



To: St. Joseph's Board of Directors
From: Dr. Gillian Kernaghan, President and CEO
Date: July 24, 2020

While much of this report once again focuses on our response to the evolving COVID-19 pandemic, we have returned to our regular format as programs and services across the organization have begun resuming projects and initiatives stalled by the pandemic. For August, we will provide you with the Environmental Scan and St. Joseph's in the News only to keep you informed of health news locally, provincially and nationally, and will return to a full report in September.

As previously reported, St. Joseph's 2019-2020 Annual Report microsite was launched on June 15, featuring nine story highlights of the year's accomplishments. An internal and external e-blast with a link to the report was distributed to staff and stakeholders and a fulsome social media campaign was initiated, which has so far had very positive engagement and sentiment. Between June 14 and July 12, the microsite has received 1,248 visits and 2,129 pageviews (1,748 unique pageviews). The social media campaign will wrap up near the end of July.

On July 14, I was part of a virtual dialogue with hospital CEOs on how hospital leadership could seize upon opportunities presented from the unfolding pandemic to do things they couldn't have done before. The session, called Liberating Leadership, was hosted by the Ontario Hospital Association and facilitated by Nik Gowing, Founder and Director of the Thinking the Unthinkable Project. I was one of three commentators who were asked to provide perspective on the theme. Commentators were called upon by Mr. Gowing at various points to either add a reflection, put forward a point of view, or respond to delegate discussion. It was a vibrant, candid and interesting conversation.

Also this month, the Canadian Foundation for Healthcare Improvement (CFHI) released its report [Better Together: Re-Integration of Family Caregivers as Essential Partners in Care in a Time of COVID-19](#). For development of the report, I was pleased to be a member of the Rapid Response Expert Advisory Group that reviewed the evidence, considered the pandemic context and identified key steps for hospitals to welcome back family caregivers. On July 14, CFHI hosted a webinar to present the report to the advisory group, which was made up of clinicians, health care system leaders, hospital CEOs, legal/bioethics experts, public health experts, and patient, family, and caregiver partners from across the country. I was one of the panelist presenters.

And finally, I had the pleasure of surprising recipients of this year's Sisters of St. Joseph Awards for Excellence with presentation of their awards. As you know, these awards are presented in March each year to coincide with St. Joseph's Day. With the ceremony sidelined due to the

pandemic, the five recipients were invited to an informal gathering on July 7 to receive their certificates. In addition, they received the book *Sister* and individual notes of appreciation from Sister Margo Ritchie and Board Chair Howard Rundle. Throughout the gathering, physical distancing and safety measures were respected.

Many meaningful traditions and gatherings have been missed due to the pandemic, at St. Joseph's and in the personal lives of staff and physicians. The ongoing perseverance and dedication of staff and physicians remains a source of tremendous pride for our organization.

REACHING OUT

Communicating with staff, physicians and the public

Communication of the reintroduction of services at St. Joseph's has focused on clear and consistent information for staff, physicians as well as our patients and their caregivers. For patients and family caregivers, knowing what they can expect when coming for an appointment or procedure is crucial to ensuring positive patient experiences. To support programs with patient and family communication, staff, physicians and referral sources have been equipped with the resources needed to communicate with their patients to ensure they have the information they need before coming to the hospital. This includes: sample patient scripts and patient letters; a key messages document; and frequently asked questions and answers for use with patients and/or staff. These resources will be updated regularly. Staff and physicians can also request any additional resources from Communication and Public Affairs.

Externally, key messages have been shared with the public through media releases, ongoing social media, and on our website. As well, an [animated video](#) has been produced that walks patients through what they can expect when coming to St. Joseph's. The video incorporates feedback and suggestions from patients and families.

Spiritual Care during the pandemic

Virtual Roman Catholic Mass has continued to nourish the faith of patients and residents during the COVID-19 pandemic with participation via TV or through SMART boards. St. Joseph's chaplains use a daily TV Mass recorded and broadcast every day in Toronto that can be flexible with time and scheduling. There is a new Mass every day for residents to watch.

At Mount Hope Centre for Long Term Care, residents participate in virtual Mass in groups of five by tuning into a SMART board or TV in the lounge. Following the Mass, a moment is often taken to reflect together on what held significance or meaning for those who gathered, adding to the sense of community and meaning of the service.

Spiritual Care and Therapeutic Recreation also partner to offer veterans at Parkwood Institute hymn sing once a week using SMART boards, as well as a group called 'Songs and Verses to Inspire'.

Outdoor opportunities

During this time of uncertainty, the psychological health of our patients is extremely important. While getting outdoors is considered an excellent strategy to support well-being and resiliency, allowing patients and veterans to do so at Parkwood Institute Main Building is complicated as there are no contained courtyards. Pre-pandemic, patients could easily access the outdoors using any one of the exits.

To address this issue, Fresh Air Therapy was initiated in the Rehabilitation Program and Veterans Care Program at the end of March 2020. This involved facilitating outdoor access for patients and veterans accompanied by staff. The overall benefit has been invaluable. Patients and veterans have expressed great satisfaction with either simply being outside or doing therapeutic activities. These opportunities, they say, have enhanced their emotional well-being during this challenging time.

Over the last three months, Fresh Air Therapy has evolved, with hours and locations for exiting and entering the building expanded. Currently, patients of Rehabilitation, Complex Care and Specialized Geriatric Services programs are able to use the main cafeteria door to the outdoors during the hours of 10:00 am to 4:00 pm. Infection Control measures, including hand hygiene, physical distancing and masking have been put in place, consistent with the current guidelines. A process for staffing the exit/entrance door, tracking the patient volumes and regular monitoring of the outside activities has been established. To date, approximately 50 patients access the outdoors each day during the week and approximately 20 patients during the weekend. Veterans, meanwhile, use the exit at the Western Counties Wing pub area for access to the backyard and are enjoying outdoor opportunities in the morning and afternoon seven days a week. Several outdoor programs have also been implemented, such as gardening and golfing.

Mount Hope Centre for Long Term Care is also engaging residents in Fresh Air Therapy. This includes facilitating access to the outdoor courtyard and offerings such as outdoor music therapy, therapeutic recreation and gardening programs during the week and on weekends. The Fresh Air program has supported residents during the “stay-at-home” orders to feel a sense of freedom and normalcy during this challenging time.

Other sites have successfully used a combination of access to secure outside courtyards and accompanied activities outside the building to ensure inpatients have regular access to the outdoors during pandemic management.

CONNECTING CARE

Making social connections happen

During this unprecedented time, Specialized Geriatric Services leaders and staff recognized that patients and family caregivers were facing increased stress, anxiety, loneliness and fear, which was worsened by restrictions on visiting. St. Joseph’s views caregivers as valued, key members of a patient’s health care team. While priorities as a result of the pandemic shifted to safety and security, it was vital to continue to engage caregivers as partners in care. There was a need to quickly shift to alternative methods of engagement so that patients and family caregivers could maintain connections during this time in support of their health and well-being. As well, the team was conscious of the need to offer meaningful activities for patients. A dedicated team was formed to facilitate and maintain these virtual and social connections for inpatients across the program. To do so, they developed a virtual care toolkit that contains the following:

- Considerations for developing and implementing a virtual care program for patients and caregivers during COVID-19
- Communication tools for use during COVID-19 to assist staff in implementing virtual engagement opportunities for patients, caregivers as well as teams, such as

social/visiting, health teaching, discharge summary review/planning, team meetings and more

- A facilitator's guide, called Facilitating Connections, that provides the "how-to" of connecting patients and family caregivers
- A patient Internet sign for the bedside to let patients know that Wifi is free and how to connect
- A "Staying Connected" sign for the bedside that states: "Are you missing your friends and family? Please let us know. We will gladly help you stay connected with others. Your options include: assistance to make phone calls; assistance for virtual visits using computer technology."
- Patient leisure interest form
- FaceTime instructions
- Skype instructions

There has been keen interest in this Virtual Connections Toolkit from other programs.

The virtual connections team also developed a process for facilitating connections using communication bins for each inpatient unit that contains a binder with the various forms and instructions for different apps. The patient's individualized care binders used throughout a patient's stay also now include virtual connections information so that any member of the team can help to quickly and efficiently facilitate communications with family caregivers. This prevents staff or patients from having to lookup phone numbers or email information unnecessarily.

Overall, the virtual connections team has been very creative and flexible, finding ways to help patients celebrate birthdays, special occasions and poignant moments. Connections are made in various way seven days a week, including evenings.

INNOVATING TOGETHER

Pulmonary surfactant potential treatment for COVID-19-induced respiratory failure

Researchers at Lawson Health Research Institute have launched a new study to investigate the use of bovine lipid extract surfactant suspension (BLES) for treating severe cases of COVID-19.

Surfactant is made of lipids and proteins. Its primary function is to reduce surface tension in the alveoli in the lungs, helping us to exchange gases and breathe more efficiently. Alveoli can be described as tiny, balloon-like air sacs that exchange oxygen and carbon dioxide to and from the blood stream. When there is less surfactant being produced, or the surfactant is dysfunctional, alveolar walls can stick together, making it difficult to breathe.

Lung analyses from patients with severe COVID-19-induced respiratory failure indicate there is a change in their alveolar type-II cells – the cells which secrete surfactant. This suggests a change to the surfactant being produced, and a decrease in its functional efficacy.

Lawson scientists Jim Lewis, a respirologist at St. Joseph's Hospital, and Dr. Ruud Veldhuizen, are studying whether the use of BLES given at the time of intubation will help improve outcomes such as gas exchange, need for mechanical ventilation, systemic inflammatory response, and length of intensive care and hospital stay in patients with severe COVID-19.

BLES has been studied in pediatric and adult populations with acute respiratory distress syndrome and found to improve outcomes in patients with direct lung injury. The researchers believe COVID-19 may be another prototypic case that will respond well. [Read more on Lawson's website.](#)

Researchers study health worker moral distress during COVID-19 pandemic

A team from Lawson Health Research Institute is seeking 500 Canadian health care workers to participate in a study on moral distress and psychological wellbeing during the COVID-19 pandemic. Participants will complete [online surveys](#) once every three months for a total of 18 months. The goal is to better understand the pandemic's impact on health care workers in order to minimize moral distress and support wellbeing during future pandemic events.

Moral distress is a form of psychological distress that occurs following an event that conflicts with a person's moral values or standards. Through previous research with military populations, moral distress has been linked to an increased risk of post-traumatic stress disorder (PTSD) and depression.

Leading the study is Lawson scientist Dr. Don Richardson, Medical Director of St. Joseph's Operational Stress Injury (OSI) Clinic and Director of the MacDonald Franklin OSI Research Centre at Parkwood Institute. Health care workers, he says, are facing unprecedented demands as a result of the pandemic and many may be working under extreme physical and psychological stress. Difficult moral-ethical decisions, including those around patient care and shortages of personal protective equipment (PPE), could lead to moral distress.

Through a series of surveys, participating health care workers will answer questions about moral-ethical dilemmas and symptoms of depression, PTSD, general anxiety, and burnout. The goal is to inform wellness efforts at the outset of future pandemics such as emergency preparedness policies and moral-ethical decision-making training modules. By tracking psychological outcomes over time, the researchers hope to identify early warning signs of distress that can be targeted with early interventions. [Read more on Lawson's website.](#)

Resuming research – an update

Lawson Health Research Institute continues to operate in Phase 1 of research resumption with investigators actively resuming their studies following approval of their plans. Planning for Phase 2 is beginning, which will expand activity with staff numbers increased to a maximum of 40 per cent on-site occupancy. Hospital-based research is at the core of our mission as an academic health centre, and we are pleased to see studies resuming across our sites. At St. Joseph's, 42 research resumption plans have already been approved with priority projects resuming in both research labs and clinical areas. Once all Phase 1 plans are approved, nearly 200 researchers and staff will be back on-site to resume their work. Where possible, virtual options for study visits are being used but Lawson is also starting to welcome more research participants to hospital sites for these studies. Lawson research teams have been engaged in creating individual resumption plans, following guiding principles that are aligned with public health directives and plans from London Health Sciences Centre, St. Joseph's and Western University.

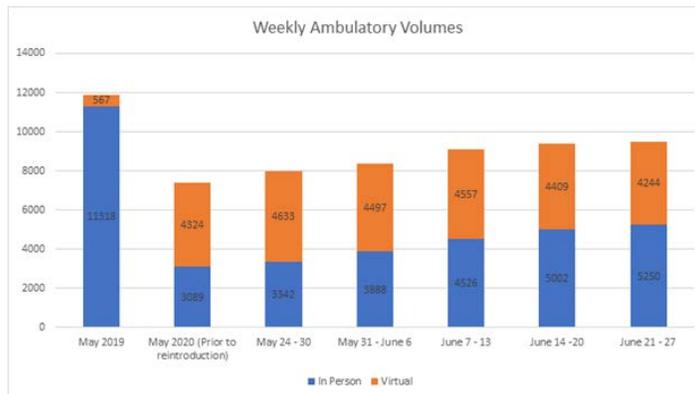
LEVERAGING TECHNOLOGY

Virtual care – an update

The table below provides an overview of the ambulatory in-person and virtual care volumes in a typical week in May 2019 compared to the volumes over the first five weeks of approved service reintroduction. Virtual care continues to have a significant impact as in-person visits have gradually been reintroduced. To continue to sustain and enhance virtual care, a corporate-wide virtual care project was launched on July 6 with a kick-off meeting of St. Joseph's Virtual Care Project Team. This group will support the sustainable implementation of virtual care within the organization with a patient and family-centered co-design approach embedded in the work.

The project will see virtual care implemented in a stepped and staged approach that recognizes individual differences between patients, services, and system requirements over time. Regional and system perspectives will also be considered in planning, along with technology solutions. Phase 1 will include:

- An “early adopter” approach for programs and clinics to self-identify as early adopters and allow the piloting of new toolkits, technology and processes
- A standardized approach to implementation of common virtual care tools/processes/supports that are needed to meet the immediate needs of the pandemic and the ramp-up/recovery
- A structured deeper dive to allow for optimal use of virtual care within select programs through clinical services redesign.



EMPOWERING PEOPLE

Behind the Mask

As previously reported, St. Joseph's and St. Joseph's Health Care Foundation launched a new social media campaign in June 2020 that tells the stories of our health care workers and captures the feelings, functions, sacrifices and triumphs they have experienced during COVID-19. The public is invited to take a glimpse into the vast and varied lives of the people who work at St. Joseph's and how they are coping professionally and personally with one of the greatest health care challenges of our time. Phase 1 of the campaign is well underway with good engagement across all platforms, particularly on Facebook. These stories are resonating with our audience and awareness of the campaign is strong.

Phase 2 will focus on stories in the community, as health care workers are not the only individuals impacted by the virus. We hope to feature other essential workers in our community who partner with us during this most challenging time.

The Behind The Mask features can be found on St. Joseph's social media channels and [website](#).

Student placements

As previously reported, Medical Affairs and Student Affairs created principles, conditions and timelines for the resumption of student placements at St. Joseph's. In June 2020, each clinical area was contacted to assess available capacity for students using the principles and checklists, which ensure readiness of clinical spaces and staff.

Nursing and allied health student placements have now resumed with priority being placed on those students still requiring fieldwork to complete a program in 2020 and/or to graduate in 2020. A total of 75 nursing and allied health student placements over the summer have been processed and approved. Student Affairs is hopeful of sustaining student placements despite any second wave of COVID-19 given we are already engaged in best practice around safety as it relates to the pandemic.

From Schulich School of Medicine & Dentistry, all third-year medical students have resumed their rotations – 133 students citywide. These students started in our system in August 2019, were paused from March to early July 2020, and are now resuming their 48-week clerkship with a new completion date of the end of September 2020. External placements of visiting medical students (those from other Canadian and international medical schools) remain paused across the country and may not reopen this calendar year.

Gratitude during the pandemic

As previously reported, St. Joseph's has received an outpouring of gratitude from patients, residents and our community since the pandemic began. Below are some of the latest examples of appreciation expressed in various ways.

- Resiliency rocks have been popping up across St. Joseph's with messages of comfort and strength. The rocks have been spotted by staff outdoors across all sites and display uplifting words such as "hope," "thanks," "faith," and "gratitude." They can be viewed on the intranet.
- A thank you message to St. Joseph's staff and physicians from the Patient Council and Family Advisory Council at Parkwood Institute Mental Health Care, as well as many other uplifting messages of gratitude and encouragement, are available on 'Messages of Gratitude' intranet page.
- In a London Free Press "Reader to Reader" [letter](#), a resident at Mount Hope Centre for Long Term Care thanks frontline health care workers for their dedication and all they have done to prevent the spread of COVID-19.
- Throughout the pandemic, there have been many calls to Patient Relations from families/caregivers and community partners expressing deep gratitude and appreciation for our nursing teams, allied health workers and leadership at St. Joseph's. There have also been many encouraging and heartfelt messages received from our patient, residents and families as they have celebrated a variety of events, such as birthdays, anniversaries, Easter, Mother's and Father's Day as well as the birth of grandchildren. The common theme has been gratitude for the unprecedented and innovative ways

programs have supported connections for those in hospital and long-term care with their friends and families.

OUR FINANCES

Temporary pandemic pay

The Ministry of Health and Ministry of Long-Term Care announced a temporary pandemic pay program for a 16-week period (April 24, 2020 to August 13, 2020) for “eligible” workers. In funding letters to St. Joseph’s, the two ministries have confirmed an initial flow of dollars for this program in the amount of \$6.7 million. (As of July 20, only a portion of the full amount has been received by St. Joseph’s). Upon attestation of final payment to eligible workers, the government indicates the remainder of the funding will flow. Our high level estimate for this temporary pay is calculated at a cost of \$8.3 million. St. Joseph’s timeline for payment to staff has been communicated, with the first payment to occur August 19, 2020.

The inequity in this payment across our workforce cannot be overstated. We continue to share with staff our disappointment 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 emergency order passed on May 29, 2020, prohibits all employers from expanding eligibility and we do not have any ability to allocate differently.

Several guidance documents have been produced to assist employers with the difficult interpretation work needed to ensure we accurately capture all eligibility for this payment. Information on eligible workers and workplaces is available on the province’s [COVID-19 temporary pandemic pay webpage](#).

UNCOMPROMISING QUALITY AND SAFETY

COVID-19 – an update

The following is an update on measures and processes put in place over the past month to reintroduce scheduled services while also managing the evolving COVID-19 pandemic. As always, the focus is on staff, physician, patient and resident safety. We are currently past the crisis point of the COVID-19 pandemic with good infection control practices in place in the organization. The supplies of personal protective equipment, other than N95 masks, is now stable and reserves are being built against an expected “second wave.” Planning is ongoing with London Health Sciences Centre (LHSC) and the Middlesex-London Health Unit in alignment with provincial directives.

Programs and Services

- **Reintroduction of scheduled services:** Our fourth submission for the reintroduction of services (July 13-26) was approved by Ontario Health West on July 7. The fifth submission for July 27-August 9 received approval on July 21. The next submission for August 10-23, 2020 will be submitted for review and approval on August 4, 2020. Going forward, future submissions will be for a four-week period. As previously reported, 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.

Screening

- **Greeters at St. Joseph's Hospital:** On July 13, St. Joseph's introduced greeters as a new role to the perimeter screening. To start, greeters are located at Entrance 1 at St. Joseph's Hospital, where they welcome patients and caregivers, answer any questions they may have about screening, wayfinding, and more. They also help to limit the number of people in the building. Greeters, who were previously hired as screeners, have received additional training in customer service protocols. In the absence of our information desk volunteers, greeters help patients feel more comfortable entering St. Joseph's Hospital for their scheduled appointments and enhance the patient experience.
- **Smart Device Perimeter Screening Tool:** Up to this point, active screening for staff and physicians arriving at work has involved a series of questions asked at the entrances of our facilities. Now, a new tool has been developed so staff and physicians can self-screen before they enter our facilities with the intention of making the screening process quicker. Once downloaded to a device as a shortcut, users can review questions on a webform and check any applicable boxes. When this step is complete, users will see a pass (green), conditional pass (yellow), or fail (red) on their screen. The goal is to have people consider how they are feeling and their recent contact/travel history and take appropriate action if they fail before arriving for work, and to reduce the time it takes to enter most buildings. If a staff member fails the screen he/she will be instructed not to attend the workplace, and to call their leader and Occupational Health and Safety Services (OHSS) for further instructions. If a staff member receives a 'Conditional PASS', he/she will still be permitted into the facility after hand hygiene and donning a mask, and will be instructed to call their leader/OHSS for further instructions. On July 20, Southwest Centre for Forensic Mental Health Care became the first site to start using the screening tool. All other sites began July 23. London Health Sciences Centre will also be using a similar tool based on the same platform.

For patients, residents and visitors, the standard screening tools continue to be used.

Testing

- **Lab leadership:** Pathology and Laboratory Medicine (PaLM) continues to develop the capacity and coordination as member of a consortium of Ontario hospitals (along with Public Health Ontario Laboratory Services) that are providing 80 per cent of the COVID-19 daily tests for the province. PaLM leadership is providing influence to both the West Region and provincial teams supporting the quest to 100,000 tests per day in Ontario.
- **Long-term care staff and physicians:** As previously reported, COVID-19 testing of all staff and physicians at regular intervals at Mount Hope Centre for Long Term Care is ongoing as an important part of surveillance to proactively prevent spread of the virus. Four rounds of COVID-19 prevalence testing have been completed at Mount Hope since May 11, 2020. The third round took place June 29-July 5 with 419 staff and physicians tested. There were no positive results. The latest round took place July 20-22. Results are pending.
- **Surgery patients:** Nurses and clerks in the Pre-Surgical Screening Unit (PSSU) at St. Joseph's Hospital have been carrying out the daily screening of patients who are on the

operating room list using the COVID-19 screening tool, which is now electronic. By doing this work ahead of time, the team is aware of surgery patients who are asymptomatic as well as those who fail the screening. In late June 2020, testing began for all surgery patients, whether symptomatic or not. In order to speed up the testing and support patients who were already in the clinic areas, the PSSU nurses were trained to do the nasal swabs. A process was developed to ensure testing of patients who would go to surgery within 72 hours. The clinics call the PSSU and the nurse goes to the clinic and swabs the patient. This prevented the patient from having to go to an assessment centre. Once again the flexibility of staff to adjust care and make changes that benefit the patient and the program was evident. In recent weeks, the guidelines have changed and asymptomatic patients are only tested if they come from the public health-identified “hot spots” in Ontario. Symptomatic patients are sent for testing in their respective communities.

PARTNERSHIPS WITH PATIENTS, RESIDENTS, FAMILY CAREGIVERS

Visitor and care partner presence during the pandemic – an update

As previously reported, outdoor visits for our veterans, long-term care residents and their families began June 18, 2020, with one visitor permitted once per week for 30 minutes, and each visitor requiring testing for COVID-19 within the past 14 days with a confirmed negative result. Since June 18, more than 50 visits a day have been facilitated for residents and veterans. The visits have been successful with veterans, residents and their families greatly appreciating the opportunity to see their loved ones.

On July 15, the Ministry of Long-Term Care updated the visitor policy to allow two visitors at a time, once per week, with visits permitted to be up to one hour in length. As of July 22, both indoor and outdoor visits are possible. Our visiting guidelines for both options continue to include specific measures to keep everyone safe from potential exposure to COVID-19. For indoor visits only, visitors must confirm they have been tested for COVID-19 within the past 14 days, with a negative result.

St. Joseph’s is taking a gradual approach to increased visitor and family caregiver presence within our buildings while balancing the need to keep our environment safe for all. A revised Family Presence and Visitor policy has been developed in accordance with government directives and with engagement from patient and family partners. The policy incorporates visiting of inpatients, residents and veterans and the inclusion of family caregivers in care planning and transitions. Effective July 24, designated family caregivers for inpatients are now welcome in consultation with the care team and with stringent safety measures that must be followed. For outpatients, St. Joseph’s continues to permit essential family caregivers only based on the needs of the patient.

ADVOCACY AND COLLABORATIONS

Western Ontario Health team – an update

As you know, the Ontario government began implementing its plan to build a new, integrated health care system for patients with announcements last year of the first 24 Ontario Health

Teams and Ontario Health, a single agency to oversee quality health care delivery, and improve clinical guidance and support for providers.

On July 23, Deputy Premier and Minister of Health Christine Elliott [announced](#) five new Ontario Health Teams, including the Western Ontario Health Team for London Middlesex.

Western Ontario Health (WOH) is comprised of 60 partners including primary care, community support services, mental health and addictions, Public Health, Emergency Medical Services and municipalities, as well as London Health Sciences Centre, St. Joseph's Health Care London and Middlesex Hospital Alliance. Getting the green light from the province is an important one for patients and families in our region. Once WOH reaches maturity, patients and families will experience easier transitions from one health care provider to another and have access to 24/7 navigation and care coordination services.

Initially, the focus of WOH will be to work with the 3,000 plus people in London-Middlesex who have advanced chronic obstructive pulmonary disease (COPD) or congestive heart failure to improve their care. Due to the complexity of their illness, these patients interact with the health care system in many ways and need help accessing the care they need. Special emphasis will be provided to those at risk of being admitted to hospital.

WOH is currently governed by a transitional structure called the Coordinating Council. The council has representation from different sectors in Middlesex and London, including primary care, community support services, mental health and addictions, Public Health, Emergency Medical Services, municipalities and the hospitals. The governance model will evolve as the team matures and be designed to suit the values and needs of the team and the people of Middlesex and London. Work is also underway to determine an appropriate funding model.

Behavioral Supports Ontario realignment

For the past few years, St. Joseph's has provided backbone support for the development of a South West Frail Senior Strategy. Through the discovery phase of the strategy, older adults and their family caregivers from across the region were asked to provide feedback on how to improve their experiences with the health care system. Key themes from this feedback included the need for services to be better streamlined and coordinated between and within service providers. Through review of our programs and services for older adults within St. Joseph's, opportunities were identified to change our internal structure to model such coordination and streamline regional strategic efforts to improve the health care system for older adults and their caregivers. As of July 13, the Behavioural Supports Ontario (BSO) program operations team will transition from St. Joseph's Mental Health Program to align under St. Joseph's Specialized Geriatric Services.

Since 2010, St. Joseph's BSO operations team has worked to standardize and coordinate care provided by frontline BSO representatives in the region through health care partners such as the Alzheimer societies, community hospitals and long-term care facilities. This important transition builds on years of strong leadership, growth and collaboration to develop a BSO program that is highly regarded locally and provincially. With this new alignment, we will continue to lead the way in streamlining and improving services for older adults across the region.

This transition also supports the direction of the Provincial Geriatric Leadership Office as they look for provincial opportunities to align specialized geriatric services (geriatric medicine, geriatric psychiatry, BSO teams, primary care memory clinics) in Ontario.

RECOGNITIONS AND CELEBRATIONS

Cheryl Forchuk awarded 2020 Hellmuth Prize

Western University nursing professor Cheryl Forchuk has been awarded the 2020 [Hellmuth Prize for Achievement in Research](#). The honour recognizes Western faculty members with outstanding international reputations for their contributions in research. Two prizes are offered annually, one in the area broadly defined as the natural sciences and engineering, one in the social sciences and humanities.

Cheryl, a Lawson Health Research Institute scientist, has established herself as an internationally acclaimed researcher in the area of recovery and community integration for people with mental illness. At Lawson, she is the Beryl and Richard Ivey Research Chair in Aging, Mental Health, Rehabilitation and Recovery.

The acclaimed researcher has published on many topics, including transitional discharge, therapeutic relationships, technology in mental health care, and housing/homelessness. Currently, her research explores systems issues related to mental health care including, implementation of the transitional discharge model, housing/homelessness, poverty, community integration, and the use of technology in mental health care. All projects start with the voice of consumers and providers to envision a better way of providing services.

The gold standard in inspiring students

Occupational therapist Lara Howe, a professional practice consultant at St. Joseph's, received a national award from the Canadian Association of Occupational Therapists (CAOT) for her support of students. She is a recipient of a 2020 CAOT Fieldwork Educator Award of Excellence, which recognizes the contribution of a practice educator who demonstrates exceptional performance in student practice teaching and mentoring in the workplace, and who represents the gold standard in inspiring students to passionately pursue professional practice. Since 2002, Lara has supervised students in traditional and role-emerging placements, and now in leadership placements through her position as professional practice consultant. St. Joseph's congratulates Lara and feels fortunate to have such a motivating practitioner, leader and teacher as part of the clinical team.

OTHER

Middlesex-London Health Unit – COVID-19 developments

Mandatory face coverings in all indoor enclosed public spaces

With the London and Middlesex County region moving in to Stage 3 of Ontario's recovery, Medical Officer of Health (MOH) Dr. Chris Mackie [issued instructions](#) under Ontario's Emergency Management and Civil Protection Act to all local businesses and organizations to ensure masking at all times on their premises, effective July 18, 2020. The mandatory wearing of face coverings is in addition to other public health measures including ensuring physical distancing, enhanced cleaning and providing alcohol-based hand sanitizers for customers. The instruction will be enforceable by public health staff, municipal by-law officers and law enforcement officials.

As an additional measure, and based on the advice of the MOH, the City of London passed a [temporary by-law](#) on July 21 requiring residents to wear a face covering or mask in all enclosed publicly-accessible spaces in London.

Ontario government- COVID-19 developments

Long-term care

- On July 3, the Ontario government [expressed its gratitude](#) to members of the Canadian Armed Forces who went above and beyond the call of duty to temporarily support high-priority long-term care homes during the height of the COVID-19 outbreak. In April, 2020, under Operation LASER, the Canadian Armed Forces deployed teams consisting of nurses, medical technicians and additional personnel to provide staffing support, help with infection prevention and control, and perform other duties such as cleaning and food preparation. The final team concluded its work on July 3.
- On July 15, the Ministry of Long-Term Care updated the visitor policy for long term care residents to allow two visitors at a time, once per week, with visits permitted to be up to one hour in length. As of July 22, both indoor and outdoor visits are possible. Only visitors coming for an indoor visit must confirm they have been tested for COVID-19 within the past 14 days, with a confirmed negative result.
- On July 21, the Ontario government [announced](#) a new innovative Accelerated Build Pilot Program that will enable the construction of two new long-term care homes in Mississauga in a matter of months, not years. By working with Trillium Health Partners and Infrastructure Ontario, the province intends to add up to 640 new long-term care beds by 2021. The pilot program is part of the government's plan to create new long-term care beds across the province that meet modern design standards, including features such as air conditioning and private or semi-private rooms, beginning immediately.

Social gatherings/business/school closures

- On July 7, the Ontario government [announced](#) the [Reopening Ontario Act](#) in the legislature, which would enable the continued application of selected emergency orders beyond the expiration of the declared state of emergency, which currently expires on July 29. The bill allows government to extend, amend or rescind emergency orders on a monthly basis for up to 12 months from the bill's in-force date, unless this period is extended by the legislature. The bill identifies specific emergency orders that can be extended, and the process and criteria for amending and extending other orders. It does not allow for the creation of new emergency orders. It sets out oversight mechanisms including the requirement for monthly government reporting to a legislative committee and the requirement for government to table a report on the usage of these orders. Of note for hospitals:
 - The bill enables government to extend and amend the orders regarding labour redeployment, physician credentialing and the requirement for long-term care employees to work with a single employer as well as extend (but not amend) the order regarding temporary health or residential facilities.
 - The extension of the labour redeployment and physician credentialing orders under the proposed bill would allow for a continued transition to normal staffing activities as appropriate and preserve flexibility to staff certain continuing COVID-19 functions, as well as prepare for and respond as necessary in the event of a second wave.

The Reopening Ontario Act was passed on July 21 but will not be in force until proclaimed by the Lieutenant Governor in Council.

- 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 July 16, which keeps the current orders in effect until July 29. 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 case management and contact tracing.
- On July 13, the Ontario government [announced](#) nearly all businesses and public spaces will reopen in Stage 3 of the province's reopening framework with public health and workplace safety measures and restrictions in place. The Middlesex-London area is among the regions allowed to move into Stage 3 first, as of July 17, 2020. As part of the Stage 3 reopening, Ontario will be increasing gathering limits for those regions entering the next stage to the following:
 - Indoor gathering limits will increase to a maximum of 50 people
 - Outdoor gathering limits will increase to a maximum of 100 people
 - Gathering limits are subject to physical distancing requirements.

For more information on the restrictions that will remain in place during Stage 3, as well as the public health guidance necessary to keep the people of Ontario safe, visit [Ontario.ca/reopen](https://ontario.ca/reopen).

Funding

- On July 3, the Ontario government [announced](#) it is investing \$3 million to provide free online health and safety training to make it easier for job seekers and workers to get essential qualifications, without the need to physically interact with others. Up to 100,000 job seekers can now take free online workplace health and safety training through Employment Ontario. There are 10 courses on offer, which include topics such as infection control, conducting health and safety incident investigations, ladder safety, slips, trips and falls prevention, and preventing workplace violence and harassment. In addition, worker and employer members of Joint Health and Safety Committees can now use video conferencing to take training in real-time with qualified instructors from training providers approved by Ontario's Chief Prevention Officer.
- On July 17, the Ontario government [announced](#) the second round of research projects approved and supported through the \$20 million [Ontario COVID-19 Rapid Research Fund](#). Through these efforts, researchers will be working to find ways to prevent, detect and treat COVID-19. Included in this second round is a Lawson Health Research Institute project that aims to better understand the efficacy of inhaled anesthetic-based sedation to treat COVID-19 patients who require ventilation.

Environmental Scan

Ontario to fully fund nursing homes despite lower occupancies

The Ontario government is paying nursing homes for empty beds while banning new residents from having more than one roommate, leading to concerns that long-term care waiting lists will grow.

On June 10, 2020, David Williams, the province's Chief Medical Officer of Health, issued a directive preventing long-term care homes from accepting new residents or re-admitting previous residents to ward rooms, where three or four individuals share one room and bathroom. The order does not affect existing residents who live in ward rooms.

The government is providing long-term care facilities with full funding this year regardless of their occupancy rates "in recognition of the impact of efforts to contain the spread of COVID-19," said Gillian Sloggett, a spokeswoman for Long-Term Care Minister Merrilee Fullerton. The funding will cover beds that are left empty in ward rooms as a result of the June 10 order.

According to the Ontario Long-Term Care Association, the government's ban on new admissions to ward rooms will eliminate 4,303 beds – 5.5 per cent of the province's total. The association is calling on federal and provincial governments for funding to build new homes and modernize existing older ones. Slightly less than one-third of the 78,372 beds in Ontario are in ward rooms.

[Globe and Mail, June 24, 2020](#)

New analysis paints international picture of COVID-19's long-term care impacts

A new analysis released by the Canadian Institute for Health Information shows that while Canada's COVID-19 death rate is relatively low compared to other countries in the Organisation for Economic Co-operation and Development (OECD), the proportion of deaths occurring in long-term care (LTC) is double the OECD average.

As of May 25, 2020, LTC residents accounted for 81 per cent of all reported COVID-19 deaths in Canada compared with an average of 42 per cent in 16 other OECD countries (ranging from less than 10 per cent in Slovenia and Hungary to 66 per cent in Spain).

This analysis examines Canada's pandemic experience in LTC and that of other OECD countries, focusing on three areas: cases and deaths; baseline health system characteristics; and policy responses. Please note that there are data limitations when it comes to international comparisons due to differences in COVID-19 testing and reporting practices across countries, as well as in definitions of long-term care.

The study found:

- Compared with the OECD average, Canada had fewer health care workers (nurses and personal support workers) per 100 senior residents of LTC homes in 2017–2018.
- Countries with centralized regulation and organization of LTC were generally associated with lower numbers of COVID-19 cases and deaths.
- Countries that implemented specific prevention measures targeted to the LTC sector at the same time as their stay-at-home orders and closure of public places had fewer COVID-19 infections and deaths in LTC.

[Canadian Institute for Health Information, June 25, 2020](#)

Fanshawe to offer mental health nursing program

Responding to requests from the health care community, professional practice leaders and practicing nurses, Fanshawe College will begin offering a mental health nursing graduate program in the fall of 2020. The program was developed in consultation with community partners to assist nurses who are caring for an increasing number of individuals living with complex mental health challenges. Recognizing the importance of mental health promotion and the prevention of mental illness, the curriculum will extend beyond the traditional biomedical model of care and will have a strong social justice and human rights foundation. The specialized knowledge and skills learned will enable nurses in any work setting to develop a deeper awareness of and responsiveness to systemic issues, mental health promotion and treatment of mental illness.

[Fanshawe College, June 25, 2020](#)

Forty per cent of COVID-positive troops deployed to long-term care were asymptomatic

Up to 40 per cent of Canadian troops infected with the novel coronavirus may have been carrying the virus symptom-free while they were deployed to long-term care homes – and may even have contracted it in the hotels where they were billeted – senior members of the military have acknowledged.

The remarks by Chief of Defence Staff General Jonathan Vance and the military's deputy surgeon general once again focused attention on the patchy testing regime employed by the Department of National Defence (DND) when more than 1,600 troops were tasked with backstopping failing long-term care facilities in Quebec and Ontario.

Major-General Marc Bilodeau, the deputy surgeon general, told a Senate committee on June 26, 2020, that 40 per cent of the infections involved asymptomatic soldiers who were detected by preemptive evaluations by the nursing homes that were trying to identify and prevent "an uncontrollable outbreak."

At a separate public event on the same day, Vance said most of the 55 soldiers who contracted COVID-19 did pick it up in long-term care homes, which have been hotspots of infection throughout the pandemic.

"The possibility they have been infected where they were staying has also been considered," Vance said. "There was also contact with the virus in the facilities we were living in. We were sharing hotel space with other emergency workers and so on."

[CBC News, June 26, 2020](#)

Research scores breakthrough in body's response to COVID-19

London-based researchers are the first in the world to profile the body's immune system response to COVID-19 – revealing a much-needed possible target for health care professionals to treat the virus.

The human body mounts an over-reactive immune response to COVID-19 as the virus grows and replicates – a response that releases inflammatory molecules to fight the virus, while also destroying healthy cells and organs in the process. A team from the Schulich School of Medicine & Dentistry and Lawson Health Research Institute are the first to profile this response

in an effort to target these harmful processes and protect the body while still allowing the virus to be eradicated. By studying blood samples from critically ill patients, the research team identified a unique pattern of six molecules that could be used as therapeutic targets to treat the virus.

The team also used artificial intelligence to validate their results. They found that inflammation profiling was able to predict the presence of COVID-19 in critically ill patients with 98 per cent accuracy. They also found that one of the molecules (heat shock protein 70) measured in blood early during the illness was strongly associated with an increased risk of death.

The study, Inflammation Profiling of Critically Ill Coronavirus Disease 2019 Patients, was recently published in the journal [Critical Care Explorations](#).

The next step is to test drugs “that block the harmful effects of several of the molecules while still allowing the immune system to fight the virus,” said Dr. Douglas Fraser, a Lawson scientist and critical care physician at London Health Sciences Centre.

[Western News, June 28, 2020](#)

Study hints at early sign of Alzheimer’s degeneration

Researchers have moved one step closer to identifying targets for brain degeneration that occur decades before symptoms of Alzheimer’s disease appear – a much sought-after clue that might open the door to early treatment. Supported by Western’s BrainsCAN, the study, Basal Forebrain Volume Reliably Predicts the Cortical Spread of Alzheimer’s Degeneration, was recently published in the journal [Brain](#).

Alzheimer’s disease does not affect the brain uniformly, but rather progresses in stages with some areas of brain degeneration preceding degeneration in other areas. Underlying this neurodegenerative cascade presumably is the propagation of abnormal proteins in Alzheimer’s disease.

Researchers examined an area in the brain’s subcortical region called the basal forebrain that includes cholinergic neurons. These neurons are known to be severely damaged by Alzheimer’s disease. The study confirmed that degeneration in the basal forebrain can predict damage to other areas of the brain, specifically the entorhinal cortex – an area in the medial temporal lobe responsible for memory, navigation and the perception of time.

[Western News, June 29, 2020](#)

Report calls on Ottawa to overhaul long-term care system

Ottawa should establish national rules and provide significant funding for long-term care (LTC) to ensure high standards and avoid a repeat of the COVID-19 crisis in nursing homes, a group of 10 sector experts recommends.

In a report prepared for the Royal Society of Canada, the experts call on Ottawa to work with the provinces and territories on a national plan to overhaul the long-term care system to address widespread deficiencies. They suggest the creation of a framework similar to the Canada Health Act. As a first step, the provinces and territories, with new funding from Ottawa, should tackle the staffing crisis by implementing equitable pay and benefits for personal support workers as

well as full-time positions for all staff, the report says. It also urges education standards, more training and mental health supports.

Nursing and retirement homes have been hit hardest by COVID-19 in Canada, with more than 1,000 outbreaks and just more than 80 per cent of the country's deaths – a long-term care mortality rate far higher than that of other wealthy countries.

The report also calls on Ottawa to develop national staffing standards and earmark new transfer payments to provinces and territories that meet objectives, saying one of the “most critical components of quality in nursing homes” is the right amount and type of staffing. Despite reductions over time in levels of regulated caregivers, such as nurses, there is little Canadian data on the appropriate mix of workers and minimum hours of daily care per resident.

[Globe and Mail, July 2, 2020](#)

Canadians' mental health linked to quality of employer support during COVID-19

For the third consecutive month, the Mental Health Index™ of Morneau Shepell, a leading provider of total wellbeing, mental health and digital mental health services, shows a consistent negative mental health score in Canada.

The Mental Health Index™ score is -11. The score measures the improvement or decline in mental health from the pre-2020 benchmark of 75. This month's overall score is one point higher than the score last month. The Mental Health Index™ also tracks sub-scores against the benchmark, measuring the risk of anxiety (-12.9), depression (-12.7), work productivity (-12.1), optimism (-12.0) and isolation (-11.6). While the sub-scores remain low, there has been a modest improvement across these areas when compared to the prior month.

The level of mental health support an employer provides to employees is impacting Canadians' mental well-being. More than one third (34 per cent) of respondents indicated that their employer has been supporting employee mental health inconsistently, poorly or very poorly during the pandemic. Mental Health Index™ scores for this group were -17.2 for those who indicated that mental health was supported inconsistently, -17.7 for those who indicated poor support and -26.3 for very poor support. This compares to -10.4 for those who stated mental health was supported somewhat well and -1.0 for very well.

These results demonstrate that employer support is of utmost importance, as an individual's perception of how well their employer has addressed the mental health of employees has a strong link to their mental health.

The monthly survey by Morneau Shepell was conducted from May 29 to June 9, 2020, with 3,000 respondents in Canada. All respondents were employed within the last six months.

[Morneau Shepell, July 6, 2020](#)

COVID-19 pandemic threatens to set back battle against AIDS by 10 years

The global fight against AIDS was faltering even before the COVID-19 pandemic, and the coronavirus now threatens to put progress against HIV back by 10 years or more, the United Nations (UN) has said.

"The global HIV targets set for 2020 will not be reached," UNAIDS, the agency that co-ordinates the UN's efforts to curb the spread of HIV, said in a report. "Even the gains made could be lost and progress further stalled if we fail to act."

In many countries, health workers testing for and caring for people with HIV have switched to fighting COVID-19, supplies of medicines and condoms have been disrupted because of lockdowns, and many health clinics have closed, said UNAIDS executive director Winnie Byanyima.

The UN agency report says a six-month complete disruption in HIV treatment could cause more than 500,000 extra deaths in sub-Saharan Africa over the next year, bringing the region back to levels of AIDS death rates last seen more than a decade ago, in 2008.

A World Health Organization survey found that 73 countries are at risk of running out of HIV medicines and 24 have critically low stocks.

Latest data from 2019 show that 38 million people worldwide are now infected with HIV, a million more than in 2018.

[CBC News, July 6, 2020](#)

Urgent COVID-19 Care Clinic supports patients diagnosed with COVID-19

To better support those who have been diagnosed with COVID-19, six physicians at London Health Sciences Centre (LHSC) have developed a new care pathway to identify, triage, monitor, and manage the potential complications of the disease through a new virtual clinic.

Physicians supporting the Urgent COVID-19 Care Clinic at LHSC are caring for individuals referred from the Middlesex-London Health Unit, Emergency Department, and family practitioners, as well as LHSC patients discharged from inpatient services.

"We ultimately want to connect with anyone in London who has tested positive for COVID-19 as soon as possible after diagnosis," explains Dr. Erin Spicer, a general internist at LHSC and one of the creators of the clinic. "Research is showing that patients with COVID-19 may not seek care until it's too late because the symptoms of low oxygen levels may not be noticeable early in this disease. By the time they do exhibit signs and get help, they can be at a critical stage in the disease."

The clinic is hoping to work with all those who are recovering from COVID-19, regardless of their current severity of symptoms, to prevent potential future clinical deterioration by giving them a process they can use to self-monitor their health with ongoing access to virtual physician support. There is also an intake process for patients of the physician-led clinic who need to be admitted to LHSC due to new or worsening symptoms.

[London Health Sciences Centre, July 7, 2020](#)

Guide aims to reduce impact of 'moral injury' resulting from COVID-19

Health care workers on the front lines of the COVID-19 pandemic are at risk of severe stress that could cause long-term psychological damage, the Centre of Excellence on Post-Traumatic Stress Disorder says.

The centre at the Royal Ottawa Hospital has teamed up with the Phoenix Australia Centre for Posttraumatic Mental Health to develop a guide for facilities, including hospitals and peer-support organizations, in an effort to reduce the impact on those susceptible to so-called moral injury, a type of post-traumatic stress disorder (PTSD). It can result from dilemma on the job from witnessing or performing an action that goes against someone's beliefs, similar to what has been documented in war veterans, the centre says.

Dr. Patrick Smith, CEO of the Canadian centre, said the guide applies to anyone doing essential work, including in long-term care homes and grocery stores. It calls on organizations to put widespread preventative measures in place to support staff grappling to make the right decisions during an unprecedented work experience while fearing their jobs may put themselves and their families at risk of becoming infected with COVID-19.

[CBC News, July 7, 2020](#)

Ontario must prepare health care system for second surge of COVID-19 patients

Eighty per cent of the stand-by capacity created in hospitals at the onset of the pandemic has now been filled, and the number of patients waiting in hospitals for an alternate level of care (ALC), such as home care or long-term care, is well over 5,000 – a figure that is unusually high for the summer months, said the Ontario Hospital Association (OHA) in response to the province announcing its Stage 3 reopening plan.

“With ongoing limitations on admission to long term care and the appropriate decision to eliminate use of three- and four-bed rooms to safeguard residents, the number of ALC patients in hospitals is likely to remain high,” said the OHA in a statement. “In combination with the need to restart and maintain elective activity, maintain acute care occupancy at 85 per cent to ensure standby capacity for a second wave, and continue with ongoing COVID-19 related activities, Ontario’s hospitals will continue to be heavily tested in the months ahead.”

The OHA is urging the province for a contingency plan to ensure the health care system is equipped for a potential second surge, including the creation of regional health service and staffing plans “that must be in place at the earliest opportunity.” Within these plans, the OHA recommends the government support the widespread expansion of home care and community services, virtual care and paramedicine to ensure greater access to services outside the hospital setting. It also recommends the maintenance/construction of new (temporary) infrastructure, such as field hospitals, decommissioned hotels and empty residential buildings.

[Ontario Hospital Association, July 13, 2020](#)

Researchers turning to social media to study mental health during the pandemic

Researchers are using artificial intelligence to pull about a million tweets related to keywords and phrases that surround mental health. They are looking for what people are saying about how they are feeling and what their mental health is like during the pandemic.

“With artificial intelligence we can do something a little more complex and we can look for groups of words that mean similar things,” explains Dr. Daniel Lizotte from Western University’s Schulich School of Medicine & Dentistry. “That allows us to see not just depressed or sad, but moody or down, and understand that those words used in particular context can mean depressed or sad.”

Once all the data is collected, again with the use of AI, those tweets will be categorized so that researchers can hone in on exact issues that are causing mental distress. This information can then inform health care professionals and other experts who can provide the supports necessary for these moods and changes in culture during these trying times, say the researchers.

[CTV London, July 14, 2020](#)

First Canadian clinical trial of any COVID-19 vaccine is launched in Quebec City

Syneos Health in Quebec City has officially launched the first Canadian clinical trial of any COVID-19 vaccine. On July 13, 2020, six volunteers rolled up their sleeves to receive shots.

The vaccine, developed by Medicago Inc., a Quebec biopharmaceutical company, has shown positive results in animal studies, but this is its first test in humans. The trial is an early stage test of the vaccine's safety, not its efficacy. Up to 180 subjects will receive the vaccine if all goes well.

Whatever the outcome, the randomized trial is a key milestone for the company, which has developed a made-in-Canada technology for rapidly scaling up vaccine production in plants instead of in cell cultures as is the case for many vaccines. The effort adds to about 180 COVID-19 vaccines in development around the world, some of which have proceeded to advanced-stage trials involving thousands of subjects.

[Globe and Mail, July 14, 2020](#)

Only 55 per cent of Canadians regularly wear masks

As fears of a resurgence in COVID-19 cases increase, many Canadians are reluctantly donning masks to stop the spread of the virus, according to a new Angus Reid poll which found only 55 per cent of Canadians are wearing masks regularly when they leave home. The other 45 per cent either wear masks rarely or not at all.

Only a quarter respondents said their reason for not wearing a mask was that they forgot to bring one, while 74 per cent pointed to discomfort, lack of concern about catching COVID-19, a perceived ineffectiveness of masks, or simply mimicking others not wearing them.

A different poll on COVID-19 from Leger and the Association of Canadian Studies found a nearly 10 per cent increase in support for masking between June 26 and July 12, 2020. Across the country, the Leger poll found 67 per cent of Canadians support mandatory masking for all indoor public spaces, compared to 58 per cent just over two weeks ago.

[Globe and Mail, July 18, 2020](#)

Study tests plasma transfusions from people recovered from COVID-19 to ill patients

Researchers at Lawson Health Research Institute are taking part in a large, multi-centre study examining the use of convalescent plasma transfusions from people who have recovered from COVID-19 as a possible treatment for infected patients.

When a person is infected with a virus, their immune system produces protein antibodies, specific to that virus that help the body fight the infection. These antibodies stay in the

bloodstream after the person has recovered and provide a degree of long-term immunity. Convalescent plasma is a term that describes plasma from a person who has recovered from illness. The hope is that naturally derived antibodies for COVID-19 will help fight serious infection in other individuals.

The CONCOR-1 Trial, led by Canadian researchers, will recruit 1,200 participants from Canada and New York. Researchers are collecting blood plasma from recovered COVID-19 patients and transfusing it into seriously ill patients. Measurable outcomes include the rate of intubation and mortality rate after 30 days of enrollment in the trial.

[Lawson Health Research Institute, July 22, 2020](#)

St. Joseph's in the News

[Our kids need to go back to school. But the Sick Kids report is not enough](#), Toronto Star, June 18, 2020

[Patients appreciate flexibility of lockdown-expedited move to virtual care](#), London Free Press, June 25, 2020

[Hospitals' lab ramping up capacity to process COVID-19 tests](#), London Free Press, June 26, 2020

[Deceased identified in Grand Bend incident](#), Blackburn News, June 27, 2020

['Tragic loss': Police identify Grand Bend drowning victim](#), CBC London, June 28, 2020

[Woman found dead in Grand Bend, Ont., identified as director at London hospital](#), Global News, June 28, 2020

[Kin, colleagues 'shocked, saddened' as London hospital official dies in Grand Bend river fall](#), London Free Press, June 29, 2020

[Dream Lottery supporting London's hospitals](#), London Free Press, June 30, 2020

[Virtual patient care – the COVID silver lining](#), Hospital News, July 2020

['Standing on the shoulders of giants'](#), Hospital News, July 2020

[COVID-19 research update from Lawson Institute](#), London Ontario Sports, July 7, 2020

[London, Ont., study examines treatment for premature babies for use in COVID-19 patients](#), Global News, 980 CFPL, July 7, 2020

[Can London-made preemie treatment help virus patients? Lawson team to find out](#), London Free Press, July 7, 2020

[Drug created in London, Ont. could improve lung function in severe COVID-19 patients](#), CTV London, July 7, 2020

[Dream Lottery selling out at a record pace](#), CTV London, July 7, 2020

[Trump wants schools reopened. He's getting rare support from virus experts](#), CBC News, July 9, 2020

['Constantly crashing': Families hit hard by wait times for mental-health care](#), TVO 50, July 13, 2020

[How to approach children returning to schools \(interview with Dr. Michael Silverman\)](#), London Live with Mike Stubbs, Global News/980 CFPL, July 14, 2020

[Everything you need to know about London's mask-or-no-mask debate](#), London Free Press, July 17, 2020

[NHL training camps in U.S. a 'reckless' health risk for players, doctors say](#), TSN, July 16, 2020

[London's hospitals have 3-million-mask stockpile in case COVID-19's next wave arrives](#), London Free Press, July 21, 2020

[Study hopes to understand and minimize distress on health care workers during pandemic](#), CTV London, July 21, 2020

[Local researchers ask: Is PTSD a pandemic side-effect for moral distress about health-care workers?](#), London Free Press, July 21, 2020