St. Joseph’s strives to be a community of care, reaching out to others and working in partnerships near and far. These relationships extend across a care, teaching and research mission rooted in a legacy of excellence, innovation and compassion. It is through this legacy that we move forward, that we are able to change and create the next generation of hospital care.

The integration of hospital systems is one important area of accomplishment and continued commitment at St. Joseph’s. With our partners, we have created the most integrated system of hospital care in Canada. At the same time, St. Joseph’s holds a distinct ethos and mission in Catholic health care. Guided by principles of inclusiveness, the dignity of all persons, social justice, and care of the body, mind and spirit, we are naturally drawn to forming strong bonds and relationships in service to others.

This year, the board of directors made several key decisions to ensure a continued focus on collaborative health system planning and to assure the ongoing fulfillment of our mission in what will be an unprecedented time in the organization’s history. With a renewed mission and a refreshed strategic plan, we have strong footings on which to chart our future course. With Cliff Nordal and a strong leadership team, we have completed another year of change, challenge and accomplishment.

We pay special tribute to the work of the St. Joseph’s Health Care Foundation, not only in their efforts to raise funds for patient care and research, but in their demonstration of the spirit that is St. Joseph’s. This year’s visit of Archbishop Desmond Tutu will always be remembered as a time of great testimony to the universal power of love and humanity inherent in his work and ours.

The involvement of the St. Joseph’s community in decisions, both big and small, remains important to our success and high level of performance. The board appreciates the rich engagement of physicians, staff, researchers, students, volunteers and donors in the life of our organization – a community of care where all are God’s loving instruments of healing, discovery and hope.

GERALD KILLAN, CHAIR, BOARD OF DIRECTORS
As I present this, my last annual report message as President and CEO, I reflect on not only the past year at St. Joseph’s, but the twelve years I have been honoured to serve such a vibrant, dedicated community of care, teaching and research.

Whatever the reason for coming to St. Joseph’s, you can be assured of a welcoming community with highly skilled volunteers, physicians and staff devoted to service.

This year’s annual report to the community reflects the diverse roles St. Joseph’s plays within the spectrum of health and hospital care. From discovery to recovery, with a comforting word or the most advanced diagnostic and treatment available anywhere, St. Joseph’s has much to offer those in need of care, a place to learn or pursue a rewarding career.

Economic forces continue to challenge governments and in turn, health and social services. While this challenge persists so too do we in efforts to sustain quality and access to care, increase productivity and reduce costs. Between 2008 and 2010, St. Joseph’s reduced its annual operating budgets by nearly $28 million at the same time as maintaining, or in some areas even increasing, the number of treatments, hospital admissions and clinic visits. These savings have come from a range of administrative, support and clinical areas and as a result of the hard work of our teams.

Having safe, satisfying work environments is an important part of our leadership efforts. This year’s staff workplace survey results were very good with significant improvements since the last survey of 2006. St. Joseph’s received the highest scores of all Ontario teaching hospitals in areas of staff commitment, recommending the organization to others and upholding a patient-centred work environment. It is through our commitment to bring out the best in ourselves and others that St. Joseph’s has achieved this level of result, especially as we continue to manage significant changes.

The transformation of London’s hospital system is proceeding as planned. This substantive work is now quickly becoming a reality, with the dust, noise and confusion of construction giving way to the joy of official openings celebrating new spaces and new beginnings. This past year, St. Joseph’s marked the opening of the new Centre for Diabetes, Endocrinology and Metabolism, Urology Centre and the Ivey Eye Institute, and with each we have witnessed the impact of responsive care environments on patients and staff. New potential is also unleashed as we bring care teams and researchers together. The much needed and long awaited new specialized mental health facilities are also on track, with construction due to start next year.

I am both gratified and humbled to have played a part in the unprecedented renewal of the hospitals in London and the integration of our systems and services. As we look to the future, I am confident that St. Joseph’s will build on its mission to serve and to advocate for others; to find new ways to reach out to those who need care and are marginalized in our society, despite challenges posed by resource constraints. Together, we are privileged to have this place to fulfill a calling to serve, to make a difference and to achieve our potential.

CLIFF NORDAL, PRESIDENT AND CEO
For more than 100 years, care, teaching and research have gone hand in hand. It is the hallmark of our care.

CARING WITH PRIDE
At St. Joseph’s, we are committed to offering our patients the best care possible. As part of that commitment, one of St. Joseph’s strategic initiatives is to further advance our teaching and research priorities with our partners. It is through this integration that we provide the absolute best care for our patients of today and tomorrow.

“Our exceptional care is provided to those in our community, region and even around the world. St. Joseph’s touches the lives of so many and we are proud of our accomplishments – teaching the next generation who will become future specialists, standing behind research initiatives that bring us more health filled lives. That is what we do, and that’s what we are known for at St. Joseph’s.”

CLIFF NORDAL, PRESIDENT AND CEO
ST. JOSEPH’S HEALTH CARE LONDON

EDUCATING THE NEXT GENERATION
St. Joseph’s mentors the next generation of health care providers by infusing its passion for excellent and compassionate care in future leaders. In partnership with The University of Western Ontario and Fanshawe College, we train tomorrow’s health care professionals at the bedside. That’s why patients who come to St. Joseph’s may see a student or resident on their care team. In turn, the students gain the best clinical experience and knowledge to become effective and highly qualified professionals.
Strategic Plan

The 2010-2013 strategic plan identifies four directions that provide a stable path forward. Each of these directions has clearly defined goals, performance targets, and projects to guide our work over the next three years.

Organizational transformation
- Define and realize future roles and care delivery models within an integrated health care system
- Complete and optimize the transfer of programs and redevelopment initiatives

Performance excellence
- Achieve high level of quality and efficiency in care and support areas
- Provide an exceptional patient care experience

Mission and leadership
- Develop highly skilled teams and individuals in a progressive work environment
- Deepen the understanding and expression of our Catholic mission

Advancing research, teaching and innovation
- In collaboration with our partners, advance research priorities

For more information on our strategic plan visit: www.sjhc.london.on.ca/strategicplan

Discovering Tomorrow’s Cures

St. Joseph’s not only plays a vital role in teaching but also in research, attracting exceptional researchers and scientists who make great strides in finding better ways to care for our patients.

“Researchers come to Lawson to have the opportunity to work together with academics from Western and clinicians from St. Joseph’s. This interdisciplinary team enables Lawson to further scientific knowledge and direct research findings to patients. The result is patients receiving the newest treatment options available.”

Dr. David Hill, Scientific Director
Lawson Health Research Institute

The Legacy Continues

The year 2010 will mark the final year of leadership for Cliff Nordal and Carol Herbert, Dean of Western’s Schulich School of Medicine & Dentistry. Both have made significant contributions in moving our organizations forward, ensuring the progress of an academic, research-based hospital system that is vital to the health of our community.

Our leaders, past, present and future, are committed to ensuring the legacy continues.

“Our partnership with St. Joseph’s is invaluable. The learning opportunities and outstanding teaching environments provided to our students and trainees strengthen our elite programs and help shape health care professionals who are leaders and advocates for the patients they serve.”

Dr. Amit Chakma, President
The University of Western Ontario

A community of care
For 12 year old John Wotherspoon, his first visit to the Ivey Eye Institute at St. Joseph’s Hospital came with great news – no surgery in the near future, maybe never.

John has been dealing with amblyopia – commonly known as lazy eye – since it was noticed at age eight. Referred in 2008 to Dr. Sapna Sharan, a pediatric ophthalmologist, he has been cared for at the Ivey Eye Institute ever since.

In the past few years, John’s eye measurements have been gradually improving. “There is a good chance he will grow out of it,” says mom, Robin Wotherspoon. “In the meantime, he will be measured and evaluated annually to be sure his condition continues to improve.”

Impressed with the new institute at St. Joseph’s Hospital, Robin says it’s clear the needs of patients were paramount when it came to the design.

“I’m really pleased with how efficiently it’s laid out. It’s evident a lot of thought went into how the space was to be used for the benefit of both patients and caregivers. I was especially happy to see a separate waiting room for children.”

The institute offers centralized services in retina, pediatric ophthalmology, ocular plastics; cornea/anterior segment; optometry low vision; glaucoma; and ophthalmic diagnostics.

The new centre will see more than 80,000 patient visits each year with those receiving care coming from as far away as the Niagara region, Sault Ste Marie, Essex County, and even from around the world.

Thousands of people from across the country donated $2 million through St. Joseph’s Health Care Foundation, supporting the redevelopment of the new Ivey Eye Institute.

Pictured above: Dr. Sapna Sharan, pediatric ophthalmologist, and John Wotherspoon in one of the Ivey Eye Institute’s new examination rooms.
The program incorporates therapies including physical exercise through reaching, stretching and bending, and mental exercise through learning about plants. Special activities focus on using flowers and fruits to trigger memories that help residents connect the past with the present. For residents with diminished sensations, plants, fruits and vegetables with different textures, colours and weights help them with their senses of sight, smell and touch. The monarch butterfly program allows residents to watch the miracle of life unfold.

Therapeutic gardening at Mount Hope Centre for Long Term Care uses plants and activities to promote physical and mental well being. The program incorporates therapies including physical exercise through reaching, stretching and bending, and mental exercise through learning about plants. Special activities focus on using flowers and fruits to trigger memories that help residents connect the past with the present. For residents with diminished sensations, plants, fruits and vegetables with different textures, colours and weights help them with their senses of sight, smell and touch. The monarch butterfly program allows residents to watch the miracle of life unfold.

“Residents really enjoy watching the signs of life,” says therapeutic gardening instructor Jennifer Grant. “Its sense of continuity gives them hope for the future.”

Resident Alma Lines watches as a newly-emerged monarch butterfly dries its wings in the butterfly nursery at Mount Hope.
July

70 YEARS OF MENTAL HEALTH CARE
October – Regional Mental Health Care St. Thomas celebrated 70 years of providing care to the Elgin County region with a commemorative event. Staff, physicians and patients got a blast from the past by viewing historical photos, old uniforms and equipment.

OUTSTANDING LEADERS
June – St. Joseph’s recognized two outstanding leaders and a community group with the first annual President’s Awards for Leadership in June 2009. The awards recognize individuals who have made outstanding contributions to the mission, culture and performance of St. Joseph’s. The awards include the Aspiring Leader Award, the Leadership in Mission Award and the Partner of Distinction Award.

ARCHBISHOP DESMOND TUTU CAPTIVATES CROWD
May – Archbishop Desmond Tutu inspired a sold-out crowd at the Signature Speaker Series hosted by St. Joseph’s Health Care Foundation. A tireless campaigner for health and human rights, the Nobel Prize winner shared his compelling message of hope, compassion and the role we must all play in caring for one another.

20TH ANNIVERSARY OF WESTERN COUNTIES WING
October – The 20th anniversary of the opening of Western Counties Wing (WCW) at Parkwood Hospital was commemorated with an event honouring veterans who reside there today. Highlights of the event included the dedication of a commemorative stone by the WCW residents’ council, the official opening of the rejuvenated WCW lobby, and the unveiling of a special 20th anniversary graphic designed by veterans arts.

INNOVATION PRIZE
October – Lawson Health Research Institute recognized Dr. Jeffrey Carson as the recipient of the Lawson Innovation Prize. His project is to develop an imaging method capable of lesion identification in breast tissue, which often cannot be performed accurately with mammography and MRI. If successful, this project could improve breast cancer diagnostics and reduce the frequency of biopsy procedures.
FOUR BEAUTIFUL BUNDLES

January – London’s newest quadruplets were born at St. Joseph’s Hospital on January 21 and quickly made great gains despite their early arrival at nearly 30 weeks gestation.

The highly specialized team at St. Joseph’s cared for babies Liam, Chelsea, Elexis and Violet, who went home in March.

ST. JOSEPH’S HOSPITAL REDEVELOPMENT

January – Milestone 2, Phase 2 (M2P2) restructuring saw the continuing of the redevelopment of St. Joseph’s Hospital. The new Centre for Diabetes, Endocrinology and Metabolism brings together care, research and education in one large space at St. Joseph’s Hospital and the Ivey Eye Institute is in their new state-of-the-art, 54,000 square foot space.

H1N1

November – When the alarm bells sounded for H1N1 influenza in early May, St. Joseph’s and London Health Sciences Centre quickly enacted their joint pandemic influenza plan. The planning hit its peak in November. Physicians, staff and volunteers showed tremendous dedication and commitment to diligent infection control practices throughout H1N1.

STRATEGIC PLAN RENEWED

January – The Board of Directors approved the 2010 – 2013 strategic plan.

SHARING OUR SPIRIT

December – An innovative partnership in support of the health and well-being of the community began in 2008 when St. Joseph’s Health Care Foundation and United Way of London & Middlesex teamed up with St. Joseph’s staff and physicians in a first-ever joint campaign. This year’s campaign raised more than $111,000.

AUXILIARY RECOGNIZED BY CITY

December – The Parkwood Hospital Auxiliary was recognized as a Featured Community Organization by the City of London for supporting patient care for the last 45 years with funds raised by selling snacks, gifts and toiletries at our hospitals.

CYCLOTRON FACILITY

February – The new Cyclotron and PET Radiochemistry Facility is instrumental in providing patients with the most advanced medical diagnostic imaging technology available today, and will allow Lawson researchers to perform cutting edge medical research. The facility opened in February.

SHARING THE SPIRIT

December – An innovative partnership in support of the health and well-being of the community began in 2008 when St. Joseph’s Health Care Foundation and United Way of London & Middlesex teamed up with St. Joseph’s staff and physicians in a first-ever joint campaign. This year’s campaign raised more than $111,000.
CLIFF NORDAL ANNOUNCES RETIREMENT

*February* – After what will be a 41-year career serving the health care system in Canada, including 12 years of steadfast leadership at St. Joseph's Health Care, London, Cliff Nordal announced his retirement as President and CEO of St. Joseph’s and London Health Sciences Centre. After Cliff’s retirement the two hospitals will return to a separate CEO model.

HEALTH CARE NEIGHBOURS

*March* – The project sign for the new Regional Mental Health Care (RMHC) London facility was unveiled on the grounds at Parkwood Hospital. Construction on this new facility and RMHC St. Thomas, begins in 2011.

SISTERS OF ST. JOSEPH AWARDS

*March* – It’s one of St. Joseph’s most heartwarming family traditions each year – the Sisters of St. Joseph Awards for Excellence. This year, there were six deserving recipients. Nominated by their peers, these individuals are standouts for their excellence, positive attitude, reliability, honesty, efficiency, creativity, respect, caring, compassion, empathy and appreciation for the work of others.

WORLD DAY OF THE SICK

*February* – Bishop Ronald Fabbro anointed patients and residents during the World Day of the Sick mass at Parkwood Hospital. “The daily dedication of staff, volunteers and family members and their commitment to the sick is a witness of God’s love,” said Bishop Fabbro.

SANDRA LETTON AWARD FOR QUALITY

*March* – A new award recognizing commitment and dedication was created in honour of Sandra Letton, who retired in March after more than 30 years of exceptional service and leadership. The Sandra Letton Award for Quality is a new President’s Award and will be bestowed for the first time in 2011.
community stroke rehab team

A new program is bringing rehabilitation within easy reach.

The community stroke rehabilitation teams (CSRT) are the first in Ontario to take their expertise to stroke survivors – whether they live in their homes or in retirement homes – to help them recover to their maximum potential.

Rehabilitation experts from St. Joseph’s Parkwood Hospital form the Thames Valley CSRT. The outreach they provide to stroke survivors complements the inpatient and outpatient services at Parkwood Hospital.

The other two Southwestern Ontario CSRTs serve clients in the Huron Perth and Grey Bruce areas, with referrals centralized at Parkwood Hospital.

“Even those with severe strokes are progressing well due to the intensity of therapy and supports for caregivers,” says Monique Crites, coordinator of the CSRTs.

“Recovery occurs rapidly for the first three months after a stroke and continues beyond that time. Stroke survivors require intensive and timely therapy to maximize their recovery.”

For stroke survivors, rehabilitation can make the difference between independence and a life of limitations.

Denis Turcotte, right, receives stroke therapy in his Tillsonburg home from physiotherapist Rob Fazakerley and clinical lead Martha Korzycki, who are with the Thames Valley CSRT.
Rita knew something wasn’t right soon after her baby was born. “My mood and energy levels were all over the place and I could not stop crying. I felt completely empty and had thoughts of hurting myself and my baby. I knew I needed help and fast.”

Rita was referred by her physician to Dr. Sharma, who diagnosed her with bipolar disorder. Thanks to an understanding of her condition and Dr. Sharma’s care, Rita says she feels like a brand new person and is successfully completing her final semester to become a social worker.

This can make it difficult to determine if mothers are experiencing the “baby blues” or what could be postpartum bipolar disorder (BD) which causes unusual and extreme shifts in mood and energy.

A screening tool would be highly beneficial to doctors in checking for signs and symptoms of BD during and after pregnancy when women are most susceptible.

Leading the charge to create such a tool is Dr. Verinder Sharma, psychiatrist at St. Joseph’s Regional Mental Health Care and researcher at the Lawson Health Research Institute. He is testing the effectiveness of a screening tool in obstetrician offices, as well as examining the role of triggers on the mother’s mental health and the effect of BD on the health of the newborn.

“The findings of this study are so important,” explains Dr. Sharma. “Women with untreated BD are at a much greater risk of harming themselves and their babies. A screening tool can greatly assist doctors with the early diagnosis, treatment, or even prevention of BD episodes in pregnant women and, as a result, safeguard the health of both mother and baby.”
When Dr. Alfonso Fernandez applied for a fellowship in endourology/minimally invasive surgery at St. Joseph’s Hospital, he had already decided that if he wasn’t accepted here – home to the “best care team I have ever encountered” – he would not do a fellowship at all.

Dr. Fernandez and Dr. Carlos Mendez, who is also at St. Joseph’s completing his fellowship in endourology, are both from Mexico.

The physicians chose to come to St. Joseph’s for the same reason, “Drs. John Denstedt and Hassan Razvi are two of the most experienced endourologists in the world and London is home to one of the best urology centres in the world”, says Dr. Mendez.

“The urology centre at St. Joseph’s has it all”, adds Dr. Fernandez, the right blend of patients, a disciplined and committed team of staff and world-class teachers… basically no other urology centre compares.”

Through generous donor support St. Joseph’s Health Care Foundation proudly provides funding for education, research and state-of-the-art technology for the urology program including the da Vinci Robotic Surgical System – one of only eight in Canada.

Pictured above: Dr. Carlos Mendez left, Dr. Alfonso Fernandez and Dr. Hassan Rasvi in the new urology procedure room.
At home, and around the world, they are drawn by the desire to help, and feel blessed with the skills to do so.

Maria Van Loon, Denise Bergeron and Dianne Firby, all St. Joseph’s staff, began planning a trip to Belize and Guatemala. Together, they decided to embark on a mission to bring clothing, medical and school supplies to the residents of these countries. In addition to some generous donations, they raised money to purchase beans and rice for the village of Calla Creek, Belize, which had been hit by two hurricanes leaving the town in devastation. Despite the language barrier their acts of kindness and generosity made it possible to communicate care and compassion.

Pam Wilton, a nurse and educator with St. Joseph’s chronic obstructive lung disease program, is also president of the Canadian Hemophilia Society. She works with people in South Africa who have bleeding disorders, their care providers and the South African Hemophilia Foundation to develop standards of care, provide advocacy, volunteer development and planning.

An ear nose and throat team that traveled to Guyana in July 2009 included several current and former staff and physicians from St. Joseph’s. Among them were: Dr. Ralph Ruby, otolaryngologist; Lynne Wohlfahrt, nurse; Mary Jayne Brown, secretary; Johann Pinto audiologist now working in Strathroy; and John Lenk, former audio-visual technician at St. Joseph’s. They joined with an American group to provide otolaryngology and audiology services to the remote areas of Guyana, treating about 800 patients in four days.

Whoever is kind to the needy honors God.
Proverbs 14:31
Every year, dozens of staff and physicians across St. Joseph’s Health Care, London leave the comforts of home and their well-equipped workplace to attend to those suffering from a lack of life’s most basic necessities in remote corners of the globe. Bringing with them knowledge, compassion and the spirit of caring, they are living the mission of St. Joseph’s in extraordinary ways. Here’s how some of these individuals are spending their vacation time to make a difference so far from home.

**Brenda Done**, a nurse with the infectious diseases care program, has made several trips with Global Medic Force, an organization helping health professionals in developing countries gain the knowledge and skills they need to care for their own patients and build sustainable programs. As a result, thousands of patients now receive HIV care that didn’t exist before. Brenda has been to South Africa, Ethiopia, Lesotho and Nigeria.

**Steph Card**, a corporate facilitator, has made more than a dozen trips to various countries, including Ecuador, where she lived for a year, Dominican Republic, Argentina, Peru, Venezuela and Nicaragua. She provides training, translation, health education and strategies for development in rural communities.

**Susan Poirier**, right, pharmacist at Parkwood Hospital, travels with the Canadian Medical Delegation for three weeks every year to provide education, and support to the National Oncology Centre in Sana’a, Yemen, and the Government of Yemen. She shares her knowledge on the provision of safe and efficient oncology services with pharmacists and nurses.

> “Whoever is kind to the need honors God.”
> 
> Proverbs 14:31

> **a community of care**
After almost a year in hospital, Hazel Amos just wanted to go home. Thanks to the coordinated efforts of health care professionals throughout London her wish came true.

Hazel, who has chronic obstructive pulmonary disease (COPD), was hospitalized when a lung illness prompted the need for a ventilator. She spent the next six months in the critical care trauma centre (CCTC) at London Health Sciences Centre (LHSC).

Next Hazel was transferred to the ventilator-supported beds in complex care at St. Joseph’s Parkwood Hospital. Here, respiratory therapists trained Hazel and her family on the safe operation of the ventilator, physiotherapists helped with strengthening exercises, occupational therapists found solutions to the challenges of being on a ventilator at home, while nursing staff supported Hazel’s desire to gain independence in her day-to-day care.

Hazel is now home at last. “Getting Hazel home was a hugely inter-professional and inter-hospital collaborative effort by St. Joseph’s, LHSC, Community Care Access Centre and Hazel’s family,” says complex care clinical nurse specialist Janet Hunt.

Pictured above: Hazel Amos (centre front) with her husband, and members of Parkwood Hospital’s complex care team and LHSC’s CCTC team. Hazel is home at last, thanks to the efforts of healthcare professionals throughout London.
Two days after her high school graduation, Geri Paton began working for St. Joseph’s.

That was 40 years ago, and while any career spanning four decades is impressive what makes Geri’s extraordinary is that she is deaf and relies on lip-reading to communicate.

**Accommodations like a blinking fire alarm at work, a vibrating alarm clock, and co-workers who support her have made life a little easier.**

With her wonderful sense of humour and determination, Geri is an inspiration to all those she meets. As an occupational therapy assistant Geri’s clients adore her and her co-workers describe her as “one in a million.” However, little things that many take for granted can be a challenge, Geri explains, “I can’t speak on the phone, can’t hear emergency vehicles and fire alarms, can’t watch live TV because there is no closed captioning, and I can’t go to large presentations or meetings because too many people are talking at once.”

Accommodations like a blinking fire alarm at work, a vibrating alarm clock, and co-workers who support her have made life a little easier. “It’s the people here that make this such a wonderful place to work.”

Geri is retiring this summer, but with an infectious zest for life she will continue to teach all she meets about the meaning of strength and ability rather than disability.

ACCESSIBILITY AT ST. JOSEPH’S

As part of the Accessibility for Ontarians with Disabilities Act, St. Joseph’s has created a website that provides information on accessibility policies and procedures, as well as resources for visitors or patients with disabilities. For more information visit: www.sjhc.london.on.ca/accessibility
community of health and safety

HAND HYGIENE
Diligent efforts to educate staff about correct hand hygiene techniques resulted in a marked improvement in the 2009 hand hygiene audit results. Cleaning hands properly contributes to a safer hospital environment for patients, staff and physicians.

AROUND THE WORLD 5.6 TIMES
St. Joseph’s second corporate-wide walking challenge crossed the finish line in May 2009 with a record 284,112,325 steps – the equivalent of walking around the world 5.6 times. The overall goal of the challenge was to promote health and well-being and generate fun by encouraging all staff to incorporate more walking into their daily routines at home and work.

INFECTION CONTROL
Infection safety is a key priority. The spread of antibiotic resistant organisms such as clostridium difficile infection (CDI), methicillin resistant staphylococcus aureus (MRSA) and vancomycin resistant enterococcus (VRE) is a serious issue in hospitals across the country and one that St. Joseph’s is addressing through a number of strategies and practices. The strategies include: hand hygiene; environmental cleaning; patient-specific precautions; staff and physician education; and ongoing monitoring and audits.

SPINE TINGLING
Aimed at preventing and reducing staff injuries related to treating patients, the Spine Tingling Program at Parkwood Hospital proved very successful. Staff injuries decreased from 99 in 2008 to 63 in 2009. Staff were provided in-service training on proper manual patient transfer techniques as well as interactive online learning. Leadership coaching and the purchase of transfer aids were also part of the program.
CLEAR THE AIR

To create a healthier hospital environment, a new policy came into effect in June limiting smoking to designated areas at all St. Joseph’s facilities. All other outdoor areas are now smoke-free.

HAPPY WORKING

In January the St. Joseph’s Quality Workplace Committee was approved to move forward in following the National Quality Institute’s model of advancing a healthy workplace. The committee will focus on health and lifestyle practices, safety, workplace culture and physical environments with the goal of fostering a workplace enjoyed by everyone.

SURGICAL SAFETY CHECKLIST

Testing of a tool that prompts surgical teams to share critical information with one another for all surgical procedures began in August. The checklist was trialed by surgeons from the Hand and Upper Limb team. They are champions to all other surgeons who began to use the tool April 1, 2010, when checklist reporting became mandatory for all hospitals with operating rooms.

SAFE COMMUNICATION

In 2009 St. Joseph’s made an important commitment to the safety of our staff, physicians and patients. Using a leader co-led model, St. Joseph’s will train an additional 3000 full-time employees in Crucial Conversations® over the next few years. Crucial Conversations® contributes to a safe workplace by providing skills to support staff and physicians to speak up, hold each other accountable and ask for help whenever they are concerned about safety, quality of care or work life. This improved dialogue will result in a safer and more effective work environment and patient experience.

EMPLOYEE SURVEY SCORES SOAR

The 2009 employee survey results showed significant improvement in all areas since 2006. In particular, St. Joseph’s received the highest scores of all Ontario teaching hospitals in two key areas that show pride in our organization. Just over 58 per cent of staff said they were “very likely” to recommend St. Joseph’s as an employer to a friend or family member, an increase of about 10 per cent from 2006 and well above the teaching hospital average of 44 per cent in 2009. Nearly 64 per cent of staff expressed a strong commitment to St. Joseph’s – up from 56 per cent in 2006 and higher than the teaching hospital average of 58 per cent in 2009.
"I was frightened and didn’t know what was happening to me,” Robert explains. "My health was suffering and I had to leave a job that I had enjoyed for many years.”

Robert’s care was transferred to Regional Mental Health Care London (RMHCL) where physicians and support staff helped him understand his illness. He now receives follow-up care at RMHCL, and has a case worker at WOTCH Community Mental Health Services.

Robert began working at the Andrews Resource Centre (ARC), a vocational program at RMHCL that provided him with transferable skills he could use in the community. Robert has moved on from ARC and is now working as a custodian for a large business in London. He also volunteers his time in a senior's residence. "Work has always been so important to me," he explains. "I feel happier when I am able to support myself and feel a part of something."

Robert says his recovery wouldn’t be possible without the support of his family and his mental health care team. “They have always encouraged me to pursue my dreams and have helped me feel accepted and a part of the community again.”
The overall restructuring of the mental health care system calls for a reduction of the number of hospital beds and at the same time investment in community services.

Two new mental health facilities are planned to be complete in 2013/14. Regional Mental Health Care London (top) will be a 156 bed facility with extra shell space for a future of 168 beds in total. Regional Mental Health Care St. Thomas (bottom) will be a 89 bed, forensic mental health facility. 

Artistic renderings, subject to change.

St. Joseph’s Health Care Foundation has a large mandate to champion community philanthropy that will support current and future needs for specialized mental health services. In the past year, donors have supported a variety of projects including recreation programs and telemedicine equipment directly supporting the provision of care to patients.

MENTAL HEALTH CARE

THE RECOVERY PHILOSOPHY OF CARE

For several years Regional Mental Health Care (RMHC) has been embracing the recovery philosophy of care. The Mental Health Commission of Canada states recovery is “a journey of healing that builds on individual, family, cultural and community strengths, and enables people living with mental health problems and illnesses to lead meaningful lives in the community, despite any limitations imposed by their condition.”

SYSTEM RESTRUCTURING

The transformation of the mental health care system in Southwest Ontario stems from the Provincial Health Services Restructuring Commission directives (1997). Under these directives, St. Joseph’s Regional Mental Health Care will divest 138 beds to hospitals in the region and there will be a net reduction of inpatient beds in this transformation. To ensure people receive ongoing support outside hospital, access to treatment and support services closer to home will be vitally important.

For more information visit: www.sjhc.london.on.ca/mentalhealth_restructuring
According to the Canadian Institute for Health Information, hospitals in Ontario receive the second lowest per capita funding in the country. As they continue to struggle with funding and operating budgets, many are being forced to reduce patient services. While St. Joseph’s has been faced with such challenges, we have also been successful in achieving some notable savings over the last year:

- Since 2008, we have cut $27.4 million from our budget, with administration and corporate support areas representing $6.4 million, or 23 per cent, of that total. These budget cuts have been implemented as clinical volumes have been maintained.
- Through a new inventory initiative, we have reduced the amount of surgical supplies kept on-hand in our operating rooms. This work has resulted in significant cost savings and has had a positive impact on patient care and safety by ensuring the correct supplies are in the operating rooms when they are needed.
- In working with our vendors on better pricing and cost reductions on contracts we have realized additional supply savings. These initiatives have created savings for clinical and support areas through lower medical, drug and general supply costs.

As we prepare for mounting financial challenges in the coming years, we remain committed to being diligent stewards of our resources, while at the same time providing the best possible care to our community.
message from the treasurer

2009/2010 was a year of mixed economic messages. While the capital markets have recovered significantly from 2008 levels, the impact of the economic downturn persists as seen with significant government deficits which are projected to continue for several years to come.

In this time of uncertainty St. Joseph’s service, fiduciary and stewardship commitments are clear – to act in accordance with our values and mission and to respond to the performance issues of the day while sustaining a sound resource position for the future. These principles do not make easier the difficult decisions that can impact people and jobs. However, they do help focus our efforts and root decisions in our values of respect, excellence and compassion.

St. Joseph’s ended the fiscal year with a Generally Accepted Accounting Principles (GAAP) surplus of $13.9 million, mainly achieved through unrealized investment gains and investment income of $11.0 million offset by a net restructuring deficit of 1.8 million. The remaining $4.7 million surplus came from operations, representing one percent of the annual operating budget. Working capital continues to be healthy at a current ratio of 1.1:1 as at March 31, 2010.

Restricted investments that support current and future commitments remain secure and total $148.6 million at March 31, 2010. The Board has allocated $23.8 million of these reserves in 2010/11 to fund a new parking facility to serve Parkwood Hospital and the future specialized mental health facility at the same location. Investments are externally managed by professional firms under the stewardship of an investment sub-committee of the board of directors.

Supporting St. Joseph’s care, teaching and research mission, capital investments during the year totaled $91.8 million. Of this total, $80.9 million was spent on building projects and $10.9 million on capital equipment. These expenditures were supported by $26.6 million in internal funds and $65.1 million in external funds mainly through contributions from the provincial government and the St. Joseph’s Health Care Foundation. The St. Joseph’s Health Care Foundation is a key partner in our ability to invest in the future while responding to today’s care, comfort and research needs.

During the year significant investments in patient care and research equipment were achieved.

Patient activity levels across St. Joseph’s were consistent in 2009/10 as compared to the previous year. All performance accountabilities as established between St. Joseph’s and South West Local Health Integration Network were met. To a substantial extent, funding is contingent on these volume indicators as per the Hospital Services Accountability Agreement (HSAA) created and verified each year.

This year’s sound fiscal and service results stem directly from the contributions of many. St. Joseph’s is blessed with the support of dedicated staff, excellent physicians, compassionate volunteers, and a supportive community. It is with appreciation to all that we present these financial results.

This is a pivotal time in our history. In the next three years, St. Joseph’s will undergo the most significant transfer, divestment and downsizing of care and services ever experienced by our organization as the restructuring of London’s hospital system is completed.

Added to these transformative changes will be the continued economic challenges. Provincial leaders have acknowledged it will take time for Ontario to recover from recession. Costs, however, will continue to rise. Yet, this too can and will be our time for renewal. As St. Joseph’s history bears out, we are embarking on a time when St. Joseph’s will once again rise to its challenges, meet new needs and uphold a mission of health and healing.

JACQUIE DAVISON, TREASURER OF THE BOARD
These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

CHARtered ACCOUNTANTS
liCEnsed PuBliC aCCouNtaNts
loNdoN, CaNada, JuNE 1, 2010

CONDENSED STATEMENT OF FINANCIAL POSITION

St. Joseph’s financial position at March 31, 2010 remains a healthy one. The 1.1:1 working capital ratio is well within the established range as per our Accountability Agreement with the Local Health Integration Network (LHIN) and our obligations under various debt agreements continue to be easily met. Our working capital position allows us to restrict funds at year end to ensure we are able to meet our commitments for the completion of our capital redevelopment plans and sustain our capital equipment base.

The losses experienced in our investment portfolio in fiscal 2008/09 have been recovered to a significant degree in 2009/10. Our professionally managed funds are invested in a manner consistent with our investment management policies, funding the hospital’s cash needs as they arise.

<table>
<thead>
<tr>
<th>Year Ended March 31</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>(000's)</td>
<td></td>
<td>(000's)</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets</td>
<td>90,117</td>
<td>71,213</td>
</tr>
<tr>
<td>Restricted investments</td>
<td>148,643</td>
<td>152,409</td>
</tr>
<tr>
<td>Capital assets and other</td>
<td>332,177</td>
<td>269,457</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>570,937</td>
<td>493,079</td>
</tr>
<tr>
<td><strong>Liabilities, Deferred Contributions and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td>85,083</td>
<td>64,837</td>
</tr>
<tr>
<td>Long-term liabilities and deferred contributions</td>
<td>247,165</td>
<td>203,428</td>
</tr>
<tr>
<td>Net assets</td>
<td>238,689</td>
<td>224,814</td>
</tr>
<tr>
<td><strong>Total Liabilities, Deferred Contributions and Net Assets</strong></td>
<td>570,937</td>
<td>493,079</td>
</tr>
</tbody>
</table>
STATEMENT OF OPERATIONS
The year-end GAAP surplus of $13.9 million includes unrealized investment gains of $7.9 million, investment income of $3.1 million and a net deficit in restructuring of $1.8 million.

The excess of revenues over expenses from operations of $4.7 million is largely a result of savings realized during the year as we continue to look to benchmarks in the health care industry to achieve best practice results.

$12.8 million of our revenue relates to amortization of deferred contributions and donations to offset the $29.1 million in amortization of our capital investments.

CONDENSED STATEMENT OF CASH FLOWS
In 2010 St. Joseph’s invested $80.9 million in buildings and new facilities and $10.9 million in capital equipment. The most significant addition in facilities relates to the completion of the Milestone 2, Phase 2 restructuring project. This project was completed in the current fiscal year for a total value of $51.9 million, of which $46.9 million was funded by the Ministry.

Capital spending is financed internally with $26.6 million coming from depreciation and reserves, and externally with $65.2 million coming from contributions from the government, the community through the Foundation, and debt by way of equipment leases.

For full financial statements please go to www.sjhc.london.on.ca/financialstatements_2010
FUNDING SOURCES
The primary source of operational funding comes from the MOHLTC, and Veterans Affairs Canada representing 82 per cent of St. Joseph’s total funding resources. Included in funding from the MOHLTC is $1.9 million to address non-recurring restructuring costs.

Total Revenues by Source

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EXPENDITURE ALLOCATION
The following diagram represents the resource allocation break-down for St. Joseph’s major clinical care areas. Acute care represents approximately 41 per cent of the total expenditures followed by mental health at 31 per cent and complex care/rehabilitation/veterans care at 22 per cent.

Resource Allocation by Clinical Area
### INPATIENT DAYS

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>37,925</td>
<td>37,789</td>
</tr>
<tr>
<td>Rehabilitation Care</td>
<td>39,819</td>
<td>39,853</td>
</tr>
<tr>
<td>Complex Continuing Care</td>
<td>63,637</td>
<td>66,222</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>141,315</td>
<td>140,623</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>134,970</td>
<td>142,408</td>
</tr>
<tr>
<td>Veterans Long Term Care</td>
<td>50,793</td>
<td>51,395</td>
</tr>
</tbody>
</table>

### OUTPATIENT VOLUMES

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Same Day Surgery cases</td>
<td>25,000</td>
<td>20,611</td>
</tr>
<tr>
<td>Day/Night visits</td>
<td>40,690</td>
<td>37,939</td>
</tr>
<tr>
<td>Urgent Care visits</td>
<td>48,034</td>
<td>47,673</td>
</tr>
<tr>
<td>Acute Outpatient visits</td>
<td>300,899</td>
<td>298,024</td>
</tr>
<tr>
<td>Rehab, Complex Continuing</td>
<td>9,893</td>
<td>11,055</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Outpatient visits</td>
<td>188,792</td>
<td>184,840</td>
</tr>
</tbody>
</table>
MISSION
We help all who come to us for care to maintain and improve their health. We work with people to minimize the effects of injury, disease and disability. We do this by pursuing excellence in care, research and education in a wide range of hospital, clinic, long term and community-based settings.

In the spirit of our founders, we care in the example of Jesus Christ and in keeping with our values. We attend to the wholeness of each person – body, mind and spirit. We are a life-affirming community, nurturing a living spirituality through all stages of life, health, suffering and death. We ensure ongoing ethical reflection.

We advocate for those who are vulnerable and without a voice. We actively pursue and build partnerships to create a better health care system.

VISION
A respected source of excellent health service, guided by the people we serve… provided by people who care.

VALUES
Values are the means by which we work together and serve others. We do our best to demonstrate these values in all actions and decisions, no matter how large or how small. We measure our individual and collective performance in relation to our values.

The mission, vision and values were first established in 1998 and then renewed in 2010. For more information please visit, www.sjhclondon.on.ca/mission

2009-2010 BOARD OF DIRECTORS
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Rev. Paul Baillargeon
Paul Brisson
Kimberley Chesney
Jacque Davison
Dr. Vikas Duggal
Dr. Adam Dukelow
Marcella Grail, Acting Vice Chair
Douglas Hamilton
Dr. Carol Herbert
Paul Kiteley
Gaétan Labbé
Dr. Rob McFadden
Rev. William McGrattan*
Margaret McLaughlin
Susan Muszak
Cliff Nordal
Scott Player
Graham Porter
David Van Trigt
Peter Whatmore
Robert Wood*

*Retired during term

Catholic Health Care in Ontario
We care for you — body, mind and spirit.