

# my ST. JOSEPH'S

A publication of St. Joseph's Health Care London  
FALL 2020 | ISSUE 02

## NEW OPTIONS IN AN OLD BATTLE

Pain specialists at St. Joseph's Health Care London are part of a new, collaborative approach to improve care for a growing number of people living with sickle cell disease.

A publication of St. Joseph's Health Care London  
Fall 2020 | Issue 02

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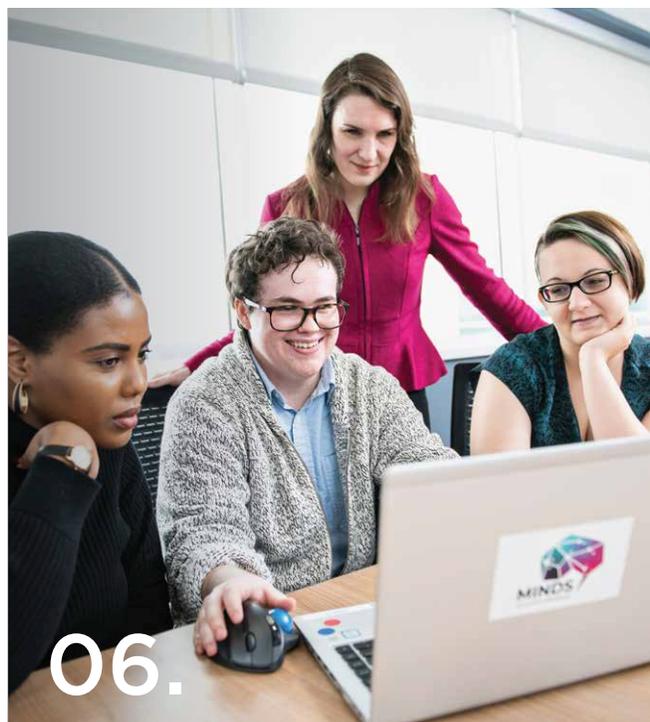
St. Joseph's Hospital

Parkwood Institute

Mount Hope  
Centre for  
Long Term Care

Southwest Centre  
for Forensic  
Mental Health Care

Teams, clinics and programs in our  
community and beyond.



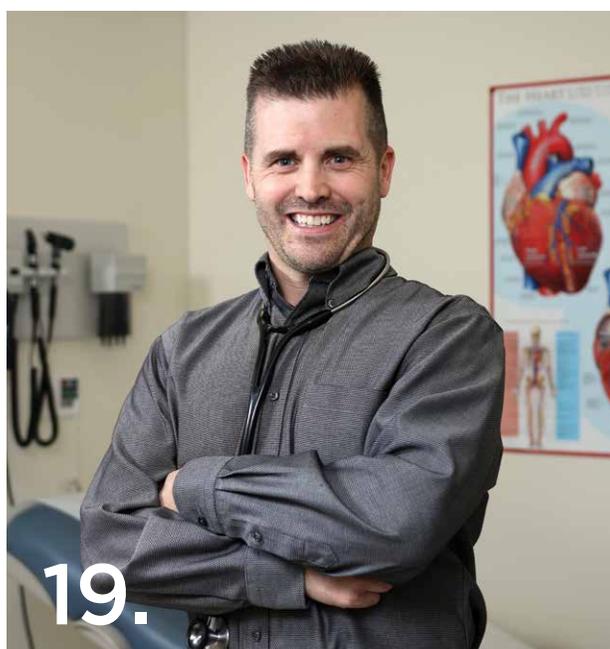
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*Biigajiiskaan combines traditional healing medicines and ceremonies, such as smudging, drumming and song, with western psychiatric treatment modalities.*

## HOPE, HEALING, CONNECTION AND WELLNESS

*An innovative, collaborative program of St. Joseph's Health Care London and Atlohsa Family Healing Services is transforming the mental health care experience of Indigenous peoples.*

In nature, a tree stump that is broken begins the vital process of providing essential nutrients for the growth of new life. It's one small way living things work together in harmony for the greater good.

The importance of doing just that is the concept of a momentous new program offered through St. Joseph's Health Care London and Atlohsa Family Healing Services (Atlohsa). Called Biigajiiskaan (BEE-GAW-JEES-GAWN): Indigenous Pathways to Mental Wellness, this innovative, collaborative program aims to break down long-standing barriers to care faced by Indigenous peoples and transform their mental health care experience.

Indigenous peoples have experienced institutional trauma throughout the history of colonization, including within Canada's residential school system and racially segregated "Indian hospitals."

**"We know that the rate of mental illness and addictions among Indigenous people is more than double that of non-Indigenous individuals in Canada."**

These experiences have led to the loss of language, culture, sense of safety and community. Still today, Indigenous community members continue to experience systemic racism and discrimination in institutions and many are reluctant to go to hospital or access help from health care agencies.

"We know that the rate of mental illness and addictions among Indigenous people is more than double that of non-Indigenous individuals in Canada," says Jodi Younger, Vice President of Patient Care and Quality at



The name Biigajiisakaan (bee-gaw-jees-gawn) is an Ojibway concept that describes how a broken and rotting tree stump feeds new life. It acknowledges the importance of all living things working together in harmony for the greater good.

St. Joseph's. "And suicide rates among Indigenous youths are five times higher. There is clearly an urgent need for culturally safe, traditional healing programs as an integral part of care."

#### CULTURALLY SAFE

Co-delivered by St. Joseph's, in partnership with Atlohssa, Biigajiisakaan is a referral-based mental wellness program designed to provide accessible, culturally safe, specialized care for Indigenous people with serious mental illness, addictions and concurrent disorders.

"Due to colonization and systemic racism over many generations, First Nations people have been disconnected from the essence of who they are," explains Liz Akiwenzie, Biigajiisakaan's wellness knowledge keeper and cultural educator.

"There is so much missing within the medical system for Indigenous individuals. People don't fully understand the historical impact – the depth of the damage caused by all of the trauma and abuse, the loss of identity, the disruption of families. The intent is to help them heal and get them re-connected to the essence of who they are."

Based at St. Joseph's Parkwood Institute, Biigajiisakaan combines traditional healing medicine, Indigenous elder-guided care and ceremony with hospital-based health care practices and psychiatric treatment.

"We help them to understand – mentally, emotionally, physically and spiritually – how they are put together, that they are connected to themselves, to the creator, to family, to community and to nation," adds Liz. "In the Indigenous world view, everything is about heart, mind, body and spirit – we are all interconnected."

#### MOBILIZING KNOWLEDGE

Raymond Deleary, Executive Director of Atlohssa, explains that Biigajiisakaan is about creating a new Indigenous wellness model of care that transforms health care and mobilizes knowledge to other interested communities, organizations and institutions.

"Through this partnership with St. Joseph's, to the best of our ability, we are attempting to embody the true spirit and intent of the treaties and historical relationships that were originally intended to form a brotherhood and sisterhood between our Indigenous nations and the settler nations," says Raymond.

Biigajiisakaan is guided by the Thunderbird Partnership Foundation's First Nations Mental Wellness Continuum Framework. The goal is to provide a hostile-free environment, services that are culturally-safe and Indigenous-led, with a focus on meeting the individual, cultural and health care needs of each client.

"Through this framework, wellness can be defined by achieving a healthy level of hope, belonging, meaning and purpose. That is what we are looking to inspire among our people," says Raymond. "All too often, Indigenous people do not see themselves reflected in the majority of society. Being able to create a mutual space, in partnership with St. Joseph's, where Indigenous individuals are free to be themselves and experience care and services that are being led by their own community, creates a sense of hope."

...continued



"There is so much missing within the medical system for Indigenous individuals," says Liz Akiwenzie, Biigajiisakaan's wellness knowledge keeper and cultural educator.

## CREATING CONNECTIONS

Various services are available to Indigenous inpatients, outpatients and community outreach clients of St. Joseph's Mental Health Care Program, or by referral through Atlohsa to the Indigenous population in the London-Middlesex and St. Thomas-Elgin County regions. They include:

- An Indigenous-led mobile outreach team working in-hospital and in the community, providing consultation, assessment, treatment planning/management, discharge planning and ambulatory services.
- A dedicated Indigenous healing space at Parkwood Institute's Mental Health Care Building
- Indigenous elder-guided care and teachings from knowledge keepers.
- Traditional Indigenous practices, such as healing circles, ceremony, smudging and drumming circles.
- Educational and mentoring opportunities for health care professionals and students.



*A healing ceremony takes place in the dedicated Indigenous healing space located at St. Joseph's Parkwood Institute in the Mental Health Care Building.*

**“Until you actually face discrimination because of your race, you can't fully understand it.”**

Belinda Rogers-King is an Indigenous outpatient of St. Joseph's Mental Health Care Program who was engaged in the early stages of the program's development and provided input into the design of services. The program, she believes, is long overdue.

“Until you actually face discrimination because of your race, you can't fully understand it,” says Belinda. “It's important to have

elder guidance from someone who understands the history to teach us where we came from and what has molded us, someone who has walked in our shoes because we are all survivors, not victims.”



For more information, visit

[www.sjhc.london.on.ca/areas-of-care/mental-health-care/biigajjiakaan-indigenous-mental-wellness](http://www.sjhc.london.on.ca/areas-of-care/mental-health-care/biigajjiakaan-indigenous-mental-wellness)



# A YOUTH FINDS HIS VOICE

From a young age, Alec Cook wrestled with social anxiety. He began seeing a therapist at age 12 but when it came time for high school, his panic attacks were so all-encompassing he would miss days of school.

Instead of allowing his anxiety to take control of his life, however, the teen took charge, joining a youth mental health and addictions council. It was there he met Dr. Arlene MacDougall, Director and Principal Investigator of MINDS, and was instantly inspired.

MINDS - Mental Health Incubator for Disruptive Solutions – is a new youth mental health initiative that brings together researchers and care providers to gain insight and identify opportunities to make the health care system more supportive and welcoming for young people.

Research shows that youth aged 16 to 25 are more likely to experience mental illness or addiction than any other group in the community. But only 20 per cent of these individuals get the treatment they need – and most only once they reach a crisis point, such as experiencing suicidal thoughts. MINDS is working to change that scenario.

Alec quickly signed up for a co-op spot with MINDS and, today, is one of the youth researchers on the MINDS team while also studying psychology at Western University.

Working alongside clinical researchers and community partners, he is looking at ways to redesign the mental health care system so that young people can access the care they desperately need when they need it.

**“It’s comforting knowing that MINDS now exists to help youth like me. Thank you to the donors who made this possible.”**

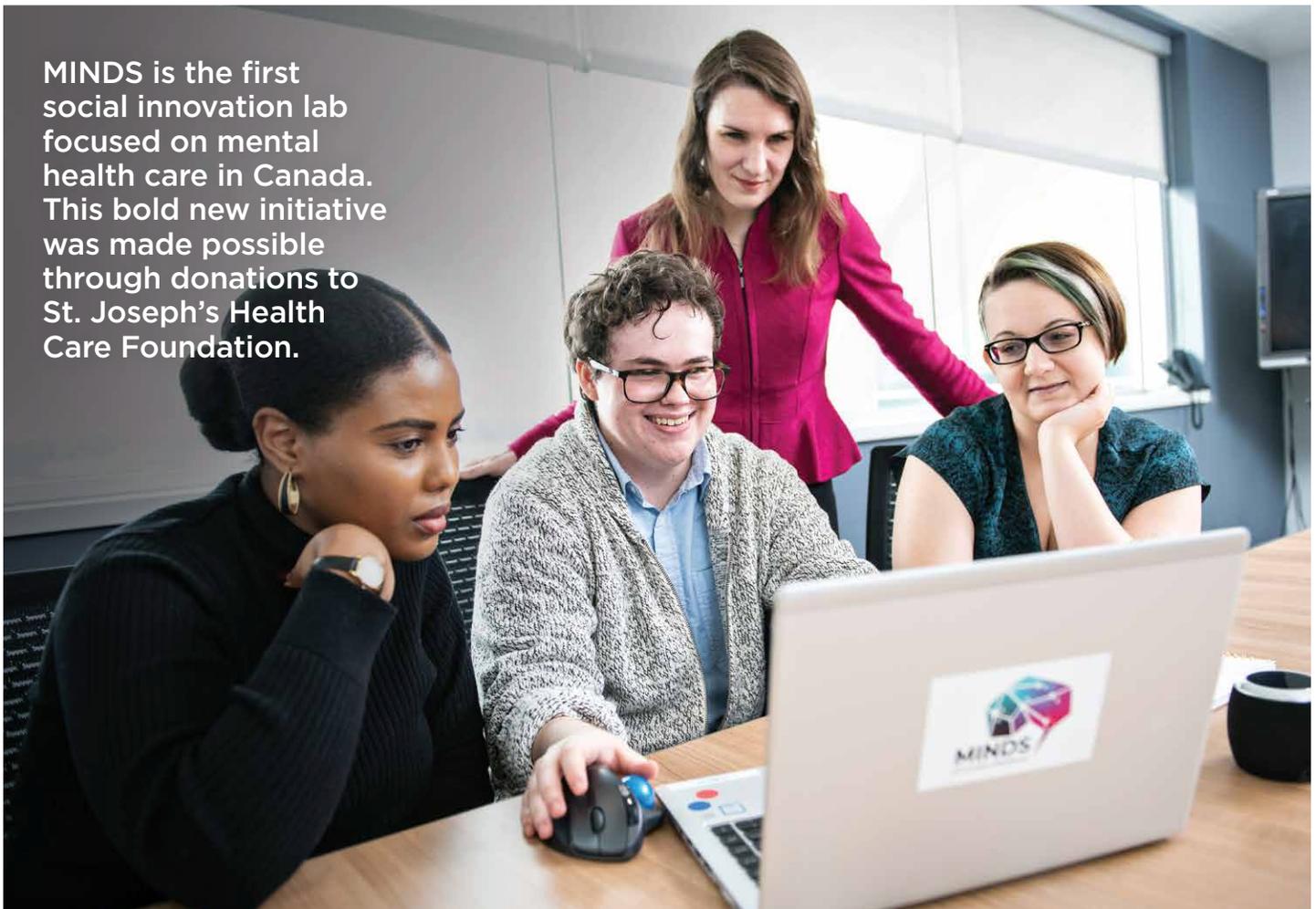
– ALEC COOK,  
YOUTH RESEARCHER FOR MINDS



Learn more about  
MINDS by visiting

[www.sjhc.london.on.ca/  
foundation](http://www.sjhc.london.on.ca/foundation)

MINDS is the first social innovation lab focused on mental health care in Canada. This bold new initiative was made possible through donations to St. Joseph’s Health Care Foundation.



*As part of the Mental Health Incubator for Disruptive Solutions (MINDS), youth researchers Lily Yosieph, left, and Alec Cook have an opportunity to work with Dr. Arlene MacDougall, MINDS Director (standing), and Melissa Taylor-Gates, Innovation and Evaluation Manager, to improve access to mental health care for youth.*

# TOGETHER IS BETTER

*Throughout the pandemic, collaboration of hospitals across the region has been critical to planning.*

“We’re in this together” became a unifying phrase that emerged during the pandemic - simultaneously a rallying call and a message of encouragement and comfort during a long and often lonely battle.

For hospitals, however, “together” was considered from the outset as the only way to confront and manage the historic challenges that quickly arose as the pandemic swept in. A regional approach to planning was at the forefront of the pandemic response for hospitals across the province and in Southwestern Ontario.

Supplies, capacity, staffing, services, ethics and principles – a regional approach allowed for variation across Southwestern Ontario but also consistency as the hospitals and other care providers worked together to provide support, expertise and shared resources.

The province directed what needed to be done and the regional leads led the response on how it would be done.

But with no blueprint on how to deal with COVID-19, many unknowns, constantly changing information and directions, and a global shortage of personal protective equipment, the task was monumental. The need for rapid-fire decisions and frequent course changes made regional planning with multiple sectors essential. It allowed for greater understanding of some of the unique challenges due to geography and greater appreciation of the contributions of all the partners in the system. People came to the table with a spirit of collaboration and cooperation, and a focus on keeping our patients, residents, staff and physicians safe.

The many lessons learned are an invaluable spin-off of the pandemic. All position our region well, not only for the potential next wave of COVID-19, but also for the advancement of the province’s new integrated model of health care and Ontario Health Teams.

We learned we can lead in uncertainty and implement with innovation and speed when required. We learned the system is better when sectors work together with a common goal and purpose. We learned that crisis brings out the best and the worst in people – and we should not be surprised by that. We learned that shutting out visitors and family caregivers has a great impact on the health of people, especially those in long-term care or palliative care.

Most importantly, and with great pride, we affirmed that the greatest strength of the health care system is the people who work in the system – in every role and discipline. It is their resiliency and dedication that continues to see us through.

**DR. GILLIAN KERNAGHAN  
PRESIDENT AND CEO  
ST. JOSEPH’S HEALTH CARE  
LONDON SOUTH WEST REGIONAL  
PANDEMIC LEAD**





A caregiver, left, and patient discuss treatment options with a health care provider at St. Joseph's Parkwood Institute. Nearly a third of Canada's population provides care for a family member at any given time.

## CARING FOR THE CAREGIVER

**A new online tool developed by St. Joseph's Health Care London and regional partners is helping caregivers in Southwestern Ontario find the support they need during the COVID-19 pandemic.**

They are the invisible frontline workers in the health care system and vital members of the health care team - family caregivers. Nearly one-third of Canadians provide care for a family member at any given time. At the best of times, this role can be challenging and taxing. During the COVID-19 pandemic, the stress was compounded as many family caregivers found their usual community supports dwindle, even disappear.

Recognizing the need for additional resources due to the changing health care landscape, St. Joseph's Health Care London partnered with the region's Caregiver Support Project Team to develop a new online support tool for family caregivers in Southwestern Ontario.

The team, a sub-group of the COVID-19 Community South West Region Pandemic Planning Table, is made up of members of community-based health service organizations, a caregiver, and the South West Frail Senior Strategy (SWFSS) team led by St. Joseph's.

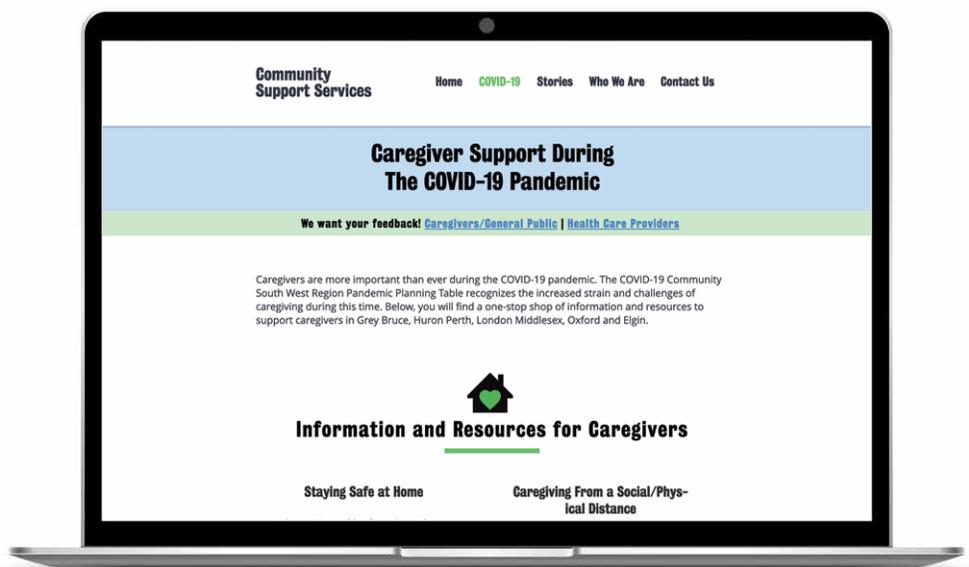
"We were thrilled to participate and offer our expertise and connections to co-create resources to support not only an older adult population, but all caregivers in the Southwestern Ontario region," says Lyndsey Butler, Regional System Coordination Facilitator at St. Joseph's.

The website tool was designed to deliver relevant, easy to understand information for caregivers on how to find local resources on topics such as finances, mental health, abuse and social/physical distancing. Recognizing some caregivers have challenges with access to technology, the online information was formatted into printable tip sheets. The website can be viewed at [www.cssontario.ca/covid-19](http://www.cssontario.ca/covid-19).

**"It's a tough time for everyone, but especially for caregivers who have lost so many of their supports due to the pandemic."**

Project member Linda Crossley is also a family caregiver. She understands the importance of ensuring online resources are useful in helping those caring for loved ones better manage the health care system and cope during the pandemic.

"It's a tough time for everyone, but especially for caregivers who have lost so many of their supports due to the pandemic," says Linda. "These resources - and the incredible collaboration that went into developing the tool - will hopefully go a long way to help those who devote so much to care for their loved ones."



The online support tool for caregivers in Southwestern Ontario, developed in collaboration with St. Joseph's Health Care London, can be viewed at [www.cssontario.ca/covid-19](http://www.cssontario.ca/covid-19).



*With expertise and support from the Pain Management Program at St. Joseph's Hospital, Margot Harvey enjoys sunny days and much laughter with daughter Dominique, 21, a miracle baby born two months premature due to her mom's life-long struggle with sickle cell disease.*

## NEW OPTIONS IN AN OLD BATTLE

*While many may have heard of sickle cell disease, an understanding of its life-altering trajectory and the agony it reaps is often lacking. At St. Joseph's Health Care London, pain specialists are part of a new, collaborative approach in London to improve care for a growing number of people living with the blood disorder.*

When the pain would flare, a young Margot Harvey remembers wanting to die.

She describes it as an excruciating jolt that surges through your body and makes you feel sick to your stomach - a jolt that doesn't subside.

Throughout her teen years, Margot went from one pain crisis to another and spent two weeks out of every month in hospital. She missed so much high school, it took her until age 21 to graduate. An attempt at college failed due to lost time from class.

"It's a disease I wouldn't wish on my worst enemy," explains Margot.

Margot, now 54, is referring to sickle cell disease - a group of disorders that affects hemoglobin, the molecule in red blood cells

that delivers oxygen to tissues and organs throughout the body. Those with the disease have abnormal hemoglobin molecules, which can distort red blood cells into a sickle, or crescent, shape. These abnormally shaped red blood cells slow or block the flow of blood that circulates through the tissues and organs of the body, causing damage and severe pain from lack of oxygen, and a wide range of disability and illness.

Pain is a hallmark of this multi-system disease. But after a lifetime of struggle, Margot is now benefitting from an armoury of specialized tools, strategies and expertise through St. Joseph's Pain Management Program in collaboration with the Red Cell Disorders Hematology Clinic at London Health Sciences Centre (LHSC).

## A COLLABORATIVE APPROACH

Care for those with sickle cell disease is intense, complex and multi-faceted. In addition to pain, the impact of the disease is startlingly all-encompassing and emergency room visits and inpatient stays are common. In 2017, hematologist Dr. Ziad Solh led LHSC to become the first hospital in the region to open a comprehensive care clinic for sickle cell disease patients.

**“They are a special entity of patients and their management is unlike any other pain patient.”**

The following year, St. Joseph’s Pain Management Program began collaborating with Dr. Solh, providing his patients with the gold standard in pain management. St. Joseph’s anesthesiologist Dr. Qutaiba Tawfic, who has been instrumental internationally in developing pain management protocols for patients with sickle cell disease, has become a new and valuable resource for patients.

“They are a special entity of patients and their management is unlike any other pain patient,” explains Dr. Tawfic.

Most adults with sickle cell disease have suffered episodes of extreme pain for many years, which has led to depression, frustration and a sense of hopelessness, explains Dr. Tawfic. Medication, he adds, is not sufficient to help patients manage. They need a multi-disciplinary approach to pain to improve their quality of life.

The pain management team at St. Joseph’s includes physicians as well as nurses, psychologists, physiotherapists, occupational therapists, a pharmacist, and a social worker. Dr. Tawfic joined the team in 2014 after completing a fellowship in chronic pain management at St. Joseph’s. He brings an interest and specialty in sickle cell disease and is providing one of few specialized pain management

services in the province for patients with the disease.

“I’m very proud and excited to be able to offer our multiple services to this community of patients,” said Dr. Tawfic. “This is a population that needs help.”

## A GROWING NEED

Sickle cell disease most commonly affects people of African, Hispanic (Central and South America), Middle Eastern, Asian, Indian, and Mediterranean descent. In London, at least 60 adults and the same number of children are living with the disorder, but the numbers are growing with changing demographics in the region.

With the creation of LHSC’s clinic and collaboration with St. Joseph’s, patients are now receiving standardized and coordinated care, which includes linking with numerous specialists that patients need for care and monitoring, says Dr. Solh.

The availability of specialized pain management, he adds, “is huge” for both outpatients and inpatients in London as medical teams can now consult with Dr. Tawfic. “It totally opens up options for patients.”

## RESILIENCY AND POSITIVITY

For Margot, who has seen more doctors than she can count, having physicians work together is critical. At St. Joseph’s, a new approach to her pain is underway, including education in self-management – a first for Margot.

*...continued*



*Margot Harvey, who has gone from one pain crisis to another due to sickle cell disease, is now benefiting from highly specialized care at the Pain Management Program of St. Joseph’s Health Care London.*



*Margot Harvey holding hands with her daughter Dominique.*

Despite suffering terrible pain as a child living in Jamaica, Margot was only diagnosed after moving to London at age 14. As a teen, most activities her friends enjoyed would trigger an episode, so life was limited. And except for her brother, she didn't know anyone else with the disease, making it a lonely endurance marathon.

Persevering, Margot worked in health care as a personal support worker for 27 years. But she faced her share of stigma and misunderstanding as she battled pain, fatigue, bone and joint issues caused by sickle cell disease. Over the past five years alone, Margot has had repeated fractures in her foot, hand surgery, two knee

replacements, a shoulder replacement and a blood transfusion when her organs came dangerously close to shutting down.

For this resilient Londoner, every day continues to be a careful balancing act to prevent a flare up, yet she is quick to put it all in perspective.

## WHAT YOU MAY NOT KNOW ABOUT SICKLE CELL DISEASE

- About 5,000 Canadians are living with sickle cell disease, the most common inherited blood disorder in the world affecting about 100 million people globally.
- The most common issues faced by patients are fatigue and anemia, joint damage, severe pain, bacterial infections, spleen and liver problems, lung and heart injury, leg ulcers, weakening of bones, eye damage, and more.
- Episodes of pain can last a few hours to a few weeks. A severe pain crisis requires a hospital stay.
- Life expectancy for people with sickle cell disease is reduced by 25 to 30 years compared to other Canadians.
- People with sickle cell disease often face barriers to care. It's not uncommon, for example, to be branded as "drug seekers" when presenting for medical treatment during a pain crisis.

**"I'm happy going from one day to another. I'm happy I have my daughter - a miracle baby born two months premature because of sickle cell disease. I'm happy I still have my brother. I'm happy to still be alive."**

— MARGOT HARVEY,  
PATIENT



*Dr. Qutaiba Tawfic, anesthesiologist with the Pain Management Program at St. Joseph's Hospital, is one of few experts in the province with a specialty in pain management for patients with sickle cell disease.*

# THE THERAPEUTIC POWER OF MEMORY



Joyce May picks grapes with friend Gloria Coffey while enjoying the interactive village at Mount Hope Centre for Long Term Care.

“What kind of pie should we bake?” It’s a question that might seem out of place to some health care providers, but not to Lisa Roselli, who understands how pie, even imaginary, can ignite a “spark of life.”

**“When residents feel restless, they might wander or become agitated and confused when they can’t leave the unit for their own safety.”**

In the Memory Care Unit at Mount Hope Centre for Long Term Care, Lisa, a therapeutic recreation assistant, helps 36 residents living with dementia remain active and engaged in a safe environment.

“When residents feel restless, they might wander or become agitated and confused when they can’t leave the unit for their own safety,” says Lisa.

As a way to calm residents, the care team took inspiration from Hogeweyk in the Netherlands, a secure community setting where people living with dementia can revisit familiar things from their past.

Mount Hope’s Memory Care Unit opens to a farmland mural that transitions into the city, complete with actual street signs and lamps to bring the outside in. From there, residents can visit the post office or watch a movie at the cinema.

“What’s so special about this interactive village is how the simulated activities have a real-life impact,” says Lisa as she recalls a day when a resident was crying and feeling confused. As they both approached the grocery store display in the unit, Lisa asked, “What kind of pie should we bake?”

“Soon the resident was happy and smiling, and we were reminiscing about a time when she was baking

apple pies with her grandma in her kitchen,” says Lisa.

Creating the look of a neighbourhood on the unit took paint and props to bring it to life. The team was able to create this unique and compassionate care setting through donations to St. Joseph’s Health Care Foundation.

“Donors have helped bring that spark of life back to our residents,” says Lisa. “Without donor support, this interactive village would not have been possible.”



Take a tour through the Memory Care Unit at Mount Hope Centre for Long Term Care at:

[www.sjhc.london.on.ca/foundation](http://www.sjhc.london.on.ca/foundation)

# VIRTUAL PATIENT CARE - THE COVID-19 SILVER LINING

*Without leaving home, about 1000 patients a day were receiving care, education and therapy through virtual technology across St. Joseph's Health Care London at the peak of the pandemic.*

Across St. Joseph's Health Care London, teams are rapidly and creatively taking advantage of what they see as the COVID-19 silver lining – the impetus to fast forward virtual patient care to keep patients connected with their care teams.

During the peak of the pandemic, 65 per cent of all registered visits were virtual care appointments, a jump from about six per cent pre-pandemic. The daily weekday average during the peak was 1,000 virtual appointments compared to about 160 a-day pre-pandemic.

## SO WHERE DOES VIRTUAL CARE GO FROM HERE?

St. Joseph's is just at the beginning of this journey, says Glen Kearns, Integrated Vice President, Diagnostic Services and Chief Information Officer.

**“We are engaging patients and clinicians in planning and how we evolve and adapt to this new way of providing service to some patient populations.”**

— GLEN KEARNS,  
INTEGRATED VICE PRESIDENT,  
DIAGNOSTIC SERVICES AND  
CHIEF INFORMATION OFFICER



*Speech-language pathologist Debra Medzon engages in a dynamic virtual therapy session with a patient who lost his speech due to a devastating stroke.*

While St. Joseph's gradually re-introduces in-person visits, many St. Joseph's patients continue to receive care, education and therapy without leaving home. Various technologies and online resources are being tapped with excellent results and appreciative feedback.

“This doesn't minimize the struggle of those patients we weren't able to be seen during the pandemic, but what teams have been able to do very quickly has been outstanding,” says Glen. “This is a model of care we must and will sustain and enhance post COVID-19.”

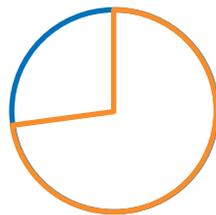
Important next steps are now underway at St. Joseph's to ensure reliable, safe and appropriate care using virtual technologies as additional tools to serve patients and their families.



For more examples of virtual patient care underway at St. Joseph's, visit:

[www.sjhc.london.on.ca](http://www.sjhc.london.on.ca)

## ● THE COVID-19 SILVER LINING ●



# 65%

Daily weekday percentage of total appointments that were virtual during the peak of the pandemic, up from about 6% pre-pandemic



# 1000

Daily weekday average of virtual care appointments during the peak of the pandemic, compared to 160 a day pre-pandemic.

# CARE AND COMPASSION BRIDGES DISTANCE AND SPACE

*Patients of St. Joseph's Health Care London appreciate powering up and tuning in to connect with their care teams through virtual technologies.*

## AN OVERWHELMING SENSE OF RELIEF - BETH MILLER

In early January, Beth Miller experienced a brain bleed that left her with significant mobility loss. For this athlete and mother of three, the aftermath was devastating.

After three weeks as an inpatient at St. Joseph's Parkwood Institute, Beth graduated to outpatient rehabilitation. But after just one in-person visit with a physiotherapist, the pandemic struck, leaving Beth frightened, not knowing what to do next.

But with an overwhelming sense of relief, Beth began working with her physiotherapist via videoconferencing.

**“During a time of isolation, I was not isolated from my physiotherapy. I just can't say enough good things. I feel very grateful.”**

— BETH MILLER,  
PATIENT THROUGH ST. JOSEPH'S  
COMPREHENSIVE OUTPATIENT  
REHABILITATION PROGRAM

## NO LOSS OF VALUE - JOHN HODGKINSON

When the pandemic began, John Hodgkinson joined a group education session with others living with chronic obstructive lung disease (COPD). But not to worry — John was the only person in the room. All were tuning in by phone.

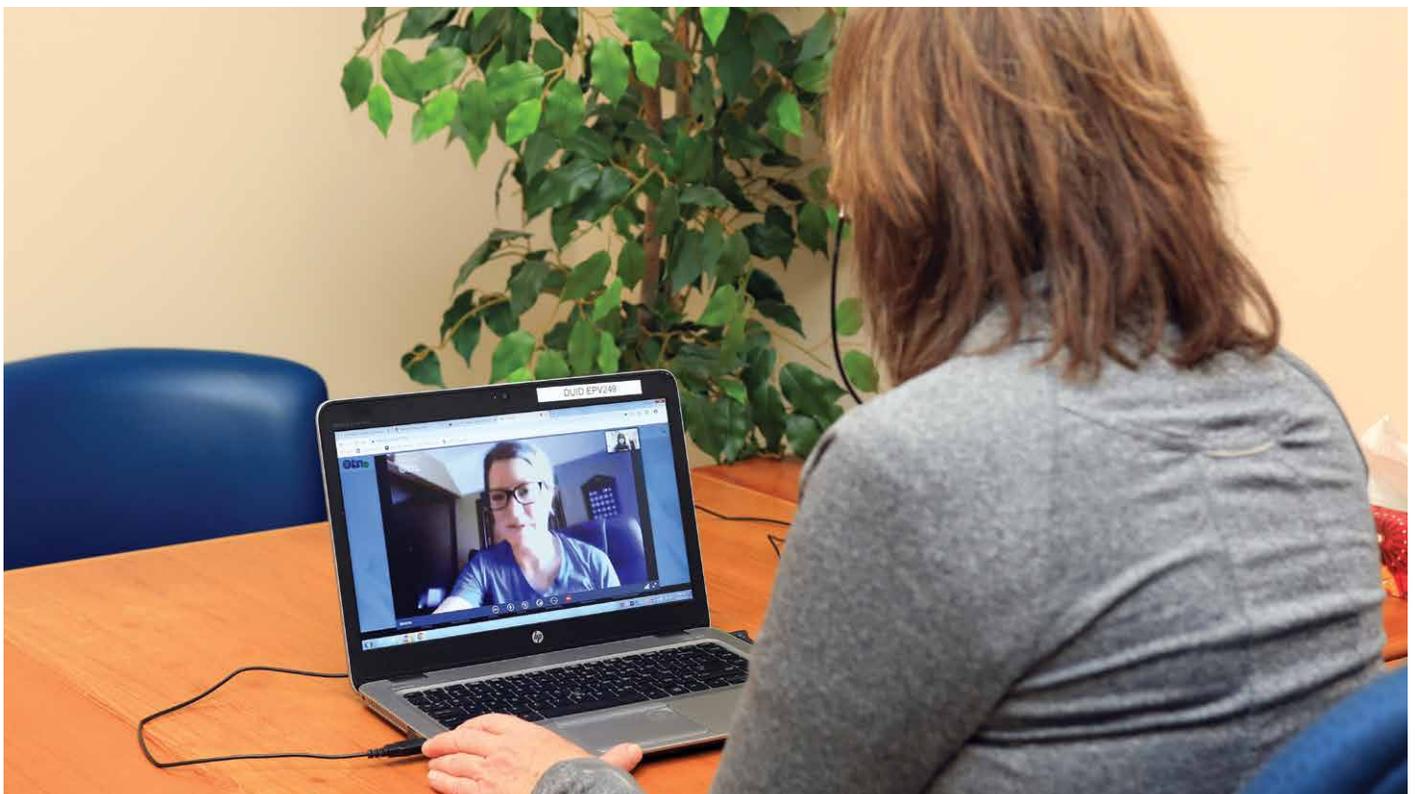
Not only does the 70-year old see no downside to this virtual gathering, he thinks it's “fabulous.”



*Physiotherapist Darlene Vandesompele engages with a patient in a virtual rehabilitation therapy session.*

“There has been no loss of value,” says John, a patient of St. Joseph's COPD and Pulmonary Rehabilitation Program. “They stumbled upon something extremely good and efficient. I see nothing but positives.”

*...continued*



*“I didn't even know I could have a stroke at my age,” says 39-year-old Beth Miller, a patient of St. Joseph's Comprehensive Outpatient Rehabilitation Program. Beth has continued her recovery sessions virtually during the COVID-19 pandemic with the help of physiotherapist Darlene Vandesompele.*

**“It’s been a virtual lifeline. If I was the sole caregiver to help Robert with his speech, the outcome may have been quite different.”**

**JANET JENKINSON,  
ROBERT JENKINSON’S WIFE**

*Stroke survivor Robert Jenkinson, an outpatient receiving care from Parkwood Institute’s Community Stroke Rehabilitation Team, takes part in a virtual rehabilitation session as he and his wife peer into a computer monitor from the comfort of their own home.*

### **A VIRTUAL LIFELINE - ROBERT JENKINSON**

When Robert Jenkinson began virtual sessions with St. Joseph’s speech language pathologist Debra Medzon, he couldn’t talk. A faint whisper – almost inaudible – was the extent of his verbal communication.

After suffering a stroke in March, Robert spent weeks at Parkwood Institute receiving inpatient stroke rehabilitation. As COVID-19 began to ramp up, the 77-year-old was discharged and transitioned to St. Joseph’s Community Stroke Rehabilitation Team. Then everything stopped.

Through videoconferencing technology, however, Robert, with help from his wife Janet, began receiving speech language therapy virtually. Today, he is speaking clearly, in full sentences, and his voice continues to get stronger.

“It’s been a virtual lifeline,” says Janet. “If I was the sole caregiver to help Robert with his speech, the outcome may have been quite different.”



### **FIGHTING THE STORM - MARIE-FRANCE VERMETTE**

For Marie-France Vermette, a daily swim was helping to keep chronic pain in check. When the world stopped and the pool closed with the pandemic, her pain flared.

A patient of St. Joseph’s Pain Management Program, Marie-France says her care team didn’t miss a beat.

She has been receiving virtual one-on-one therapy and group education, calls from her St. Joseph’s physician and pharmacist, and regular emails and e-newsletters with tips and resources for self-management.

**“We are all fighting this storm in our little boats, but all our little boats look different. I appreciate that the team ensures everyone in the group is there and feels included... I don’t feel the ball has been dropped.”**

**— MARIE-FRANCE VERMETTE,  
A PATIENT OF ST. JOSEPH’S PAIN  
MANAGEMENT PROGRAM**



For more examples of virtual patient care underway at St. Joseph’s, visit:

[www.sjhc.london.on.ca](http://www.sjhc.london.on.ca)

# TREATMENT FOR PREMIES HOLDS PROMISE FOR ADULTS WITH COVID-19

Researchers at Lawson Health Research Institute are investigating a new treatment they hope will improve COVID-19 outcomes and reduce the time patients with severe cases must spend on mechanical ventilation. It's called bovine lipid extract surfactant suspension (BLES®).

Surfactant is a substance that consists of lipids and proteins, and is naturally produced in the lungs of healthy individuals. Its primary function is to reduce surface tension in the alveoli, helping us to exchange gases and breathe more efficiently. Alveoli are tiny, balloon-like air sacs that exchange oxygen and carbon dioxide to and from the bloodstream. When there is less surfactant being produced, or the surfactant is dysfunctional, alveolar walls can stick together, making it difficult to breathe.

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

Lawson scientists Dr. Ruud Veldhuizen and Dr. Jim Lewis are studying whether the use of BLES®, an exogenous surfactant, given at the time of intubation can improve gas exchange, reduce the need for mechanical ventilation, decrease systemic inflammatory response, and shorten the length of intensive care and hospital stays for patients with severe COVID-19.

BLES® is a pulmonary surfactant manufactured in London by BLES Biochemicals. It is currently used worldwide to help improve lung function in premature babies, saving the lives of many infants suffering from neonatal respiratory distress syndrome.



*Drs. Ruud Veldhuizen, left, and Dr. Jim Lewis, scientists at Lawson Health Research Institute, are leading research to determine whether a London-made substance used to treat respiratory distress in preemie babies can help treat lung complications triggered by COVID-19.*

**“COVID-19 seems to be another prototypic case that we think will respond well.”**

Researchers are confident it will also help adults who develop lung disease and acute respiratory distress syndrome (ARDS).

“BLES® has been studied in pediatric and adult populations with ARDS and we have found that it improves outcomes in patients with direct lung injury when compared to patients receiving standard treatment,” explains Dr. Lewis, a respirologist at St. Joseph’s Hospital. “COVID-19 seems to be another prototypic case that we think will respond well.”

Mechanical ventilation, while sometimes necessary, can cause damage to the lungs, adds Dr. Veldhuizen. “In previous studies, we’ve been able to show that if you give the surfactant early, prior to ventilation, you can prevent some of this damage from occurring.”

The world is focused on finding good treatments for COVID-19, say the researchers. This kind of research is made possible through strong partnerships and collaboration in London. Many experts are involved, including scientists and research staff, physicians, nurses, respiratory therapists, pharmacists, and staff at BLES® Biochemicals.



*A London-made bovine lipid extract surfactant suspension (BLES) is being tested by scientists at Lawson Health Research Institute to improve the outcomes of critically ill COVID-19 patients.*

## WHEN THE WORLD CHANGED

*The role of St. Joseph's Health Care London in the region's COVID-19 response has been extensive, including caring for the most vulnerable.*

Suddenly, the world changed and the critical rush for hospitals was to make room for a potential surge of patients. They had to mobilize, and fast. COVID-19 was here.

This meant pausing scheduled services and creating space in hospital inpatient units by opening new beds and discharging patients to long-term care or home if it was safe to do so. St. Joseph's responded swiftly, efficiently, expertly.

"As a provincial leader in providing rehabilitation and recovery care for patients, we are uniquely positioned," says Roy Butler, Vice President of Patient Care and Risk Management at St. Joseph's. "At Parkwood Institute, we are often the bridge for patients transitioning from acute care back to home or the community and it made sense for us to expand this role in the regional response to COVID-19."

But opening a new bed in a hospital inpatient unit is complex, explains Roy. "One of the most important considerations was whether or not we had the people power to provide safe care for patients, including members from various health care disciplines."



*Hannah Bear, left, Rebecca Kozak, Mark King, and Justin Simas were among many on the frontlines at Parkwood Institute playing an essential role during the pandemic.*

**"We recognized a need for many of these individuals to have their own properly fitted devices to help them stay mobile, such as wheelchairs and walkers."**

Despite the challenges, St. Joseph's opened a total of 85 beds in the early weeks of COVID-19:

- 73 new beds at Parkwood Institute Main Building, mostly to care for patients who no longer need acute level services, or are awaiting long-term care and cannot be safely sent home.
- 12 new beds at Parkwood Institute Mental Health Care Building for adult mental health patients who have experienced functional decline in the community, and patients from acute care facilities.

At the height of the pandemic, Parkwood Institute Main Building partnered with acute care hospitals such as London Health Sciences Centre and accepted more than 50 transferred patients.

"Being hospitalized can be difficult for patients, especially frail seniors," says Elizabeth McCarthy, St. Joseph's Director of Specialized Geriatric Services. "We recognized a need for many of these individuals to have their own properly fitted devices to help them stay mobile, such as wheelchairs and walkers."

Many of the patients could not afford to purchase their own devices, so a team at St. Joseph's worked with local volunteer service clubs that repurpose donated wheelchairs and walkers to find devices for each patient, not just for use at Parkwood Institute but to take with them when discharged.



One patient, Jerry Brennan, expressed his gratitude in a letter to the team.

“Having a wheelchair allows me the opportunity for increased independence...to exercise and maintain my strength. I have a great love for nature and feel blessed to have a window with a beautiful view of the back garden at Parkwood (Institute). This is more than just a wheelchair to me. It’s my key to happiness.”



Rehabilitation therapists Rebecca Kozak, left, and Hannah Bear prepare beds at Parkwood Institute Main Building at the height of the pandemic.

## MOBILIZING MANPOWER, BEDS, INGENUITY AND EXPERTISE

The role of St. Joseph’s Health Care London and Lawson Health Research Institute during the pandemic has been critical and far-reaching.

### ST. JOSEPH’S CEO

is the lead for South West regional pandemic planning.

# 80%

of Ontario’s COVID-19 tests are completed through Pathology and Laboratory Medicine of St. Joseph’s and London Health Sciences as part of a consortium of Ontario hospitals and public health lab operations. The role of St. Joseph’s Health Care London and Lawson Health Research Institute during the pandemic has been critical and far-reaching.



## 34 STAFF

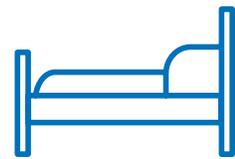
were deployed to support assessment and testing at COVID-19 community assessment centres in London.

# 173

staff were deployed to various care areas at St. Joseph’s during the pandemic.

## NEARLY 30

promising COVID-19-related projects by Lawson researchers have been initiated or are set to begin at St. Joseph’s focusing on diagnosis, prevention, treatment and mental health impacts of COVID-19.



## MORE THAN 85

beds opened across St. Joseph’s to manage a potential surge of COVID-19 cases in London.



## NEARLY 130

students were hired on a temporary basis and working within 24-28 hours to screen for COVID-19 at St. Joseph’s entrances.

# YEAR OF THE NURSE

*The World Health Organization designated 2020 as 'Year of the Nurse and Midwife' in honour of the 200th anniversary of the birth of Florence Nightingale, founder of modern nursing. St. Joseph's Health Care London is proud to celebrate the more than 1,400 nurses providing quality-focused, compassionate care across the organization. Working in a wide-variety of roles and programs, they share their passion for the nursing profession in the following reflections:*



MIRELLA O'NEIL,  
REGISTERED PRACTICAL NURSE,  
STEELE STREET REHABILITATION  
RESIDENCE

**Q: WHAT IS MOST REWARDING ABOUT WORKING WITH PATIENTS DURING THEIR TRANSITION TO THE COMMUNITY?**

**A:** My nursing career began in 1985 on the Adolescent Unit of the London Psychiatric Hospital. Today, I have the opportunity to support mental health care clients as they re-integrate back into the community. I find great satisfaction in watching my clients' lives improve significantly. Mental health care nursing is a profession where one person can have a profound effect on another's life. That is how I view my career today, and how I have looked at every shift for 35 years.

PATRICK PENNACCHIETTI, REGISTERED PRACTICAL NURSE, ASSESSMENT UNIT, SOUTHWEST CENTRE FOR FORENSIC MENTAL HEALTH CARE

**Q: WHAT ADVICE DO YOU HAVE FOR NURSES JUST STARTING THEIR CAREER?**

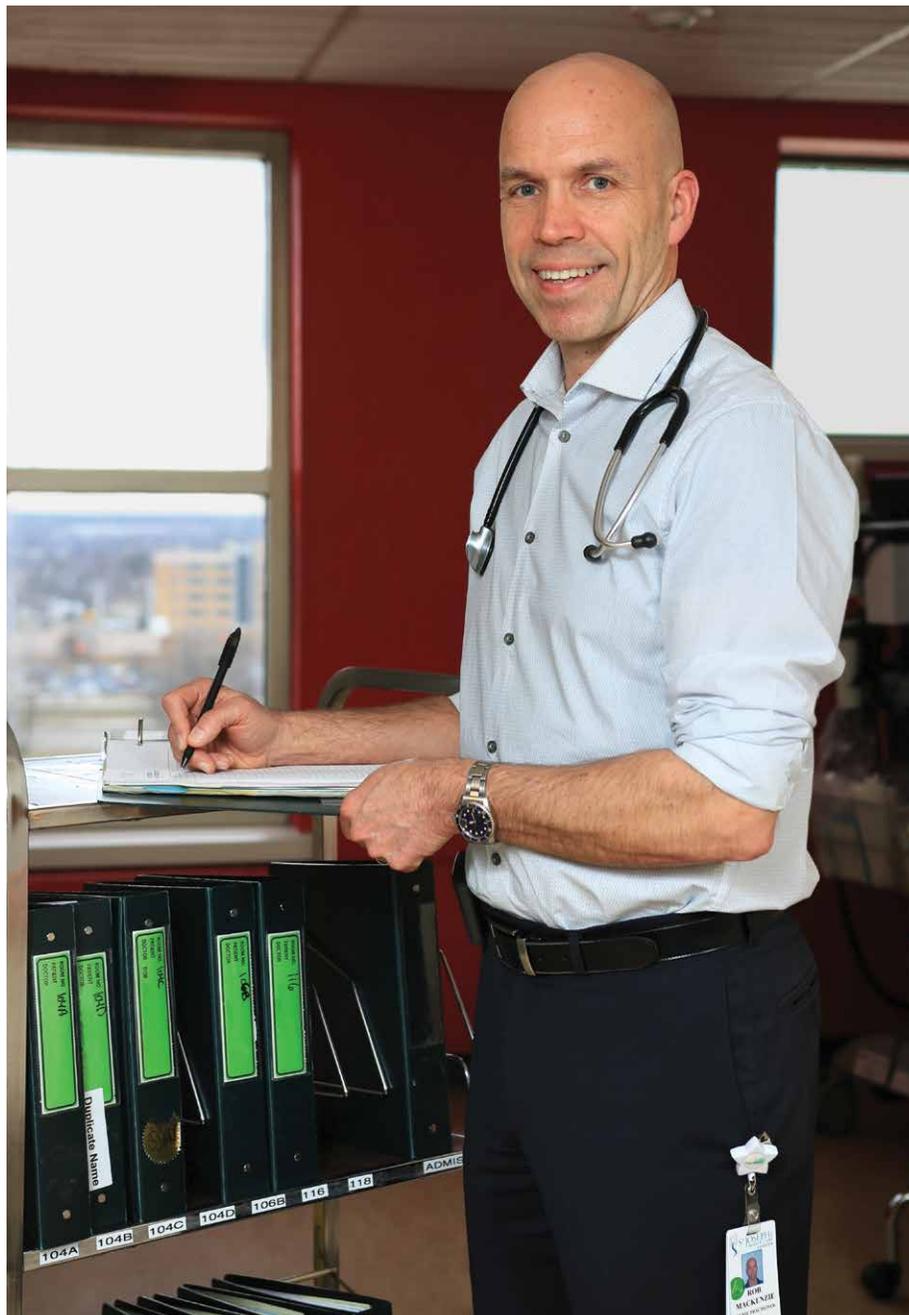
**A:** I would remind them they have chosen a career in which they can truly make a difference in someone's life. For some, a hospital stay can be a traumatic time and it is our job to ease this discomfort to the best of our ability. It is important to truly listen to the patient and show empathy toward their current circumstances. It is also important to lead by example and provide the best care possible. A positive attitude is contagious and you could be the person who makes a difference in the care being provided by others.



STEVEN MACGREGOR,  
REGISTERED NURSE,  
HEART FAILURE CLINIC,  
ST. JOSEPH'S HOSPITAL

**Q: WHAT DREW YOU TO YOUR  
ROLE IN CARDIAC CARE?**

**A:** Because I've been fortunate to have a wide variety of nursing experiences over the past 24 years, cardiac care was not foreign to me. St. Joseph's Heart Failure Clinic was a new opportunity that sparked my curiosity and humbled my outlook on health care. Having an opportunity to blaze new trails in nursing was appealing and is concurrently challenging. I feel extremely proud of what our team at St. Joseph's represents.



ROB MACKENZIE,  
NURSE PRACTITIONER,  
SPECIALIZED GERIATRIC SERVICES,  
PARKWOOD INSTITUTE

**Q: WHAT INSPIRED YOU  
TO BECOME A NURSE  
PRACTITIONER?**

**A:** From the beginning of my career, I was motivated to take nursing as far as I could in the clinical domain. I had been working for 10 years as a registered nurse when I learned about the advanced practice nursing role, which provided the opportunity to work closely with patients and families. I was looking to pursue a Master's degree in nursing when the nurse practitioner (NP) program was re-launched by the provincial government. My Master's, alongside the NP certification, complemented each other quite nicely and allowed me to take my nursing skills to a higher level that would benefit my patients in a substantial way. I was fortunate that an NP position was created in our Geriatric Rehabilitation Program – the first inpatient NP position at Parkwood Institute – where I work to this day.



# BEHIND THE MASK

Health care workers across the globe have rallied to meet the needs of their communities, and it is no different in London, Ontario. At St. Joseph's Health Care London, staff and physicians have been wearing masks for many months to protect patients and residents and each other as they answer the call during this crisis.

The mask is a necessity yet it covers faces, moods and expressions, leaving people to wonder – who's behind the mask?

*Behind The Mask* tells the stories of health care workers in all roles and disciplines at St. Joseph's, allowing a glimpse into the lives of those who care for our community.

## EMILY MCCARTHY MUSIC THERAPIST

Emily McCarthy has always turned to music during difficult times, and COVID-19 has been no different. "Every day I see how it has helped me personally and the veterans I work with."

During this crisis it has been important for Emily to feel a sense of purpose. "Knowing my purpose is to support the veterans and residents I work with has kept me motivated. My team has been amazing. I am grateful every day I get to come to work, do what I love, and lift people's spirits with music."

In Emily's program, one of the most challenging issues has been the inability of families to visit their loved ones. "This has been very hard for residents. We have been able to connect residents and families through video calls. It's not the same as an in-person visit, but it instantly brightens the resident's mood and it's reassuring for families to see their loved ones healthy."

Emily recognizes the many obstacles the health care community has faced. "I feel it's okay to be discouraged at times, but I'm reminded that we are in this together. We are blessed to have the capacity to make a positive impact every day, and that gives me inspiration."

**"Every day I see how it has helped me personally and the veterans I work with."**

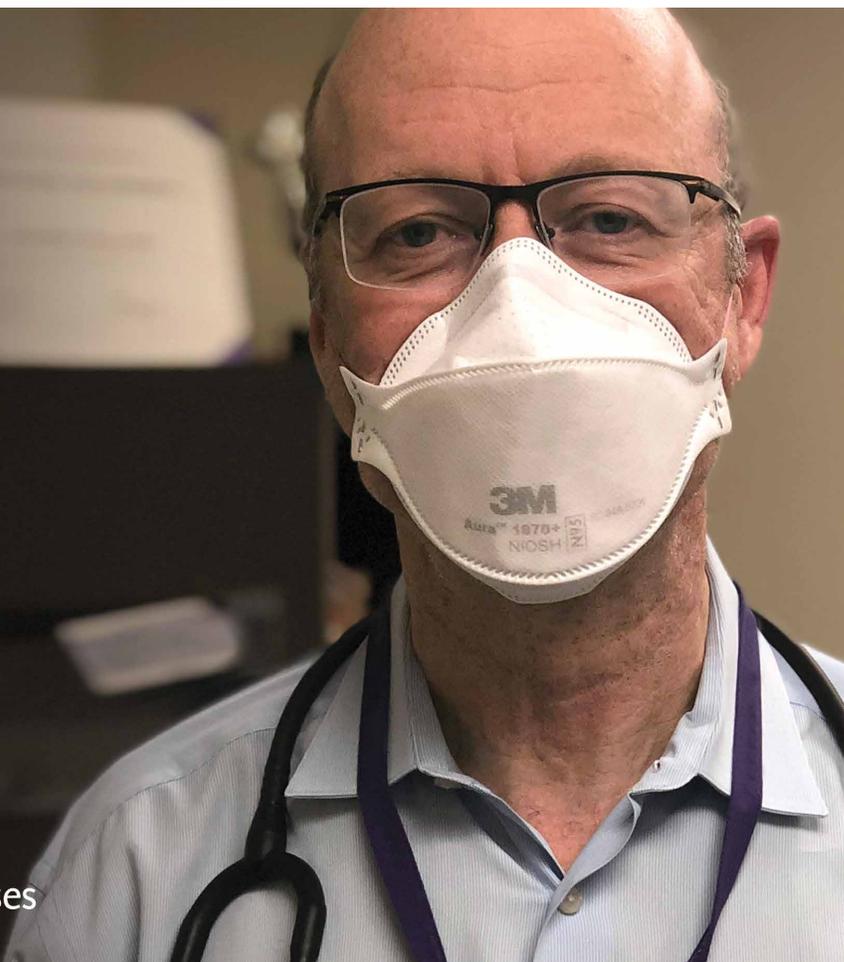
— EMILY MCCARTHY,  
MUSIC THERAPIST





## BEHIND THE MASK I'M LOOKING FOR ANSWERS.

**Michael**  
Chair/Chief of Infectious Diseases



### **DR. MICHAEL SILVERMAN CITYWIDE CHAIR/CHIEF OF INFECTIOUS DISEASES**

Dr. Silverman has played an instrumental role in London's response to the pandemic while providing clarity in a world filled with noise about COVID-19. His leadership and knowledge in infectious diseases has been sought nationally, and is one of the reasons London has been able to weather the storm so far.

Dr. Silverman, who is also the Medical Director of St. Joseph's Infectious Diseases Care Program

and a scientist at Lawson Health Research Institute, feels a strong sense of compassion for those afflicted by COVID-19. It's what motivates him to keep going when he's feeling worn out. "The work has been exhausting but we can't let our guard down. The virus won't get tired."

Always the voice of reason and calm, Dr. Silverman reassures everyone the pandemic will eventually end.

**"We will return to many of the joys of socializing we had previously. We need to be vigilant today to protect our most vulnerable citizens and, in the future, we will be together again."**

— DR. MICHAEL SILVERMAN,  
CITY WIDE CHAIR/CHIEF OF  
INFECTIOUS DISEASES

*...continued*

# BEHIND THE MASK I SEE OPPORTUNITY.

**Karen**  
VP, Chief Nursing Officer  
COVID-19 Incident Manager



## **KAREN PERKIN** VICE PRESIDENT PATIENT CARE AND CHIEF NURSE EXECUTIVE

Karen Perkin stepped into the role of St. Joseph's COVID-19 Incident Manager when the pandemic struck. Her strong leadership pulled the organization through this historic time, never losing sight of what is most important and just how close the battle is for so many.

“For me COVID-19 has a face. My neighbour, who contracted the virus, succumbed to the illness. Every day I leave my house, I look across the road and understand what we are fighting for.”

For Karen, the virus has highlighted the need for extra work and diligence around vulnerable people and patients, including those living in long-term care.

“Long-term care residents are living longer and have very complex care needs and conditions. It is time our attention turns to those most vulnerable who have been clearly targeted during this crisis and who have paid the price dearly.”

## **DR. VIRAJ MEHTA** SITE CHIEF, MENTAL HEALTH CARE PROGRAM

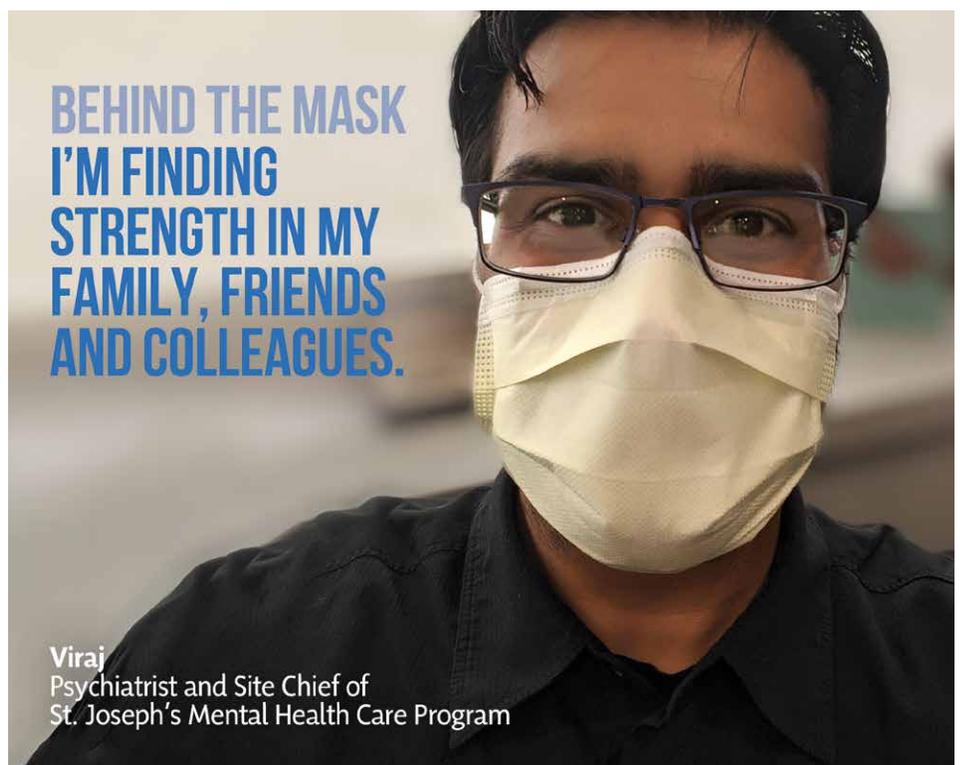
As a psychiatrist, Dr. Mehta, figured he would need to mentally support those close to him during the pandemic – colleagues, family and friends. What he didn't anticipate was that his family would become a constant source of motivation and support, and his colleagues a wellspring of encouragement

as they rose to the challenge of providing exceptional patient care during the pandemic.

**“It is extraordinary  
how well patients  
have adapted to the  
circumstances.”**

# BEHIND THE MASK I'M FINDING STRENGTH IN MY FAMILY, FRIENDS AND COLLEAGUES.

**Viraj**  
Psychiatrist and Site Chief of  
St. Joseph's Mental Health Care Program



“The way our physicians and staff have responded has been inspirational. Everyone focused on supporting patients and each other, maintaining these two priorities regardless of the challenges we faced. Rather than expressing frustration, they respond by finding opportunities.”

Virtual care has proved to be an important tool to support patients and families at this time of physical distancing, with many patients continuing to be seen virtually.

“It is extraordinary how well patients have adapted to the circumstances. We have seen patients demonstrate their capacity for recovery and many have maintained, or made progress, despite the pandemic.”

**LISA ROSELLI  
RECREATIONAL THERAPIST,  
MOUNT HOPE CENTRE FOR  
LONG TERM CARE**

Lisa wants residents to see her smile again. As a recreational therapist at Mount Hope Centre for Long Term Care, she works with vulnerable people, many of whom have dementia. Sometimes a smile is all it takes to put those in her care at ease and make them feel comfortable. “Wearing a mask means that people cannot see when we’re smiling. We’ve had to become creative and find new ways to make our residents smile and laugh.”

**“Donations through St. Joseph’s Health Care Foundation have funded iPads and other technology that enable residents to stay connected with loved ones. It has been heartwarming and a lot of wonderful moments have come from these conversations.”**

Visitor restrictions have made it challenging for family members to see loved ones in long-term care facilities. It’s a challenge that motivates Lisa. It’s the reason why she facilitates weekly video visits to keep residents connected with family members.

“Donations through St. Joseph’s Health Care Foundation have funded iPads and other technology that enable residents to stay connected with loved ones. It has been heartwarming and a lot of wonderful moments have come from these conversations.”

The lack of face-to-face communication has also been tough for the therapeutic recreation team who like to work collaboratively and bounce ideas off each other. “Video, phone and

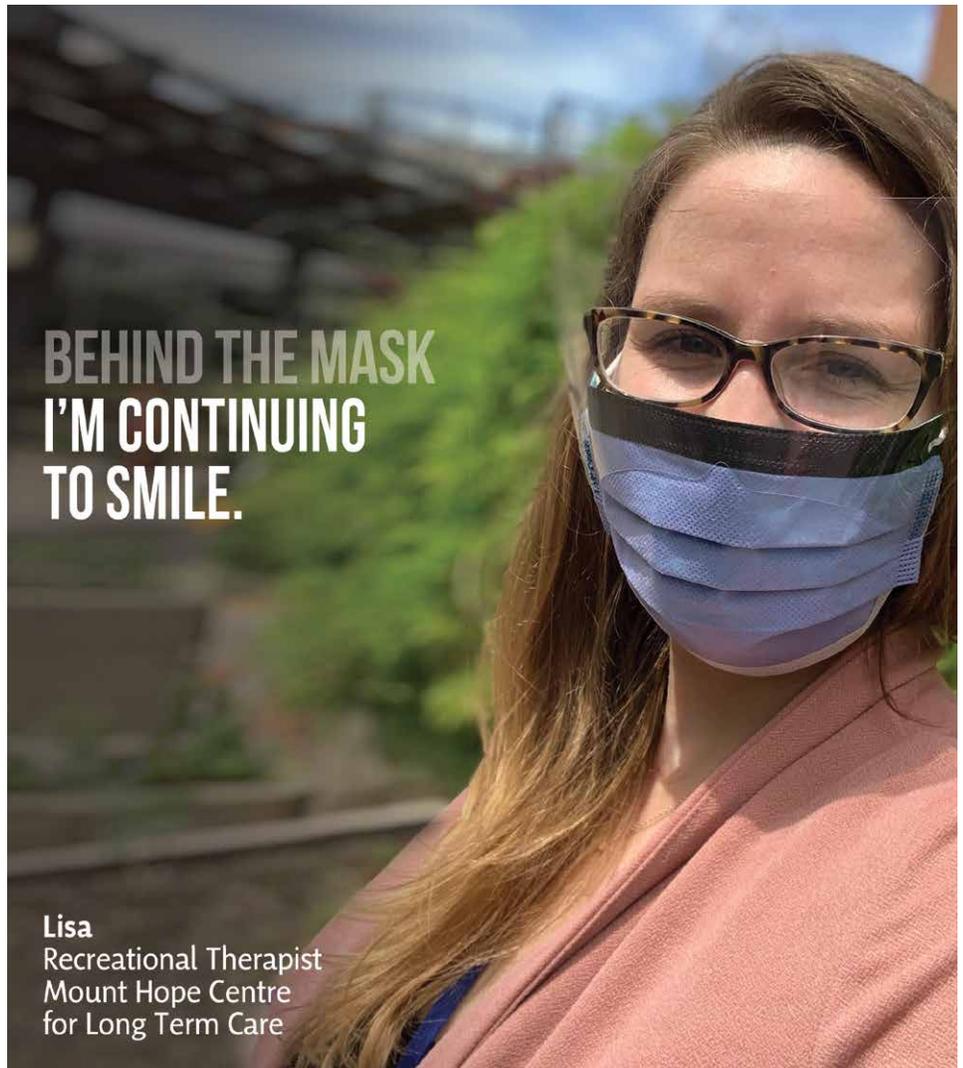
email chats just aren’t the same as being in the same room and feeling the energy and excitement of new ideas.”

The past few months have not been easy for Lisa. But she wants you to know that underneath the mask, she’s still smiling.



You can read more stories from Behind the Mask on our website at:

[www.sjhc.london.on.ca/behind-the-mask](http://www.sjhc.london.on.ca/behind-the-mask)





*Blue lights in support of health care workers wrap around St. Joseph's Southwest Centre for Forensic Mental Health Care.*

## SHINING A LIGHT ON HEALTH CARE HEROES

Community support for health care workers at St. Joseph's Health Care London and across London has been unwavering during this unprecedented time. From words of encouragement displayed throughout neighbourhoods, to 'thank-you' convoys of vehicles circling our sites, to generous donations of supplies, services and dollars, and delivery of treats and food – such acts of kindness are a symbol of togetherness that strengthen our resolve and propel us forward.

As a way to show solidarity and recognize every health care worker in the community, St. Joseph's sites were bathed in blue lights every night during the height of the pandemic. From labs, nursing homes, hospitals, family physician offices and more, St. Joseph's appreciates the dedication of all those on the frontlines and behind the scenes working to provide care and keep people safe.



*Rocks painted with messages of hope, courage and support for health care workers lie outside of entrances across St. Joseph's Health Care London.*



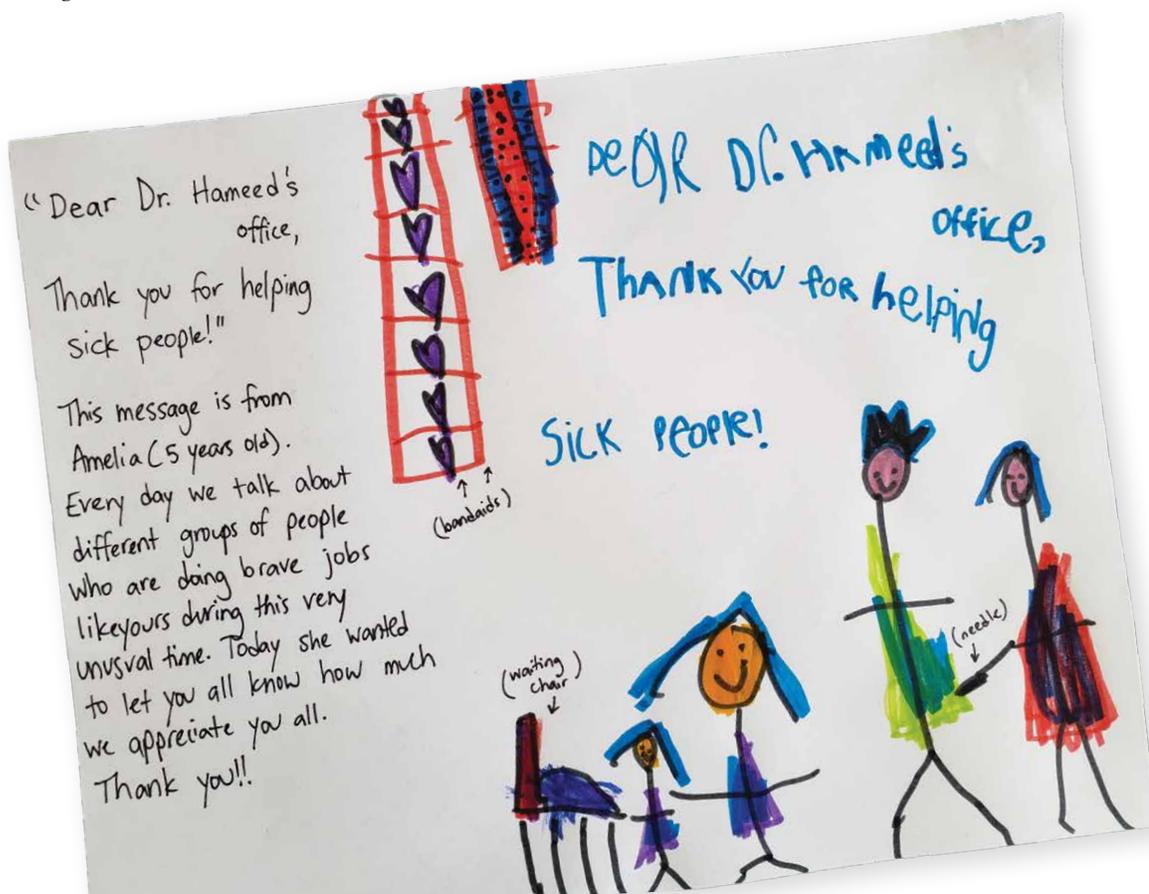
Blue lights in support of health care workers shine brightly at Mount Hope Centre for Long Term Care.



A heartwarming gesture from emergency responders: In a colourful convoy, London Police Services, London Fire Department and London Paramedics drive past St. Joseph's Hospital on April 1 - a touching tribute in honour of health care workers during the COVID-19 pandemic.



Staff wave and cheer as a procession of emergency vehicles drive past St. Joseph's Hospital with flashing light and blaring sirens.



A hand-written note from five-year-old Amelia lets Dr. Saadia Hameed and staff at St. Joseph's Family Medical and Dental Centre know she appreciates the important work they do.

# my ST. JOSEPH'S

St. Joseph's Health Care London provides care through an extremely unique mix of clinical settings - making us one of the most complex health care organizations in Ontario. In a continual effort to bring the best care possible to those we serve, we constantly engage patients and their families, leaders, physicians, staff, volunteers, donors and many partners to ensure St. Joseph's takes innovative steps in addressing the health care needs of our community, now and in the future.

## MY ST. JOSEPH'S IS

St. Joseph's Hospital

Parkwood Institute

Mount Hope  
Centre for  
Long Term Care

Southwest Centre  
for Forensic  
Mental Health Care

Teams, clinics and programs in our  
community and beyond.

## SHARE YOUR FEEDBACK OR STORY WITH US

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