks in London's long-term care homes](#), CBC London, May 20, 2020

[Delivery of virtual visits surges at St. Joe's London](#), Canadian Healthcare Technology, May 20, 2020

[Scheduled surgeries expected to return to local hospitals soon](#), CTV London, May 21, 2020

[Sisters of St. Joseph battle outbreak in their north London residence](#), CBC London, May 22, 2020

[How much longer until London hospitals resume non-emergency surgeries?](#), London Free Press, May 22, 2020

[Inspirational St. Joseph's Health Care video looks to boost morale during COVID-19](#), CTV London, May 22, 2020

[London's largest medical lab ramps up processing of COVID-19 tests](#), CBC London, May 26, 2020

[London assessment centres draw record crowd after Ford's test appeal](#), London Free Press, May 26, 2020

[Nurses union dropped from committee allocating protective wear regionally](#), London Free Press, May 28, 2020

[Not all front-line workers to get Ontario's premium pay, setting stage for backlash, observer says](#), London Free Press, May 29, 2020

[Hospitals prep themselves, patients for return of elective procedures](#), London Free Press, May 30, 2020

[Nursing students told to return to London for a summer placement or redo course](#), CBC London, June 2, 2020

[Local hospitals prepare themselves \(and patients\) for return of elective surgeries](#), London Free Press, June 3, 2020

[Planned surgeries, procedures 'slowly resuming' at London, Ont., hospitals](#), Global News/980 CPFL, June 4, 2020

[St. Joseph's Health Care London gradually reintroduces services](#), Rogers TV, June 4, 2020

[Rescheduling postponed surgeries gradually](#), CTV London (select the June 4 newscast), June 4, 2020

[Hospitals ready to gradually resume surgeries](#), Blackburn News, June 4, 2020

[London scientists seeking stool donors for fecal transplant study](#), Blackburn News, June 9, 2020

[Research team needs your poop: study shows fecal transplants could help treat type of liver disease](#), CTV London, June 9, 2020

[Dream Lottery top prize unveiled with changes due to COVID-19](#), CTV London, June 11, 2020

[Dream Lottery unveils luxury prizes amid coronavirus pandemic](#), Global News, June 11, 2020

[Dream Lottery off to strong start despite COVID-19 restrictions](#), London Free Press, June 11, 2020

[Dream lottery returns with virtual home tours and online ticket sales](#), Blackburn News, June 11, 2020

[RNAO's 95th Annual General Meeting marks an impactful Year of the Nurse amid COVID-19](#), Registered Nurses' Association of Ontario, June 11, 2020

[Study reveals fecal transplant as promising treatment for non-alcoholic fatty liver disease](#), Yahoo News, June 14, 2020

[Fecal transplants could be used as treatment for non-alcoholic fatty liver disease](#), News Medical Life Sciences, June 9, 2020

[Fecal transplants show promise as treatment for non-alcoholic fatty liver disease](#), Science Codex, June 9, 2020

[Five new coronavirus cases, two recoveries reported in London-Middlesex](#), Global News/980 CPFL, June 17, 2020

[Essential health care workers rally for pandemic pay at LHSC](#), CTV London, June 19, 2020

[Lawson institute seeks hospitals' permission to resume medical research in limited way](#), London Free Press, June 23, 2020