



To: St. Joseph's Board of Directors  
From: Dr. Gillian Kernaghan, President and CEO  
Date: March 24, 2021

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As you may know, March is a special month at St. Joseph's with two meaningful events taking place – our St. Joseph's Day celebrations and the Sisters of St. Joseph Awards for Excellence ceremony. Both events take place on March 19 – St. Joseph's Day. Last year, these celebrations were cancelled due to the pandemic, which was officially declared on March 11 – just eight days before these time-honoured traditions.

This year, with the pandemic still evolving, we re-invented both events making it possible for all to enjoy without gathering. In celebration of St. Joseph's Day, staff and physicians received a freshly baked, individually packaged treat supplied by a local bakery. A special St. Joseph's Day card containing a blue heart-shaped pin was also provided to staff and physicians as a small token of appreciation and a symbol of the heroic and dedicated efforts they have shown during this tumultuous time.

For the Sisters of St. Joseph Awards for Excellence, a virtual ceremony was held with all the same touching elements – musical performances, remarks and presentation of awards. (The recipients are listed in this report.) I was joined by Board Chair Howard Rundle and Sister Joan Atkinson representing the Sisters of St. Joseph. The importance of the day was not lost with the virtual format and it was a wonderful celebration. In fact, the timing of both events at this one-year juncture of the pandemic was serendipitous. With such tremendous commitment and dedication required by staff and physicians over the past year, these events to express gratitude and celebrate excellence were more meaningful than ever.

In another tribute to staff and physicians at this pivotal time, I produced a joint [column](#) with Jackie Schleifer Taylor, Interim President and CEO of London Health Sciences Centre, for the London Free Press. The column, which was published on March 13, recognizes the strength and resiliency of our staff and physicians, as well as the tremendous trauma and loss they have experienced over the past year. It was an opportunity to publicly, and jointly, thank London's hospital workforce for their service, compassion, bravery and sacrifice.

And finally, the impact of COVID-19 on our hospitals was also the focus of a presentation I made on March 23 to the Canadian Club of London. I spoke about how we have coped, what we have learned, how health care has changed due to the pandemic, and new trends on the horizon as a result.

## REACHING OUT

### Same day shoulder replacement – an update

As previously reported, the Roth McFarlane Hand and Upper Limb Centre (HULC), in collaboration with all departments within Perioperative Services, completed the first same-day total/reverse shoulder replacement in September 2020. One-day stay surgery allows patients to recuperate safely in their own home and minimizes the need for family members to drive back and forth to the hospital. It may also reduce the risk of hospital-acquired infections, which are associated with increased costs, increased length of stay and can have an adverse effect on surgical outcomes. It also creates innovative ways to perform care while reducing cost-per-case.

Surgeons and administrative leaders collaborated with Ontario Health West and submitted a proposal for funding for same day joint replacement. The proposal was approved by the Ministry of Health and St. Joseph's Hospital is now one of 17 hospitals participating in a regional initiative focused on "surgical smoothing" and implementation of same day shoulder replacement surgery. The initiative's objectives include reducing utilization of inpatient beds, ensuring same-day discharge support for patients, maintaining care excellence and enhancing bed capacity during the pandemic.

The funding will support capital costs associated with the same day discharge joint replacement patient population. Each hospital collaborating on the proposal has received notice of funding for this initiative.

St. Joseph's physician and administrative leaders, Dr. Ken Faber and Anne Marie McIlmoyl, have been identified as mentors for other hospitals in the region that will be embarking on this new initiative.

## CONNECTING CARE

### Program changes to enhance integration of services

The following are two program developments at Parkwood Institute Main Building, both of which will enhance integration of services at Parkwood Institute, leading to enhanced patient care, quality and efficiency:

- **Neurobehavioural Rehabilitation Centre:** In 2001, the Neurobehavioural Rehabilitation Centre (NRC) opened on the grounds of what is now Parkwood Institute as a purpose-built space for up to five acquired brain injury (ABI) patients with specific neurobehavioural needs. Three similar NRC programs are also operating across the province. Over the years, the needs of these ABI patients have changed, which has resulted in all other NRCs in the province aligning these beds within their main facilities. More than a year ago, the rehabilitation leadership team at Parkwood Institute Main Building began initial exploration of the benefits possible with realignment of the NRC within 4A East, where the spinal cord injury, amputee and ABI rehabilitation programs are located. When the pandemic hit, the NRC was temporarily relocated to 4A East for infection prevention and operational reasons. This resulted in a lived experience of the relocation. From a patient care, quality and efficiency perspective, NRC will now remain permanently within 4A East. This will create an integrated 30-bed spinal cord injury/ABI rehabilitation inpatient unit. There is much planning to do to clearly define the future vision of this new unit and the path to get there. Staff, physicians, patients and families will be engaged in planning from a programming, service model and physical environment enhancement perspective.

- **Amputee Rehabilitation:** The Amputee Rehabilitation Program, previously located on 4A East, will be relocated to 5A East and become part of Specialized Geriatric Services (SGS). From a patient perspective, there is a natural alignment between the amputee and the SGS musculoskeletal (MSK) rehabilitation programs, presenting opportunities for enhanced quality, continuity and efficiency for these patients. There will be engagement of the amputee and MSK teams, patients and families to determine the models of care delivery for the amputee patient population.

## INNOVATING TOGETHER

### **Differences in walking patterns could predict type of cognitive decline in older adults**

Canadian researchers are the first to study how patterns in the way older adults walk could more accurately diagnose different types of dementia and identify Alzheimer's disease. A new study led by researchers from Lawson Health Research Institute and Western University evaluated the walking patterns and brain function of 500 participants currently enrolled in clinical trials. It compared gait impairments across the cognitive spectrum, including people with subjective cognitive impairment, Parkinson's Disease, mild cognitive impairment, Alzheimer's disease, Lewy body dementia and frontotemporal dementia, as well as cognitively healthy controls. Four independent gait patterns were identified: rhythm, pace, variability and postural control. Only high gait variability was associated with lower cognitive performance and it identified Alzheimer's disease with 70 per cent accuracy. Gait variability means the stride-to-stride fluctuations in distance and timing that happen when we walk.

While there is longstanding evidence showing that cognitive problems can be predictors of dementia, there is now strong evidence that motor performance, specifically the way you walk, can help diagnose different types of neurodegenerative conditions, says Dr. Manuel Montero-Odasso, scientist at Lawson and a geriatrician at Parkwood Institute. [Read more on Lawson's website](#)

### **Developing better imaging tools for brain disease**

Lawson Health Research Institute has been awarded more than \$2 million in federal funding for a project focusing on two unique medical imaging systems designed to give unparalleled insight into brain function and disease:

- A head-only PET (positron emission tomography) insert can be placed in any clinical MRI machine. Combining the molecular specificity of PET with the structural and functional capabilities of MRI, the possibilities for brain imaging will be greatly enhanced while reducing the radiation dose by up to 50 times compared to whole-body imaging. It will be the first commercially available high-resolution brain PET/MRI installed in the world. Using the system, better diagnosis of different forms of dementias would be possible and researchers could closely compare protein abnormalities in the brain with cognitive function. The low radiation dose allows for long-term studies investigating changes in the brain and neuroinflammation that can lead to major psychiatric diseases and cognitive degeneration or disability.
- Portable, state-of-the-art optical imaging can increase the reliability of bedside brain monitoring to provide rapid assessment of brain health in restrictive environments. The team will study use of the system in surgical and intensive-care settings to monitor for cerebral ischemia and metabolic stress, which are the major causes of brain injury. They will also monitor treatment in patients with schizophrenia and study dysfunction in the brain associated with negative symptoms, as cognitive impairment deteriorates with age

for some people with the disease. Another goal is to develop a brain-computer interface for patients who are incapable of physical communication.

Project co-leads, Lawson scientists Keith St. Lawrence (PhD) and Jonathan Thiessen (PhD), are based at St. Joseph's Hospital.

### **New transportation resource for youth in crisis**

Transitional aged youth in Middlesex County now have access to a free transportation resource to access mental health services. Called the County Transport initiative, it will help youth ages 16 to 25 in Lucan, Parkhill, Exeter and Strathroy-Caradoc get the mental health care they need, when they need it.

County Transport is being coordinated by Lawson Health Research Institute's Mental Health INcubator for Disruptive Solutions (MINDS) of London-Middlesex, in partnership with the Canadian Mental Health Association (CMHA) of Elgin-Middlesex, Star Taxi and Middlesex County. To ensure the safety and wellbeing of the youth accessing this service, Star Taxi drivers have received training developed by CMHA regarding mental health and crisis de-escalation, as well as suicide prevention training by Living Works.

MINDS is a social innovation lab with a mission to address the complexity of the mental health care system. Youth with lived experience, community members and researchers work together to understand and help those living with mental health challenges in London-Middlesex by designing, piloting and testing innovative solutions developed locally. Funding for the transport initiative has been provided by St. Joseph's Health Care Foundation and individual donors in the community. [Read more on Lawson's website.](#)

### **Celebrating the 100<sup>th</sup> anniversary of the discovery of insulin**

On February 25, 2021, Research Canada and the Parliamentary Health Research Caucus, in collaboration with co-hosts Diabetes Canada and JDRF, hosted a virtual reception with parliamentarians to commemorate the 100th anniversary of the discovery of insulin by Canadian researchers, and hear from some of Canada's best and brightest in type 1 and type 2 diabetes research. The event featured Dr. David Hill, Scientific Director of Lawson Health Research Institute and a diabetes researcher, as the keynote speaker and panel moderator. The session highlighted the current state of diabetes research in Canada and the work Canadian researchers continue to undertake to find treatments and a cure.

These sessions are designed to bring Canadian world-class researchers together with parliamentarians to highlight the importance of research and its impact on human health and well-being.

### **Save the date**

The following are two upcoming informative events hosted by Lawson Health Research Institute:

- **London Health Research Day:** The 2021 London Health Research Day (LHRD), to be held virtually on May 11, 2021, is an opportunity to learn about research happening in labs and clinics across the city while engaging in scientific discussion. This year's event will feature keynote speaker Andrew Au, a global expert on digital transformation and its impact on innovation, as part of The Lucille & Norton Wolf Health Research Lecture Series. Visit the [LHRD website](#) for more information. LHRD is presented in partnership by Lawson Health Research Institute and Schulich School of Medicine & Dentistry.
- **5th Annual Parkwood Institute Research Day:** On April 22, 2021, Parkwood Institute Research (PIR) will be holding its 5th Annual Parkwood Institute Research Day. This forum, which will be held virtually, highlights research conducted by health care

professionals, scientists, students, patients and families at PIR and affiliated research units working in areas of cognitive vitality and brain health, mobility and activity, and mental health. The keynote speaker will be Dr. William McIlroy, Professor, Department of Kinesiology, University of Waterloo, who will speak on the topic of "Mobility, Activity, and Brain Health: What can we learn from wearable technology." [View registration details.](#)

## LEVERAGING TECHNOLOGY

### **OneChart – an update**

On March 2, the inpatient and ambulatory care programs at Parkwood Institute Mental Health Care Building went live with nursing and health discipline electronic documentation. One inpatient unit was slightly delayed due to COVID-19 but followed soon after, on March 8. This follows electronic clinical documentation for health discipline staff at St. Joseph's Hospital in January 2021.

The go-live at Parkwood Institute Mental Health Care Building marks an exciting and significant milestone in our electronic clinical transformation journey. To date, there are very few mental health hospitals in Canada using Cerner's Behavioural Health Module to the full extent. This speaks to the dedication and commitment of the project team and leadership to deploy technology that will better support our clinicians and patients.

As previously reported, OneChart re-launched in September 2020 after a three-month pause from March to June 2020 due to COVID-19. However, the mental health implementation team continued to prepare for nursing and health discipline electronic documentation during the pause, which contributed to the smooth implementation. The team will remain in place to audit and complete any rapid improvement cycles related to functionality and clinical workflow, as needed.

Highly engaged mental health care staff contributed to the immediate uptake of the new system and early feedback from the implementation team and end users is validating that optimization of the electronic patient record will enhance quality care.

On March 23, physicians will move forward with electronic documentation in both the inpatient units and ambulatory care programs at Parkwood Institute Mental Health Care Building.

## EMPOWERING PEOPLE

### **Psychological health and safety – next steps**

After more than five years of work, the Psychological Health and Safety Working Group at St. Joseph's submitted their project close-out report to the Senior Leadership Team.

As previously reported, the working group was established as part of St. Joseph's commitment to learn and incorporate psychological health and safety thinking into our culture and workplace practices. This commitment was a strategic priority in the 2015-2018 corporate strategic plan and continued as a strategic priority in our 2018-2021 strategic plan. Importantly, many staff across the organization have played a vital role in this work, including as members of the working group. Comprised of representatives from all parts of the organization, all disciplines and with a wide variety of perspectives, the working group was instrumental in making psychological health a regular component of our organizational safety commitment.

The Senior Leadership Team has accepted and endorsed the working group's report and its recommendations for areas of further work will be examined to help contribute to St. Joseph's next set of initiatives in support of psychological health. One recommendation moving forward is a formalized program on equity, diversity, inclusion and belonging under a more centralized umbrella approach. Being led by Organizational Development and Learning Services, the purpose is to continue to develop, deepen and embed work currently underway in multiple parts of the organization.

### **Specialized treatment for depression, anxiety and trauma**

A new resource is now available through St. Joseph's Employee and Family Assistance Program (EFAP) for employees struggling with depression, anxiety and symptoms of trauma. Homewood Health, the organization's EFAP provider, is offering the "Depression and Trauma (anxiety) Care Program" to provide specialized treatment focused on reducing symptoms of depression and anxiety while building resiliency to assist in getting back to life. The new program will stay in place for the duration of St. Joseph's contract with Homewood Health.

## **UNCOMPROMISING QUALITY AND SAFETY**

### **COVID-19 – an update**

#### **COVID-19 vaccine rollout**

- **Vaccination of staff and physicians:** With increased vaccine supply in the region, and guidance from the province, the Middlesex-London Health Unit (MLHU) continues to expand [eligibility for COVID-19 vaccination](#) to additional priority groups. As of March 18, all non-frontline (or non-patient-facing) health care workers were added to the eligibility list. On March 19, these hospital staff were provided with instructions on booking their first dose. This is welcome news and means all St. Joseph's staff and physicians are now able to be vaccinated.
- **Interval between doses:** Beginning March 10, Ontario's Chief Medical Officer of Health has directed the MLHU to reschedule/schedule all second dose vaccine appointments to up to 112 days after the first dose. Per provincial direction, long-term care and retirement home residents will keep their 21-day window appointment as they are at highest risk for mortality and morbidities related to COVID-19. All others, including hospital staff and physicians, will have their second dose appointments automatically rescheduled for up to 112 days from their first dose.

Increasing the gap between two-dose vaccines to four months is supported by the National Advisory Committee on Immunization, considering evidence from recent scientific studies on efficacy and effectiveness of COVID-19 vaccines. The purpose is to maximize the number of individuals benefiting from the first dose of vaccine.

- **Vaccination of inpatients:** On March 5, MLHU granted St. Joseph's access to the Moderna vaccine for inpatients classified as alternate level of care (ALC) and those who are over the age of 80. This is an important step to protecting these vulnerable patients. Vaccination of these individuals – 110 in total – took place on March 18.
- **Information Technology Services support:** As the COVID-19 vaccine roll out continues, several members of Information Technology Services' Clinical Informatics team have been seconded to the Western Fair District Agriplex vaccination centre to support three software applications critical to its operation. These include: COVAX<sub>on</sub>, the

provincial system supporting COVID-19 vaccine clinics to ensure a common set of digital tools and standardized, timely, high-quality data for the province; the Waiting Room application; and Verto, an online scheduling system. In addition, Information Technology Services (ITS) has have been actively involved in supporting the day-to-day operations of the vaccination centre as well as working closely with the MLHU to co-design the online webpage, allocating appointments to priority groups, and supporting new vaccination clinics. In addition, ITS has been instrumental in deploying equipment to support the unique needs of this clinic, such as various types of computers, laptops, iPads, large screen TVs and an enhanced telephone system to meet the needs of our community given the large call volume. With additional health units in our region expected to adopt the Verto platform this month, the collaborative working relationship and model between the various health units and the ITS team is serving our region well.

## Testing

In February 2021 the Ministry of Long-Term Care issued a [directive](#) that long-term care homes in Ontario must fully implement rapid antigen testing by March 15 as part of prevalence screening. This directive is to enhance our ability to prevent residents from being exposed to COVID-19. As per this directive, rapid testing for staff, physicians and essential caregivers entering Mount Hope Centre for Long Term Care began March 15.

This testing was initially required on non-consecutive days three times in a seven-day period (with some exceptions), but the ministry has now changed the frequency of testing. Effective March 22, when a region is a yellow/orange/red/grey zone, staff, physicians and caregivers must complete rapid antigen testing two to three times per week. If we move to green, testing can occur once to twice a week.

A rapid antigen test is a point-of-care test to screen asymptomatic individuals for COVID-19. A sample is taken through the nose with a nasal swab on the inside of both nostrils and then placed immediately into an antigen solution to detect a protein that is part of the coronavirus. Test results are typically available within 15-20 minutes. If a staff member or physician is identified as COVID-19 positive through rapid testing completed on-site, they will not be able to enter Mount Hope on that day and occupational health staff conducting the rapid testing will arrange for a standard COVID-19 (PCR) laboratory test. If an essential caregiver is identified as COVID-19 positive through rapid testing, he/she will not be able to enter Mount Hope on that day and will be asked to arrange for PCR COVID-19 test at an assessment centre or pharmacy.

## **PARTNERSHIPS WITH PATIENTS, RESIDENTS, FAMILY CAREGIVERS**

### Words of gratitude

Despite significant shifts in how care is provided due to the pandemic, patients and family caregivers continue to express much gratitude to dedicated care providers across St. Joseph's. Below is one such letter of appreciation.

*My husband, David McKane, has been receiving post-stroke outpatient support physio from Darlene Vandeseemple, speech therapy from Danya Walker and occupational therapy support from Shannon Honsberger for the past two months. Without exception, working with these women has been exceptional. Each time David had a concern or question, they listened carefully and made suggestions for his follow up at home. There was often great laughter coming from our computer room as David and the therapists enjoyed jokes together. Each woman was, knowledgeable, professional and sensitive to David's concerns. All sessions of course were limited by the restrictions of online visits. I wonder what it would have been like to*

*be in in-person sessions. David and I want to commend these three women and thank them greatly for their support during a very challenging time. We also want supervisors to know how grateful we are for stellar service. We will be recommending this program highly.*  
Susan and David McKane

## **ADVOCACY AND COLLABORATIONS**

### **Decommissioning of Adolescent Psychiatry Program – an update**

As previously reported, the Adolescent Psychiatry Program at Parkwood Institute Mental Health Care Building will be decommissioned to enable a full continuum of services for children and adolescents to be provided at Children's Hospital at London Health Sciences Centre (LHSC). This realignment is an exciting opportunity to reimagine the continuum of child and adolescent mental health care services in Western Ontario. Under the leadership of Children's Hospital, collaborative planning and engagement with patients and regional and community partners has been undertaken to design of a single point of access for hospital-based care for the child and adolescent population in our region. Ultimately, this will include an integrated continuum of emergency, urgent, assessment, stabilization and specialized treatment services for children and adolescents. The following is an update on this work:

- Phase 1: In a safe and seamless patient and program transfer, St. Joseph's adolescent psychiatry ambulatory services moved to Children's Hospital on February 26, 2021. Inpatient services moved on March 16. To accommodate this shift, nine inpatient beds opened at Children's Hospital and its ambulatory program was expanded. There is no reduction in the capacity of child and adolescent mental health care services within the region as a result of the new model of care.
- Phase 2: This phase will focus on a multi-year process to design, renovate and align all child and adolescent mental health programs at the Children's Hospital with a regional lens. In spring 2021, regional and community partners will be re-engaged to build more integrated service models of care for children and adolescents.

### **Dictation and transcription system upgrade – improving the patient experience**

St. Joseph's Health Information Management team is providing regional leadership to the upgrade of the dictation and transcription system used by health care providers at all regional hospitals on the OneChart (Cerner) platform. As part of this upgrade, all hospitals have adopted a set of guiding principles focused on achieving process standardization across the region. Health care providers across the region will experience a consistent dictation experience regardless of where they are practicing. Previously, the process for a provider to complete a dictation has varied between hospitals as the dictation and transcription system was adopted by each hospital independently and at different times.

With a focus on consistently supporting our patients after discharge, all hospitals, as part of the upgrade, will adopt a process that will automatically send discharge summary notes to the patient's community provider, aiding in a smooth transition in care from hospital to community. This automated process has been in place at some hospitals in our region in recent years, including St. Joseph's, but will now be a consistent model across all regional Cerner hospitals.

A group of health care providers across the region will be piloting the new system beginning March 16, with all providers moving to the new system through staggered go-live dates April through June 2021. St. Joseph's and London Health Sciences Centre will transition to the new system in early June 2021. Following the upgrade, a regional transcription governance structure will be established to further advance this system with a continued focus on process standardization and enhanced communication among hospital and community care providers.

### **Creating community connections**

St. Joseph's has partnered with Canadian Mental Health Association (CMHA) Middlesex on the implementation of a transition case manager to facilitate community engagement by mental health care patients as part of their recovery journey. This is a CMHA position located on site at Parkwood Institute Mental Health Care Building Monday to Friday, 8:30 am to 4:30 pm. A referral to the transition case manager is made with the consent of the patient/substitute decision-maker based on assessment of the patient's readiness to engage in a lower intensity of care or who would benefit from an enhanced community experience.

This partnership with CMHA, which was informed by recommendations of a citywide ambulatory mental health re-design steering committee, is important to the patient experience. For individuals no longer requiring high intensity mental health care services, the transition case manager provides a 'warm handover' to community mental health supports. Other individuals may benefit from a combination of services as they progress in their recovery. The role, in addition to the Peer Support service offered by CMHA to the inpatient mental health care units, builds on the premise of 'community in-reach' to support care transitions and recovery following hospital-based care.

### **Unlocking the power of food**

Nourish Health is a national educational initiative designed to empower health care leaders who are emphasizing the connection of food, culture, and health within their organization. This initiative is also designed to open a meaningful conversation about specific topics, including climate action and health equity.

St. Joseph's Food and Nutrition Services (FNS) has joined Nourish Health's Anchor Collaborative Cohort comprised of diverse health care and community teams that are partnering to address interconnected challenges of health inequity, food insecurity, ever-climbing rates of diet-related chronic disease, and the impacts of climate change. FNS has received a \$5,000 planning grant provided by one of many Nourish Health partners – the McConnell Foundation – to establish a starting point for projects in the areas of food procurement, waste, and other health and food measures aimed at a healthier and better future. A designated group will be created within FNS to work with Nourish Health to co-design solutions to complex problems and leverage community connections to work towards improved patient and planetary health.

## **RECOGNITIONS AND CELEBRATIONS**

### **Veterans' community service draws high level praise**

As previously reported, the Kindness Krew at Parkwood Institute is a group of veterans and staff from the Veterans Care Program who spread goodwill through various pursuits in support of charitable causes. In January 2021, St. Joseph's highlighted a current project of the Kindness Krew – preparing peanut butter and jelly sandwiches and cookies for men who rely on the services of the Men's Mission in London. The story was picked up by CBC London, which was brought to the attention of the Minister of Veterans Affairs, Lawrence MacAulay. In February, the minister sent a letter to the Kindness Krew recognizing their service to Canada and thanking them for their community work.

"It's is heartening to know that you have continued your selfless commitment to service throughout your long lives," the Minister MacAulay wrote.

The Kindness Krew were surprised and pleased to receive the letter, and inspired to keep up their good work to help others.

## **Sisters of St. Joseph Awards for Excellence**

The 2021 Sisters of St. Joseph Awards for Excellence took on extra special meaning this year. With the pandemic as a backdrop, the 2021 awards were particularly hard earned and represent the exceptional commitment of St. Joseph's many health care heroes.

Established in 1990, the Sisters of St. Joseph Awards for Excellence honour staff, physicians and volunteers who share the remarkable attributes of our founding Sisters of St. Joseph – excellence, positive attitude, reliability, honesty, efficiency, creativity, respect, caring, compassion, empathy and appreciation for the work of others. To be nominated and to be a recipient is a distinguished honour. Congratulations to this year's recipients:

- Cheryl Kaufman, registered nurse, Forensic Outreach Program, Southwest Centre for Forensic Mental Health Care
- Janet Donais, occupational therapist, Stroke/Neurological Rehabilitation Program, Parkwood Institute Main Building
- Occupational Health and Safety Services and Infection Prevention and Control teams

[Read about each of these deserving recipients on St. Joseph's website.](#) The awards ceremony was held virtually on March 19 to coincide with St. Joseph's Day.

## **Save the date – Breakfast of Champions**

Join St. Joseph's Health Care Foundation and the Canadian Mental Health Association Elgin-Middlesex on May 4, 2021, for a thought-provoking presentation about mental health. Bestselling author David Sheff will join live from California to share his harrowing story as a father helping his son battle drug addiction and an undiagnosed mental illness. The event will also shine a spotlight on local champions who have made significant contributions to mental health. [View event details and ticket information.](#)

## **OTHER**

### **Provincial government COVID-19 update**

#### **Vaccine**

- On March 5, 2021, the Ontario government announced it is [preparing to move into Phase Two of its COVID-19 vaccine distribution plan](#), with a focus on vaccinating populations based on age and risk. Between April 2021 and July 2021, up to nine million Ontarians will be vaccinated. During Phase Two, groups that will receive the vaccine include:
  - Older adults between 60-79 years of age
  - Individuals with specific health conditions and some primary caregiver
  - People who live and work in congregate settings and some primary caregivers
  - People who live in hot spots with high rates of death, hospitalizations and transmission
  - Certain workers who cannot work from home.

As supply increases, Ontarians will be able to get vaccinated in several new settings. In addition to hospitals, mobile clinics and mass vaccination clinics, the province is working with the pharmacy sector and primary care professionals to offer vaccinations in primary care settings and community locations in collaboration with public health units. A pilot for pharmacy vaccine administration is planned for mid-March 2021 in select regions,

including Toronto, Windsor and the Kingston, Frontenac and Lennox & Addington region, followed by specific primary care pilots in collaboration with public health units.

- On March 5, the Ontario government issued a [directive extending the interval](#) between the first and second dose of the COVID-19 vaccine. To increase the number of individuals benefiting from a first dose of vaccine in the context of a limited COVID-19 vaccine supply, the province is following recommendations from the National Advisory Committee on Immunization to extend the time interval of the second dose of COVID-19 vaccines up to 16 weeks. This 16-week interval for the second dose applies to the three two-dose vaccines currently approved by Health Canada (Pfizer BioNTech, Moderna and AstraZeneca/COVISHIELD).
- On March 10, the Ontario government announced that, as of March 12, [more than 325 pharmacies will be offering the AstraZeneca/COVISHIELD vaccine](#) to eligible Ontarians aged 60-64, by appointment only, as part of the vaccine delivery pilot program in specific regions –Toronto, Windsor-Essex, and Kingston, Frontenac, Lennox & Addington. As well, the province is working with primary care professionals to offer vaccinations in primary care settings and community locations, such as physician offices. This initiative will begin as of March 13 in Hamilton, Toronto, Guelph, Peterborough, Simcoe-Muskoka, and Peel.
- On March 15, the Ontario government launched a [provincial booking system](#) and customer service desk to support COVID-19 vaccination appointment bookings. The portal went live at 8:00 am to accept appointment bookings at mass immunization clinics, starting with individuals aged 80 and older.
- On March 19, the Ontario government announced it is [expanding vaccination appointments](#) through its online booking system to individuals aged 75 and over, effective March 22, 2021. Also effective on that date, participating pharmacies and primary care settings will offer AstraZeneca/COVISHIELD vaccination appointments to individuals 60 and over.

### Long-term care

- On February 24, 2021, the Ontario government announced it is [investing more than \\$115 million](#) to train up to 8,200 new personal support workers (PSWs) for high-demand jobs in Ontario's health and long-term care sectors:
  - Starting in April 2021, all 24 publicly-assisted colleges will offer the Accelerated PSW Training Program, a tuition-free opportunity for 6,000 new students expected to take only six months to complete rather than the typical eight months. After three months of coursework and experiential learning in a clinical setting, students will complete the final three months in paid, onsite training in a long-term care home or in a home and community care environment.
  - Tuition assistance is being offered to students who are close to finishing an existing PSW program at one of Ontario's publicly-assisted colleges. Nearly 2,200 students will be eligible to receive a \$2,000 tuition grant to help them complete their studies, as well as a stipend to complete the clinical placement part of their training.
- On March 16, the Ontario government announced creation of the [Staffing Supply Accelerator Group](#) to increase long-term care staffing supply by expanding and accelerating education and training for personal support workers (PSWs), registered practical nurses (RPNs) and registered nurses (RNs). Task teams will be established to focus on four priorities beginning in 2021-2022:

- Building an “Earn-As-You-Learn” PSW learning pathway that will include on-the-job education, onsite training and micro-credentialing
  - Bridging opportunities for PSWs to become accredited RPNs, and RPNs to become RNs to accelerate the supply of RPNs and RNs
  - Increasing enrolment and accelerate completion of existing training programs in support of the long-term care workforce
  - Removing barriers to enable more internationally-trained professionals to become qualified to practice in Ontario
- On March 18, the Ontario government announced an [investment of \\$239 million to extend temporary wage enhancements](#) for personal support workers and direct support workers in publicly funded home and community care, long-term care, public hospitals, and social services sectors. These temporary wage enhancements will continue until June 30, 2021 and will help stabilize, attract and retain the workforce needed to provide a high level of care, especially during the COVID-19 pandemic.

### **Hospital funding**

On March 22, the Ontario government announced it is providing more than [\\$1.2 billion to help Ontario's public hospitals recover](#) from financial pressures created and worsened by COVID-19. This funding includes: \$696.6 million to help cover historic working funds deficits for qualifying public hospitals, with a focus on small, medium as well as specialty and rehabilitation hospitals; and \$572.3 million to reimburse qualifying portions of revenue lost due to the pandemic.

### **Public health measures**

On February 26, 2021, the Ontario government announced it is [moving nine public health regions](#) to new levels in the [Keeping Ontario Safe and Open Framework](#). Included in the nine is Middlesex-London Health Unit, which moves from Red-Control to Orange-Restrict, effective March 1, 2021.

### **Latest COVID-19 projections**

On March 11, the Ontario COVID-19 Science Advisory Table released its [projections based on the latest modelling](#). Among the key findings are:

- Vaccination in long-term care has paid off.
- Progress otherwise has stalled. Declines in community cases and test positivity have levelled off. Cases are increasing in most public health units as we see mobility rise.
- Variants of concern continue to spread across Ontario. Our ability to control the rate of spread will determine whether we return to normal or face a third wave of infection.
- Our behaviour over the next few weeks is critical in determining the quality of our summer.
- High volumes of postponed care and missed screening and preventative care mean there will be a substantial and prolonged surge in need for care across sectors. Our actions now affect our ability to access care later.

## **Non-COVID related provincial updates**

### **Supply Ontario appoints chief executive officer**

Frank P. Rochon has been [named](#) as the first chief executive officer to lead [Supply Ontario](#) – the province’s new centralized procurement agency. Rochon will work with Supply Ontario's Board of Directors to establish the agency's mandate and outline its strategic business plan. As the agency becomes operational, he will be responsible for leveraging its buying power as the

largest public sector buyer in Canada, driving efficiency and productivity while fostering innovation and creating new market opportunities for Ontario businesses.

Rochon has more than 30 years experience guiding numerous complex transformations in public, private and not-for-profit sectors with expertise in finance, management, and operational leadership. He has been a member of Deloitte Canada's executive leadership team for more than 20 years.

### **Increased mental health supports for Indigenous peoples,**

The Ontario government is investing more than \$12.8 million to immediately expand and enhance culturally appropriate mental health and addictions services for Indigenous peoples, families and communities across the province. This funding, which is part of the \$176 million being invested in the government's mental health and addictions plan, [Roadmap to Wellness](#), will be directed to targeted programs focused on Indigenous children and youth. [Read details of the funding.](#)

### **Ontario resumes steps to support integrated patient care**

Effective April 1, 2021, Trillium Gift of Life Network – Ontario's organ and tissue donation system – and non-patient care functions of the Local Health Integration Networks (LHINs) will transfer to Ontario Health. Following the transfer, to ensure the ongoing stability of services while home and community care transitions into Ontario Health Teams, LHINs will begin operating under a new business name, Home and Community Care Support Services, to reflect a singular mandate to deliver patient care.

### **Historic investment to modernize long-term care**

The Ontario government is [investing \\$933 million in 80 new long-term care projects](#) that will add 7,510 new spaces and upgrade 4,197 spaces, helping to reduce waitlists and end hallway medicine. This is part of the Government of Ontario's [Long-Term Care Modernization Plan](#).

## **Federal government COVID-19 update**

### **Vaccine**

- On February 12, 2021 Prime Minister Trudeau announced that [Canada will receive 10.8 million doses of Pfizer](#) between April and June 2021, and the remaining doses of Pfizer in Q3. By the end of September, Canada will have received 40 million doses from Pfizer. Also announced was an additional four million doses of the Moderna vaccine, which will be arriving over the summer. In total, Canada will have received 84 million doses of the two vaccines by the end of September.
- On February 26, 2021, Health Canada announced the [authorization of two additional vaccines](#): the [COVID-19 vaccine manufactured by AstraZeneca](#) and developed in partnership with Oxford University; and the Serum Institute of India's version of the AstraZeneca vaccine. These are the first [viral vector-based COVID-19 vaccines](#) authorized in Canada. The vaccines are authorized for use in people over 18 years of age, are administered as a two-dose regimen and can be kept at refrigerated temperatures (from 2° to 8°C) for at least six months, facilitating distribution across the country.
- On March 5, Health Canada announced [authorization of the Janssen Inc. COVID-19 vaccine](#). The [Janssen vaccine](#) is the first single-dose COVID-19 vaccine to be authorized in Canada and can be stored and transported at refrigerated temperatures (from 2° to 8°C) for at least three months, facilitating distribution across the country. The

vaccine is authorized for use in people over 18 years of age and is a [viral vector-based COVID-19 vaccine](#).

- On March 16, National Advisory Committee on Immunization (NACI) [expanded its recommendation for the use of the AstraZeneca](#) vaccine to 65 years of age and over. NACI has considered three recent real-world effectiveness studies to inform this change in recommendation. While all available vaccines in Canada are safe and effective, NACI still recommends that, in the context of limited vaccine supply, initial doses of mRNA vaccines should be prioritized for those at highest risk of severe illness and death and highest risk of exposure to COVID-19.

## Travel

On February 12, 2021, the federal government announced [new restrictions to international travel](#):

- **Land:** As February 15, 2021, all travellers, with some exceptions, arriving in Canada by land will be required to provide proof of a negative COVID-19 molecular test result taken in the United States within 72 hours of pre-arrival, or a positive test taken 14 to 90 days prior to arrival. In addition, as of February 22, 2021, travellers entering Canada at the land border will be required to take a COVID-19 molecular test on arrival as well as toward the end of their 14-day quarantine.
- **Air:** All travellers arriving to Canada by air, as of February 22, 2021, with some exceptions, will be required to take a COVID-19 molecular test when they arrive in Canada before exiting the airport, and another toward the end of their 14-day quarantine period. With limited exceptions, air travellers will also be required to reserve, prior to departure to Canada, a three-night stay in a government-authorized hotel.
- **Land and air:** Effective February 22, 2021, all travellers, whether arriving by land or air will be required to submit their travel and contact information, including a suitable quarantine plan, electronically via ArriveCAN before crossing the border or boarding a flight.

## Environmental Scan

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### Why homeless people need to be among the first Canadians to get COVID-19 vaccines

Advocates are urging public health workers to have concrete plans to ensure the homeless population gets priority access to the vaccine, given how likely they are to contract COVID-19 and become severely ill. In Ontario, homeless people were 20 times more likely than the general population to be hospitalized from COVID-19, 10 times more likely to wind up in intensive care, and five times more likely to die within 21 days of testing positive, according to research published in [Canadian Medical Association Journal Open](#).

These individuals face the tough choice of being outside on the streets exposed to the cold, or indoors where they're exposed to COVID, said Dr. Monty Ghosh, co-chair of the Canadian Network for the Health & Housing of People Experiencing Homelessness. He urges groups and organizations on the ground to enlist ambassadors with lived experiences of being homeless to be "early adopters of the vaccine" who can educate others on getting the vaccine. He also suggests having multiple points where people are encouraged to take the vaccine and where it's available.

[CTV News, February 15, 2021](#)

## **Milestone achieved in reducing veteran homelessness in London**

Veteran homelessness in London has “functionally” ended, a notable milestone that brings the city one step closer to achieving absolute zero homelessness among local veterans, say municipal officials.

[Built for Zero Canada](#), a campaign run by the Canadian Alliance to End Homelessness, has [confirmed](#) that London attained “functional zero” veteran homelessness, becoming the first community in the country to do so. This means the number of veterans in London who are experiencing homelessness is now less than or equal to the number of veterans the city has proven it can house in a month.

The work in London started in 2016 when the various groups helping homeless veterans – Royal Canadian Legion, emergency shelters, police, the Defence Department and Veterans Affairs Canada – formed a local advisory committee. Last spring, the city shifted to using a real-time database of those experiencing homelessness, including any who identified as veterans. By getting authorization to share personal information, local officials were also able to verify a person's past service with Veterans Affairs Canada rather than having to track people down and have them sign permission forms.

The city reduced the rate of homelessness among veterans by 57 per cent between March and August 2020, and another 75 per cent between August and September 2020. Functional zero among veterans was achieved in October 2020.

[CTV News, February 16, 2021](#)

## **Study finds one in eight health care workers with COVID-19 show no symptoms**

In what is believed to be the first Canadian study of its kind, researchers from Toronto's University Health Network (UHN) report that about 14 per cent of health care workers who tested positive for coronavirus infection had no symptoms. The [study](#) suggests that routine rapid testing will help identify unrecognized infections and could help prevent outbreaks in health care settings and seniors' homes.

The team of Dr. Deepali Kumar, lead author of the study and an infectious diseases physician at UHN, recruited more than 1,600 health care workers at UHN's three sites in Toronto and gave them regular polymerase chain reaction (PCR) tests. Only a small fraction of the workers tested positive for COVID-19 antibodies but of those who did, one in eight were asymptomatic and may have been able to transmit the virus, Kumar said. Studies show the viral load is highest in the early days of the infection.

While there is a continuing controversy in the medical community about the value of asymptomatic testing – the Public Health Agency of Canada says testing of asymptomatic people with no known exposure to confirmed COVID-19 patients is not recommended at this time – Kumar says her group's study offers evidence that it may be important. About 40 per cent of the health care workers in the study who tested positive but were initially symptom-free eventually became ill with COVID-19 within the following days. None of those cases required hospitalization or resulted in death, Kumar said, while the remaining 60 per cent or so of asymptomatic positive cases never developed any symptoms at all.

The researchers also found that none of the workers contracted COVID-19 while treating patients in hospitals, which suggests their personal protective equipment offered adequate protection and the infections were likely from community exposure.

[CTV News, February 17, 2021](#)

### **New website provides access to virtual urgent care**

St. Joseph's Healthcare Hamilton, Children's Hospital at London Health Sciences Centre (LHSC) and Hamilton Health Sciences are partnering in a joint pilot initiative to offer virtual urgent care services to residents of Southwestern Ontario. This service offers patients located outside these hospital communities the opportunity to access urgent care without leaving home.

- St. Joseph's Healthcare Hamilton will provide virtual urgent care for adults
- Children's Hospital, LHSC will provide virtual urgent care for children/youth
- Hamilton Health Sciences will provide virtual acute care consultations for long-term residents (currently Hamilton and Niagara North West)

Adults and families seeking a virtual urgent care consultation can visit [UrgentCareOntario.ca](http://UrgentCareOntario.ca) and choose the applicable urgent care pathway to find out if the service is appropriate for the situation and to book an appointment. Users will be connected to the appropriate hospital provider directly and provided with details on the appointment process with that provider.

[London Health Sciences Centre, February 22, 2021](#)

### **Pinpointing the role of language disruptions in psychosis**

Difficulties with communication – the ability to use language and to comprehend what others are saying – are among the earliest symptoms of psychosis, a mental illness characterized by changes in emotions, impaired functioning and a disconnection from reality. This could be happening because parts of the brain not meant to process language are trying to perform this complex job, [new research](#) from Western University and Lawson Health Research Institute shows.

Dr. Lena Palaniyappan, Tanna Schulich Chair in Neuroscience and Mental Health at Western's Schulich School of Medicine & Dentistry and scientist at Lawson and Robarts Research Institute, worked with a team of imaging scientists at Robarts to perform magnetic resonance imaging (MRI) scans on the brains of patients with acute psychosis. The team divided the patients into two groups – those with severe language disturbances, and those whose language symptoms were less pronounced. They found that both groups had weakening of connectivity, or 'hubness,' in the part of the brain generally associated with language – the superior temporal area. The group with more severe language symptoms also showed an emergence of greater connectivity in unexpected regions of the brain that seemed to be compensating for some of the loss of connectivity elsewhere.

"This finding led us to believe that the language problems may occur because the main hubs that are supposed to conduct language are now retired, and so these peripheral hubs, which have no business orchestrating language as their main function, are picking up the job and aren't doing it very well," said Dr. Palaniyappan.

[Schulich School of Medicine & Dentistry, February 18, 2021](#)

### **Decade's worth of Ontario health data finds more severe disease, younger patients**

A new study based on a decade's worth of Ontario health data (pre-pandemic) found more people are facing severe disease, and at a younger age. This increase may be a warning sign of greater health care risk in the future and the need for new resources to care for young adult and adolescent populations as they age, says lead author Mitch Steffler, a data scientist with the Ontario Medical Association.

While an overall increase in chronic disease between 2009 and 2018 was largely due to an ageing population, the study found a small rise in prevalence among patients aged 15 to 24

years old. At the same time, age-standardized prevalence dropped in those aged 45 to 89 years old.

Overall, the number of patients with both mental and physical chronic disease increased 11 per cent to 9.8 million, and the number of patients with two or more such conditions increased 12 per cent to 6.5 million. Those with three or more conditions increased 13.5 per cent to 4.2 million. After adjusting for age and sex, the prevalence of patients with one or more chronic conditions actually decreased slightly to 69 per cent, while those with two or more conditions dropped to 46 per cent. However, the downward trend was concentrated in "minor and moderate diseases" while many major chronic diseases became more common, as did extreme instances of patients suffering from more than eight conditions at a time, the study found.

[CTV News, February 22, 2021](#)

### **Government agrees mentally ill should have access to assisted dying – in 2 years**

The federal government has agreed with the Senate that Canadians suffering solely from grievous and incurable mental illnesses should be entitled to medical assistance in dying — but not for another two years. The two-year interlude is six months longer than what was proposed by senators. The longer wait is one of a number of changes to Bill C-7 proposed by the government in response to amendments approved by the Senate. During that interlude, the government is proposing to have experts conduct an independent review of the issue and, within one year, recommend the "protocols, guidance and safeguards" that should apply to requests for assisted dying from people with a mental illness.

The government has rejected another Senate amendment that would have allowed people who fear being diagnosed with dementia or other competence-eroding conditions to make advance requests for an assisted death. If the Commons approves the government's response, the bill will go back to the Senate, where senators will have to decide whether to accept the verdict of the elected chamber or dig in their heels.

Bill C-7 would expand access to assisted dying to intolerably suffering individuals who are not approaching the natural end of their lives, bringing the law into compliance with a 2019 Quebec Superior Court ruling. As originally drafted, the bill would have imposed a blanket ban on assisted dying for people suffering solely from mental illnesses. A strong majority of senators argued that the exclusion was unconstitutional. They said it violated the right to equal treatment under the law, regardless of physical or mental disability, as guaranteed in Canada's Charter of Rights and Freedoms.

[CBC News, February 23, 2021](#)

### **New national survey to study vaccine side effects**

As the vaccine rollout picks up, researchers with the Canadian National Vaccine Safety (CANVAS) Network are looking for more than 600,000 Canadians to help them study the new COVID-19 vaccines in real time now that most of the official drug company studies and trials have concluded. Those who sign up for the research project will be asked to fill out three surveys after vaccination, the last being six months after their second dose.

Ottawa has a database to track adverse events but the researchers say their study will offer a more accurate picture because it will compare the results to a control group of unvaccinated Canadians.

[CTV News, February 25, 2021](#)

### **COVID-19 cases among Canadian health care workers have tripled since July**

COVID-19 infections in Canadian health care workers have tripled since the end of July 2020, bringing the total number of reported cases to 65,920 as of January 15, 2021, according to new data released by the Canadian Institute for Health Information (CIHI). Other findings include:

- While the number of cases in health care workers increased, growth was slower when compared with growth in cases in non-health care workers. As a result, the share of cases in health care workers fell from 19.4 per cent to 9.5 per cent.
- In the past six months, almost all provinces have seen an increase in health care worker cases. However, jurisdictions in the west (Manitoba, Saskatchewan, Alberta and British Columbia) experienced larger percentage increases relative to the rest of Canada.
- Since the start of the pandemic, 24 health care workers have died from COVID-19, including 12 in the last six months in Quebec, Ontario, Manitoba and Alberta.
- A recent crowdsourcing questionnaire of Canadians working in health care settings reported that access to respirators (e.g., N95 masks) continued to be a challenge. Sixty per cent of respondents who required this type of personal protective equipment in their jobs during the second wave reported it was always available when needed.

[Canadian Institute for Health Information, February 25, 2021](#)

### **Canadian Medical Association elects first Indigenous president**

The Canadian Medical Association (CMA) has elected its first Indigenous president – Dr. Alika Lafontaine, an anesthesiologist in Grande Prairie, Alberta. He will serve as president-elect until August 2022, after which he will become the official CMA president for 2020-2023.

Lafontaine is from Treaty 4 Territory in southern Saskatchewan, and is of Cree, Anishinaabe, Metis and Pacific Islander ancestry. He holds leadership positions with many organizations, including Alberta Health Services, the Royal College of Physicians and Surgeons of Canada, and the Indigenous Physicians Association of Canada. In 2021, he was listed on the Medical Post's "Doctors with Sway," a list of the top 30 most influential physicians in Canada.

As president, Dr. Lafontaine said he will focus on healthy working conditions, the physician social contract, creation of a culturally safe health system, and national licensing for physicians.

[Canadian Medical Association, February 26, 2021](#)

### **Ontario's paramedicine program expanded to London and Middlesex**

The Ontario government is investing \$5,950,200 to expand the community paramedicine for long-term care program in London and Middlesex County. This initiative leverages the skills of community paramedic providers to deliver enhanced at-home supports aimed at helping seniors stay safe while living in the comfort of their own homes for longer. The program will provide:

- Access to health services 24/7 through in-home and remote methods, such as online or virtual supports
- Non-emergency home visits and in-home testing procedures
- Ongoing monitoring of changing or escalating conditions to prevent or reduce emergency incidents
- Additional education about healthy living and managing chronic diseases
- Connections for participants and their families to home care and community supports

[Office of Jeff Yurek, MPP Elgin-Middlesex-London, March 2, 2021](#)

### **COVID-19 survivors struggle with post-traumatic stress symptoms, research shows**

New evidence suggests that many people who fought COVID-19 and made it to the other side can be left haunted by what they have experienced.

According to a study from Italy published in [JAMA Psychiatry](#), as many as one third of those who survive severe illness due to COVID-19 could experience post-traumatic stress disorder (PTSD.) The study looked at 381 patients at a single hospital in Rome and found that patients with PTSD were more likely to be women. It joins a growing body of evidence that some COVID-19 patients can carry emotional scars from the experience for months in the form of flashbacks, nightmares and agitation.

[CTV News, March 7, 2021](#)

### **Coronavirus vaccinations in Ontario long term care homes saved hundreds of lives**

The rollout of COVID-19 vaccines to Ontario's long-term care (LTC) homes has substantially reduced COVID-19 infections, hospitalizations and deaths among LTC residents and health care workers, according to a study by the COVID-19 Science Advisory Table.

LTC home staff were the first to receive the vaccine in clinics starting on December 14, 2020. Most LTC home residents started receiving first doses of the COVID-19 vaccine after December 23, 2020. All LTC residents in Ontario were offered at least the first dose of a COVID-19 vaccine by February 13, 2021.

As of February 23, 2021, vaccination in long-term care homes prevented an estimated 2,079 COVID-19 infections, 249 COVID-19 hospitalizations, and 615 COVID-19 deaths in residents. This equates to an estimated 89 per cent reduction in COVID-19 incidence in LTC residents and a 96 per cent reduction in COVID-19 mortality after eight weeks.

[Science Table, March 8, 2021](#)

### **New software provides detailed picture of diversity of COVID-19 virus variants**

As highly infectious variants of COVID-19 continue to spread around the world, Canadian researchers are among those who have tracked more than 300,000 versions of the virus. At Western University, researchers have developed a new web application, called CoVizu, to visually represent all of the virus' mutations in a straightforward and palatable way. A tree graph shows how different variants are related to one another, and a "bead plot" shows when and where in the world that variant has been sampled, as well as how those samples are related.

The platform is an open source project that aims to visualize the global diversity of SARS-CoV-2 genomes. The data is provided by the Global Influenza Surveillance Aid (GISAID) – a global science initiative that provides open access to real-time genomic data of viruses.

"What we are trying to do is provide some estimate of how the virus is moving around," said Art Poon, associate professor at Schulich School of Medicine & Dentistry and the main developer of CoVizu. By tracking all of these variations, the web app visually represents all of the virus's mutations and how it is changing genetically as it is being transmitted globally.

[Western News, March 12, 2021](#)

### **Powerful brain imaging creates new insights on neurological symptoms of COVID-19**

A multidisciplinary team of more than a dozen scientists and clinicians at Robarts Research Institute and Schulich School of Medicine & Dentistry are combining their expertise and will use powerful brain-imaging to better understand the effects of COVID-19 on the brain.

Since the virus was identified in the population just over a year ago, researchers and physicians have been observing a range of neurological and cognitive symptoms in COVID patients such as memory loss or confusion, severe headaches and loss of the sense of smell. Yet scientists have not yet determined what's happening in the brain to cause them. Since some people with COVID-19 develop blood clots and changes in blood vessels, the London research team believes the neurological symptoms could be caused by the virus triggering tiny vessels to bleed in the brain – what's known clinically as microbleeds.

Some of these tiny brain injuries are so small that they aren't visible with clinical brain imaging done in hospitals. However, researchers at Robarts have developed specialized techniques to use the 7-Tesla MRI to observe even the tiniest of microbleeds. They can also pick up very subtle changes to white matter that can show where the brain has been damaged, and track changes in acidity in the brain that can indicate where it's been deprived of oxygen. The hope is to determine exactly what is happening in the brains of COVID-19 patients and gain insight into what the long-term effects might be.

[Robarts Research Institute, March 16, 2021](#)

### **Moderna begins COVID-19 vaccine trial in kids under age of 12**

In a mid-to-late stage study of its COVID-19 vaccine, Moderna Inc. has begun dosing children aged six months to less than 12 years. The study will assess the safety and effectiveness of two doses of mRNA-1273 given 28 days apart, and intends to enrol about 6,750 children in Canada and the United States.

[CBC News, March 16, 2021](#)

### **London's third COVID-19 vaccination centre opens**

On March 18, 2021, the Middlesex London Health Unit (MLHU) opened its third location to vaccinate people against COVID-19 with an emphasis on seniors with limited mobility. The site at the North London Optimist Community Centre will initially administer 400 shots a day with a goal to ramp up to 2,000 shots a day.

[CBC News, March 17, 2021](#)

### **COVID-19 shown to leave unique lung fingerprint**

Researchers at Lawson Health Research Institute developed and tested an artificial neural network for diagnosing COVID-19. The artificial intelligence (AI) system was trained to learn and recognize patterns in ultrasound lung scans of patients with confirmed COVID-19 infection at London Health Sciences Centre (LHSC) and compared them to ultrasound scans of patients with other types of lung diseases and infections.

Lung ultrasound scans of patients with COVID-19, as well as other lung diseases, produce a highly abnormal imaging pattern, but it is almost impossible for a physician to tell apart different types of infections by looking at these images, explains Dr. Robert Arntfield, Lawson researcher and Medical Director of the Critical Care Trauma Centre at LHSC.

There are details, however, that distinguish COVID-19 at the pixel level, he explained. The study of more 100,000 ultrasound images showed that while trained physicians could not distinguish between different causes of lung disease, the AI had nearly perfect accuracy in making the diagnosis.”

[Lawson Health Research Institute, March 19, 2021](#)

## St. Joseph's in the News

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[Gait analysis of dementia patients reliably identifies Alzheimer's](#), New Atlas, February 16, 2021

[Gait variability could help diagnose different types of dementia, Alzheimer's disease](#), News Medical Life Sciences, February 16, 2021

[London researchers may be one step closer to better dementia diagnosis](#), London Free Press, February 17, 2021

[What walking patterns may reveal about cognitive decline](#), Psychology Today, February 17, 2021

[Walking patterns in older adults can predict type of cognitive decline](#), Bel Marra Health, February 19, 2021

[Living with low vision](#), Good Times Magazine, February 18, 2021

[Study: Differences in walking patterns could predict type of cognitive decline in older adults](#), Pharmacy Times, February 23, 2021

[London scientists secure federal funding to gain new insights into brain disease](#), CTV London, March 3, 2021

[6,900 COVID-19 shots up for grabs Thursday for London-area seniors](#), London free Press, March 4, 2021

[McMaster University receives \\$35 million in federal funding for research projects](#), 900 CHML/Y108, March 5, 2021

[Imaging helps understand empathy loss in dementia](#), Western News, March 8, 2021

[Schleifer Taylor and Kernaghan: Marking a year of strength, resilience and incalculable loss](#), London Free Press, March 13, 2021

[Easing social symptoms of a cruel disease](#), Lawson Link, 2020 edition

[County starts taxi-to-help system for rural youth with mental-health needs](#), London Free Press, March 18, 2021

[Free taxi service to shuttle rural youth in crisis to mental health services](#), CBC London, March 18, 2021

[Ontario funding hundreds of new or upgraded long-term care spaces](#), CTV London, March 18, 2021